**Ashville Patient Participation Group. Wed 8 January 2020, 5.30pm**

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| **Present:** | **Apologies:**  | In attendance: |
| Adine DIGGLE  | Mordechai KRETIMAN | Magnus NELSON (MN) - Practice Manager |
| Nina SHANDLOFF | Andrew GOODWIN | Leslie HUNTING (LH) – Admin |
| Sandra SMITH GORDON | Heather PONTIFEX | Jennie BEACH (JB) - GP |
| Anza CLARKE |  | Mo RASHIDY (MR) - GP |
|  |  | Karen HONEYSETT (KH) – Link Worker |

**MINUTES**

1. Welcome and introductions

MN welcomed all to the meeting. More had been expected, but had sent apologies earlier in the day.

1. Minutes from the last local meeting (18 July 2019)

There were no outstanding items from the minutes form the last (local) meeting. The most recent network PPG was in October 2019, at Palace Surgery.

1. Link workers

Karen Honeysett updated the group on the new Link Worker service for our network of 8 GP practices (South Fulham Primary Care Network). Karen is already receiving referrals from GPs. A second Link Worker is being recruited at the moment. For more information on this service, please see Appendix 1 (at the end of these minutes). For more information on social prescribing, visit <https://www.england.nhs.uk/personalisedcare/social-prescribing/>

1. Other PCN developments:

The PCN (Primary Care Network) is also being funded to provide a Clinical Pharmacist for the network. The group discussed what this new role would involve. MN provided a summary and agreed to provide more information with these minutes. The main responsibilities of the pharmacist will be to:

* Support and improve prescribing and medication-related processes at a practice level
* Improve the safety of prescribing, especially around repeat medication/transfers of care
* Improve the quality of prescribing, with a specific focus on National Service Specifications
* Understand and address medication-related challenges specific to this PCN

In addition to these, the Clinical Pharmacist post has been created to provide the leadership necessary to create a sustainable clinical pharmacy service for this PCN, including the training and development of clinical and non-clinical staff.

In the near future, NHS England will also be releasing funding for primary care networks to recruit paramedics. We hope to be able to take advantage of this opportunity as soon as we can.

1. Ashville developments:
* **New staff**
	+ new receptionists (Ashley, Raphaella and Jackie)
	+ new document coder, Rosmery
	+ new pharmacist, Rushika (who sees patients on TUES and THURS)
	+ new practice nurse, Janna (who sees patients on THURS and FRIDAYS)
* **Staff exits**
	+ Jan (Assistant Practice Manager) leaves at the end of January
	+ Tania (Healthcare Assistant) left in December
* **Premises**
	+ The practice interior has been repainted (a couple more rooms to go)
	+ The next stage is for the exterior of the building to be redecorated
	+ The wooden floor in reception has been re-sanded and oiled
	+ We have refurbished and opened a new GP consultation room
	+ This takes the number of clinical rooms in the practice to 10
* **New services**

The services listed below are hosted in the practice.
Patients are seen by these services via referrals from the GP.

* + Audiology (every other MONDAY)
	+ Cardiology and Respiratory (From FEB 2020, TUES & THURS)
	+ CAMHS (Child and Adolescent Mental Health Services) (MON & THURS)
	+ Adult Mental Health (From APRIL 2020 – days TBC)
	+ We continue to host the Healthy Hearts team (TUES)
* **Phone system update**

From MAY 2020, we will end the automated phone service. This service currently allows patients to book, review or cancel appointment via an automated voice messaging system. Usage data suggests that fewer and fewer patients use this service, preferring to either speak directly to the front desk in person or on the phone, or to go online to view / book appointments. The cost for this service is also increasing in 2020. The PPG agreed that this was a good time to review – and cancel – this service.

* **New practice leaflet**
LH and MN have produced a simple draft tri-fold leaflet. MN asked the group to let him know if they have any suggestions for improvement MN reminded the group that there is very little budget for printing and design, so to bear this in mind when making suggestions. One member of the group kindly offered to proof read the leaflet and feedback to MN and LH. MN will send a PDF version of the leaflet to the PPG with the minutes, and a Microsoft Publisher version to the member who agreed to look at the leaflet in more detail.
1. Any other business:

**Recalls & Reminders**

One member of the group wanted to ask about our system / process for follow-up with patients. There was a concern that we might not always be very clear about what the next steps are for a patient. The GPs had also discussed this same point at the weekly Practice Meeting (earlier today) and agreed that when giving advice on follow up, it was essential that they gave clear and precise instructions to patients. MN provided a brief summary:

* For monitoring, eg, of bloods, we would normally set up a recall so that we would contact the patient to book them in
* For a general review, the GPs will tell the patient when they should next be seen, and advise them to book this appointment as they leave. On some occasions, the GP will book the appointment while the patient is with them. However, if there isn’t time for this, they will suggest the patient books a follow-up appointment on their way out.
* Sometimes the GP might advise the patient to come back ‘in a few weeks’ if there’s been no change / improvement. In these cases, the onus would be on the patient to contact us to rebook.

**PPG minutes**MN asked and the PPG agreed that minutes (redacted / anonymised) from PPG meetings can be uploaded to the practice website.

**Parsons Green Walk-In Centre**MN agreed to find out what the plans were for the nurse-led walk-in centre as there had been an announcement that this would be closing in March 2020. The response was that the current plans are that the walk-in centre will continue to provide the same service as it currently does (beyond March 2020). However, there is still likely to be a review at some point where options around closing or changing the service are considered.

7 Date of next meeting: TBC

According to the schedule, the next meeting should be a network-wide one, provisionally in late March or early April. Ashville are happy to host this, but MN will check with the other network practices to see if one of them would prefer to host. MN will update the group in due course. The meeting will (ideally) be on a THURSDAY - 5.30-6.30pm.

**Appendix 1: Social Prescribing Link Worker service**

**Background**

1 in 5 GP appointments are now thought to be for what is primarily a social problem. Social prescribing is a way of linking these patients in primary care with sources of support within the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and wellbeing.

**Who will it help?**

Link workers are most likely to be working with patients experiencing:

* Social isolation
* Debt or financial issues
* Unemployment
* Housing issues
* Difficulty coping with a long term health condition
* A low level mental health condition
* Frequent attendance at hospital/GP (presenting with non-medical/social issues)

**How will it help?**

* Improve patients’ health, wellbeing and quality of life
* Successfully connect patients in with local services and their local community
* Reduce the workload of GPs
* Reduction in the use of NHS Services, such as A&E
* Be a resource for GPs to learn about their local community and the current capabilities of services that might benefit their patients

**How does it work?**

With the patient’s consent, GP’s and clinicians refer the patient to the Link Worker who will then contact the patient to arrange to meet them for a longer appointment. The Link Worker can provide them with time and space to discuss what is important to them, what support they need, and work out a plan to help them overcome barriers to achieving their goals, linking them in with the services/resources/assets in the community as agreed together.

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**Case Study Example**

Joyce is an 88 year old female who is struggling to get around and is becoming more socially isolated. She has started to rely on her neighbour to get her food as she was finding it hard to carry heavy shopping, but he travels a lot with work and isn’t always available. She has been coming to see the GP regularly for some months, but the GP suspects it is more about needing reassurance and wanting a chat than any medical need, so referred Joyce to the Link Worker.

To overcome the transport barrier to shopping, the Link Worker gave Joyce details of the Community Shopping Service run by Age UK, who Joyce said she was happy to contact directly. Joyce also spoke about wanting to meet more people, as she had been feeling increasingly lonely, particularly at the weekends. However, she expressed some anxiety about attending new activities where she didn’t know anyone, and was worried about how she would get to them as she could no longer use public transport.

The Link Worker established that she loved art, and told her about Fulham Good Neighbours drop in art group on a Tuesday. The Link Worker suggested applying for dial-a-ride membership and/or Taxicard for low cost door to door travel options so she could attend. Joyce decided to apply for both, so the Link Worker printed off application forms which Joyce took home to complete. When the Taxicard was issued, the Link Worker went along with Joyce for her first art session to introduce her to the group leader, and ensure she felt comfortable.

The Link Worker also gave Joyce some information about Re-engage, a service providing monthly tea parties for small groups of older people in their local area. Joyce was very keen on this service, so the Link Worker completed a referral to the area coordinator for Hammersmith and Fulham, who arranged an initial meeting to introduce herself before arranging for one of their volunteer drivers to collect her the following Sunday for her first afternoon tea.