

St Luke's Practice

Patient Participation Group (PPG)

Eleventh Annual Report 2016

Introduction

St Luke's Patient Participation Group has been meeting for eleven years; it was one of the first PPGs to be formed in Nottingham City and is now considered a strong voice. Many more PPGs have subsequently been set up and meet in GP surgeries. It is mandatory requirement for all practices to have a PPG. These groups are particularly important at a time of great change in the NHS as issues raised through them inevitably carry more weight in bringing change than the more disparate information garnered from individual views.

Members would like to thank all the staff team for their support and commitment to understanding the needs of patients and for listening to their opinions.

Farewells

During the past twelve months we sadly bade farewell to Frank Giffiths, an original member of the PPG. He died at the age of 90 after living a very full life; a member attended his funeral and read out his eulogy, which he had composed himself.

Josephine Wheldon, also an original member, has moved away and left the practice. We are very appreciative of her contribution to the group and at meetings.

Welcomes

We have welcomed an apprentice, Jessica Fleming, since January, who has settled in well and has been appointed on a permanent basis.

Dr Mir, a locum had increased his sessions from 1 to 4 early in the year since the Hartley Road practice closed but had become a partner at the Meadows Practice, although continues to work some Wednesdays at St Luke's.

The practice had a new female locum, Dr Alazzawi who has since left and been replaced by a newly qualified GP, Dr Ahmed, who has been working Mondays and Fridays during the absence of Dr Nawaz.

Dr Nawaz, another locum G,P left to have a baby in June and will be returning from maternity leave in January 2017.

NHS Reorganisation

Members welcomed Fiona Warren from Nottingham City Clinical Commissioning Group (CCG) to the March meeting. She introduced herself as a commissioner with responsibility for GP services and asked members about their priorities for service improvements, particularly preferences for a same sex clinician, access to phlebotomy and wound dressing. Members were surprised that wound dressing was no longer carried out by the practice nurse and requested clarity on what services were provided, where they were located and how to access them.

At the March meeting Dr Amin expressed concern that patients no longer knew where to go for many procedures as the system had become extremely complex. GPs could no longer organise some procedures that had always been carried out at the surgery as the current contract was very limiting with the rules constantly changing. He said that GPs were given more responsibility through the CCG yet given less encouragement to undertake procedures at their practices.

Members agreed that it was very difficult to tackle problems locally as they were mainly national problems which could only be changed by Government legislation or a change in policy.

The Nottingham City GP Alliance was also discussed as Dr Amin hoped that it would help provide an efficient way for GPs to work together more effectively so that the CCG listens to the views of GPs on issues surrounding the new contract. The NHS reorganisation continues to cause a heavy workload as the GP contract is renegotiated.

The CCG has offered a new contract to all Nottingham City practices, although the financial impact upon practices, including St Luke's, is still under review. The most significant impact will be Thursday afternoon opening, which is when the practice holds its multidisciplinary team meetings. The practicalities and finances will require a thorough evaluation.

While the practice does not want to disadvantage its patients, it must consider all aspects. The CCG has requested a decision by 30th September with implementation by April 2017. The practice was in danger of losing resources if it did not sign up to the contract but was facing serious issues if it

did, the chief problem being that practices had to take on responsibility for everything listed in the contract whether or not they could delegate these out to other surgeries. By agreeing to take on so much responsibility, it seemed likely that some established services would suffer. Therefore the practice signed up provisionally for the contract pending satisfactory arrangements.

Practice Matters

1. During the year patient access to clinical records (Detailed Coded Record Access) had been introduced and 2 PPG members volunteered for trialling this new procedure which was successful so the system commenced on 1st April.

2. The telephone continues to attract complaints, particularly having to redial when the engaged tone is heard, especially during the early mornings when it is busy, so the practice is looking into a telephone queuing system.

Nottingham Health Informatics Service has confirmed it will be upgrading the telephone system by the end of 2016. This will provide a queuing system along with directing calls, recording telephone numbers and, potentially, recording calls.

3. The practice had an inspection from the Care Quality Commission on 30th June 2016. The Quality Report described the judgement of the quality of care at the practice based on a combination of what the inspectors found, information from their ongoing monitoring of data about services and information given to them by the practice staff, patients, public and the PPG. Two members of the PPG had attended the meeting with the CQC.

Overall the quality was found to be good. The exception was services to people with long-term conditions as many of them did not turn up for appointments, which were often in locations other than the surgery.

Congratulations are due to Dr Amin, the Practice Manager and all the staff for their hard work and dedication in providing an excellent service to their patients.

PPG Business and Issues

1. During the year St Luke's PPG joined the National Association of PPGs (NAPP) but, unfortunately, no PPG member was available for the national meeting in Cheshire. St Luke's hopes to be kept informed of activities via their E-Bulletin.

2. The Chair had been lobbying Nottingham City Councillors, Nottingham City Transport, City CCG and her MP on access to the London Road Urgent Care Centre (UCC) by public transport. An application has been made for funding for an NCT bus to be routed through the Island Site but there were problems surrounding the redevelopment of the area.

Pete McGavin, Joint Chief Executive of Nottingham City Healthwatch (NCH), was welcomed to the March meeting and said that NCH had also been investigating the UCC, particularly publicity, as little was available and patients did not know what services were offered nor how to find the UCC.

Ann Simpson, Lead Nurse of the UCC, was welcomed to the June meeting and reported on progress at the centre. She said that the building work was almost complete, resulting in an X-ray machine in the clinical area, 5 additional consulting rooms, easier access to baby-changing facilities and toilets and the reception area had been reorganised resulting in patients being able to go directly to the reception desk.

A range of medical staff was now on site and the proportion of patients treated completely within the UCC had risen to 94%. Patients with minor problems should be assessed and advised within 2 hours; adults should have a face-to-face triage assessment with 30 minutes to see if they were both safe to wait and in the correct service or whether they should be referred to A & E at QMC or to their GPs. If patients need treatment after an X-ray, splints can be applied to simple fractures. The doctor and 4 of the 5 nurse practitioners can prescribe drugs; in this connection members regretted that there was no on-site pharmacy, although temporary supplies can be provided if urgent until patients can access their own GPs.

The centre is open 7 days a week from 7am to 9pm. Patients who need to go to hospital go by car, ambulance or, where there is no alternative or it is not appropriate, taxi. It was agreed the publicity was of prime importance and posters and handouts had been provided to GP practices and other places directly used by the public.

3. Another issue on which attention had been focused was the cancellation of toenail cutting for people unless they suffered from Diabetes or had a heart condition. The Chair wrote to the providers, CityCare, and the Nottingham City CCG pointing out that there were many people who could not properly see their toenails nor bend to cut them and if they should then suffer from mobility problems, they would not be able to exercise or even walk without

pain. In this situation, they would not build muscle or bone mass, may fall or may even develop Diabetes or heart problems.

Members were pleased to learn that a social toenail cutting service had been trialled and would be rolled out in October 2016 although several patients had been told that they were not eligible for this service. (See report on Podiatry Services later in this Report.)

Reports on Patient Group Meetings

1. Janice Fox reported on meetings involving health issues which she had regularly attended throughout the year. Her involvement with St Luke's PPG meant that she was able to make a contribution to other meetings in the knowledge that she was not just expressing her own views but was aware of the problems affecting other patients and their opinions on many subjects.

i) The Patient Experience Group (PEG) for CityCare was particularly useful as CityCare is responsible for the delivery of health care in the community across Nottingham City and employs key staff such as district nurses and physiotherapists as well as setting up new services, such as mental health support for younger people.

A major development in the year was the setting up of the Urgent Care Centre on London Road which is proving a success in terms of numbers attending and patient satisfaction despite problems arising over transport and the provision of a pharmacy. (As described earlier in this Report, St Luke's has been active in discussing these problems with other organisations.)

Another major development was the provision of Connect House (very much like the old cottage hospital) enabling patients to be discharged from hospital to a place of support and care before returning home.

A big disappointment was the re-tendering of the Podiatry Service which was moved from CityCare to the Nottinghamshire Healthcare NHS Foundation Trust on 1st October, despite agreement that CityCare had done an excellent job.

The single point of access, based at Mansfield Community Hospital, became 01623 785186, 785208 and 785928.

The PEG has also been involved in CityCare's Research Strategy which had concentrated on falls during the year.

CityCare has many services which can be directly accessed by patients through one phone number 0300 300 3333. One of these, Connect House, which is for patients who are ready to leave hospital but do not have help at home, has proved very popular.

ii) Age UK, Nottingham's Older Person's Advisory Group (OPAG) has also been involved with health issues, most notably the responsibility for advocacy services at QMC and actively working with care homes. Greater involvement with care homes is an encouraging sign that residents will not be as cut off from the community and sources of outside stimulation as they traditionally have been. More generally, it cannot be over-emphasised that the provision of services offering friendship and practical help to older people, such as Kindred Spirits and day centres, has a very important part to play in enhancing people's well-being and enjoyment of their retirement years. AgeUK Nottingham has a helpline and central office in Shakespeare Street - telephone number 0115 844 0011.

iii) The importance of attaining quality of life is nowhere more evident than in the changes in the care of people with cancer; improvements in treatment have led to many people now living for many years and the importance of the right support and advice throughout that time is now recognised. This was most clearly demonstrated in work being done by the Sue Rider Care Centre, which gives regular lectures open to the public on end of life issues.

iv) In 1970 a diagnosis of cancer led on average to a one year survival rate; it is now on average 10 years. Work being done by Macmillan Nurses in the community is also addressing the importance of support and encouragement during these years, which are often very positive.

v. Click Homesharing.

This is a new scheme set up by Click, a voluntary organisation addressing the needs of people in the community who may suffer from loneliness and other problems. The Homesharing scheme is designed to enable older people who live alone and have sufficient accommodation to share their home with a younger person who agrees to this and can offer 10 hours a week of their time to help with such tasks as going shopping or whatever else the older person would appreciate. Members showed lively interest in this scheme, although the project was at a very early stage, and thought it could also lead to health benefits as isolation is one of

the chief sources of depression etc. Both parties will be vetted carefully and financial arrangements organised by the key worker from Click.

Members were pleased to learn about the expanding number of services being provided by CityCare in order to provide integrated care in several fields. It was agreed that these services were a most encouraging development as patients at home had such difficulty in getting the very best help and advice, due to the scattered nature of support. Services introduced at the end of 2016 included Integrated Respiratory and Home Oxygen Services, Integrated Care Services to manage long term conditions, and Stroke, Speech and Language Services.

The involvement of patients in any of these organisations is welcomed. It is good to know that the problems and concerns of St Luke's Surgery are shared by many people both locally and nationally at this time of rapid change. Despite these problems, it is encouraging to observe that so much is being achieved.

2. In February Audrian Smith attended a public health forum on Dementia run by Nottingham City Council, when the following issues were discussed: the causes of Dementia, some of the different types and prevention, the NHS England Transformation Network: Well Pathway for dementia, dementia services in Nottingham and information on local support.

A presentation was also given by the Alzheimer's Society. The speaker said that emotions are remembered i.e. someone who has dementia may forget activities but they always remember the emotions surrounding that time.

3. As a PPG member, John Hannam volunteered to represent patients' interests on the Robin Hood Cluster, which was a geographical sub group of the NHS Nottingham Clinical Commissioning Group. It is understood that "Care Delivery Groups" will eventually replace the Clusters. As a member of the Robin Hood Cluster John was also asked to join their "Innovation Sub Group", which made recommendations on organisation and funding of local health project initiatives. Membership of the Robin Hood Cluster also entitled him to membership of the "Peoples' Council". This group was formed from local voluntary and community groups with health links and is the formal public consultation body with the Clinical Commissioning Group.

i) *Robin Hood Cluster*

St Luke's Surgery is one of the practices within the Robin Hood Cluster. The Cluster met monthly, being composed of local GPs and co-optees and had devolved budgetary responsibility for expenditure within the cluster. St Luke's was able to compare its practice expenditure with the other practices within the cluster and the expenditure of the Robin Hood Cluster with other

clusters. The cluster received regular reports and made recommendations on issues such as improvements to community pharmacy, young peoples' mental health, improving the physical health of severely mentally ill patients, improved Diabetes services and devolvement of Dermatology services for example.

ii) *Innovation Sub Group*

This group met regularly to monitor the progress of local short term initiatives within practices such as improved services for women subject to domestic violence, student physiotherapy services, telecare development, toe nail cutting and welfare rights provision. The group also made proposals for funding further initiatives.

iii) *Peoples' Council*

The Council meets regularly and has an annual work programme such as feedback from the Clinical Commissioning Group, End of Life Services, Primary Care Vision, Mental Health Service Development and Improved Services for Hard to Reach Groups such as homeless people and minority ethnic groups.

4. Throughout the year the Chair has attended the following as a Patient and Public Involvement (PPI) rep:-

i) A Question & Answer session on the long-term partnership with Sherwood Forest Hospitals, given by the NUH Trust Chief Executive and Chair who answered questions on what the partnership would mean for patients, staff and for the health and social care system in Nottinghamshire. This partnership was cancelled in late 2016 so will no longer take place.

ii) An Older People's benchmarking event run by East Midlands Academic Health Science Network entitled *Older People Living with Frailty* attended by people from all over the East Midlands and NHS England.

iii) Regular meetings of the *Dementia, Frail Older People and Palliative Care PPI Advisory Panel* at which many research proposals were presented, many involving . As a member of this group, the Chair was asked to be a co-applicant in a research project *Screening for Driving Performance in People with Dementia*. A grant application has been submitted. She had also attended a focus group run by the Institute of Mental Health, Nottingham on *Evaluating the Care Certificate*.

During these meetings the importance of planning ahead has been emphasised. If you would like to make an Advance Decision or for more

information on how you can ensure your wishes are known and respected by doctors, contact *Compassion in Dying* on 0800 999 2434 or www.mydecisions.org.uk

iv) An event at Nottingham Conference Centre on chronic back and leg pain, attended by consultants and appliance manufacturers from all over the country.

v) Arthritis Research UK Pain Centre PPI research presentations at which development of novel pain treatments for Osteoarthritis e.g. pain relief through personalised 3-D printed anti-inflammatory implants, how areas of the brain linked to anxiety affect osteoarthritis pain, the role of acidosis in osteoarthritic pain, how Gout treatment can be simplified in primary care and many more.

vi) An NHS publication *My Medication Passport*, is a tool to encourage patients to take a more active role in managing their medications and has been developed by patients for patients. It is available as a paper booklet and also as an app for smart phone. Details can be found on the internet at <http://goo.gl/5YFfk>.

St Luke's Surgery Patient Participation Group **Mission Statement**

To act as a liaison with the surgery, with a two-way flow of information between staff and patients and to identify any issues which may improve the patient's experience

The Minutes of all the PPG meetings are available in the office or on the TV and on the website.

We would welcome more members. If you would like to join the group or would like more information, please contact Audrian by email audrianasmith@hotmail.co.uk

Dates of Meetings in 2017

These will be held on Tuesdays at 2pm on:-

7th March, 6th June, 12th September and 5th December

unless circumstances make it necessary to change a date.