

**Addingham Medical Centre
151A Main Street
Addingham
LS29 0LZ**

PATIENTS' PARTICIPATION GROUP

Minutes: Meeting of 29 April 2013 at 1900 hours

Present:

Dr Suleman	Lizzie Lister
Chris Acomb	Ann Bacon
Barbara Haigh	Anneli Littlejohn
Valerie Lomas (Secretary)	Margaret Norris (Acting Chair)
Tony Taylor	Diana Wontner-Smith

1. Apologies:

Gordon Campbell	Alan Davies	Judy Taylor
Roy Horn	Sering Taal	

2. The Minutes of the meeting of 11 February were agreed.

3. Matters arising:

PPG Network Meeting – 17 April 2013

Chris Acomb gave feedback from the PPG Network meeting:

- Some Groups are modifying the 'Choose Well' leaflets as a result of the NHS111 initiative
- Discussion took place regarding how many people are going to A & E, particularly on Friday evenings
- Discussion about out of pocket expenses for attending the Network meetings and also how the Network should be funded. Each quarterly meeting is costing £300 which includes venue hire and refreshments. ? change location?
- A further premium re waiting times – both for ambulances and the 4-hour waiting times. For ambulances there is a problem with regard to the area and rural villages. Ann asked re ambulance times as to whether these are average or median times. Lizzie to check for Keighley and the rural areas.
- PPG experiences were discussed in particular, Burley have been criticized for generating money for local projects.

Paul Bolton (GP from Holycroft Surgery) also gave an overview in his role as elected GP on the NHS Airedale, Wharfedale and Craven Clinical Commissioning Group

- Francis Report – has been discussed with practices via the Council of Members meetings, with Clinical Quality group and the Board. CCG response is planned once government response published. Feedback from practices and patients vital to prevent this on Airedale, Wharfedale and Craven patch. Responsive channels of communication important. Care targets need to be built in.
- CCG Authorisation – Now fully authorised. Thanks to all who helped in the preparation of our submission.
- Quality premiums – Meeting with NHS England Area Team to discuss. Very target driven and outcomes focussed. Has to be measureable. Limits options on what to choose. Have chosen
 - Halting the rise in alcohol related admissions to AGH
 - Reducing inappropriate admissions from nursing homes with telemedicine kit
 - Bringing forward target for recovery following counselling interventions

- AGH contract negotiations: balance of trying to improve quality and patient experience with a dwindling resource. Some national targets beyond our control e.g. Clostridium difficile.
- CQulNs (Commissioning for Quality and Innovation) discussions with AGH: single transformative target to reduce Ambulatory Care Sensitive Conditions agreed.
- Communications lead: John Whitehouse – work to be done on better information eg newsletters, posters, website, new media, eg Twitter (with straight forward language)
- Practice engagement: CCG's new and unfamiliar to most practice staff. Much uncertainty about role. They and you are key to success. Time is a key issue – AWC CCG has extended the practice learning time to Craven practices and will use this to engage and discuss commissioning issues with practices.
- Community nursing review: collaborative group across CCGs. What is the current community nursing resource and gaps? Will this be fit for a fully integrated team and the challenges in the years ahead?
- Diabetes review: Looking at public health data, we spend relatively highly on diabetic care yet the outcomes are worse than average. Full review due in 2013 being launched into why and how we can encourage our providers to do better.
- Child Development Centre review: Is the current service at AGH for complex children as streamlined and efficient as it could be? Feedback indicates not in some areas. Working with AGH to improve this.
- Stroke post discharge reviews: this is a new service commissioned from the Stroke Association which will provide staff to visit patients at 1, 3 and 6 months post stroke and establish any unmet health and social care needs.
- Refurbishment of CCG offices: better meeting space.
- Atrial Fibrillation Review: Implementation of this pathway has resulted in an additional 700 patients receiving Warfarin which should reduce the number of strokes in the future.
- Respiratory Specialist Nurse: we have funded a clinical nurse specialist who will educate patients admitted with COPD on how to manage their condition better.
- Prescribing incentive scheme: Prescribing is a big spend and there is lots of evidence that it could be done more cost effectively and safely. CCG has a resource of employed pharmacists to help practices achieve this. Also good prescribing incentive scheme being developed to change behaviours.
- Breast drain Pathway: We have commissioned District nurses to remove these in patient's homes rather than having to attend AGH.
- Pleurex drains Pathway: and these!
- Telemedicine: AGH an international leader in this field; we continue to support looking at how the technology can be most effectively used.
- Aligning health services between Craven and AireWharfe: more complex than it sounds!
- And the day job... remember there are contracts to negotiate, sign and monitor, national reports to digest and implement, finance to monitor, analysis of activity/spend, quality monitoring, communications and lots of meetings!

The date of the next Network Meeting is 17 July, venue TBC. ? to Chris to attend if not working late, together with Ann – TBC.

4. Margaret read out a report from Alan with regard to patient food provision at the Airedale and also a response to Ann's question re the findings at Stafford:
 - I can confirm that the references made at the last PPG regarding the provision of patient food and meals have been given to the appropriate managerial department for their attention. Along with other such comments they will be raised at the next joint meeting between Airedale Management and the providers Sodexo – let us see what develops in due time.
 - In reply to Ann Bacon's question regarding the appalling findings at Stafford, I can confirm the subsequent Francis Report is being treated most seriously and respectfully

by the Board of Directors. The report is now a substantive item at Board Meetings and Council of Governor meetings and will be progressively evaluated and implemented as necessary or appropriate. None of its recommendations will be treated lightly and they will be used at Airedale to influence or re-shape the existing program of continuing improvements in clinical and patient care.

It should also be noted that whilst there will not be any complacency, Airedale are embarking on this searching review from a fairly strong current level of achievement as compared with other Trusts. However, that will not suppress striving for further improvements.

I will be pleased to discuss this further at the next PPG.

Alan Davies

5. There was no **Chairman's report** in the absence of Gordon.
6. **Finance:** Barbara indicated the balance in the account remains the same, i.e. £355.94p. Margaret will speak to Gordon re the Gala cheque.
7. **Future health awareness events:** Diana researched the Health Awareness Weeks. Unfortunately only the slots up until June were published so Diana will report back once they have been released.

Ann requested the ages for cervical smears in England. Lizzie has subsequently confirmed that they are:

Age group (years)	Frequency of screening
25	First invitation
25 - 49	3 yearly
50 - 64	5 yearly
65+	Only screen those who have not been screened since age 50 or have had recent abnormal tests

8. **Pierre Richterich** from Ilkley & Wharfedale PPG has asked to attend the Addingham PPG meeting, with the intention of reporting back to them how a successful PPG works. Gordon has asked that the next PPG should be on Tuesday 20th May 2013 at 7.00 pm and Pierre will be invited.
9. Valerie circulated information re **access to the Members' Area of the E-Bulletins**. This will also be forwarded to those not present.

A question was raised re our NAPP membership, with regard to what the annual fee covers and whether we are insured through them for our events. Valerie to action.

10. **A.O.B.**
 1. Barbara asked re bereavement cards and visits. Dr Suleman indicated that he undertakes visits to immediate family and a card is sent. It would be expected that others suffering difficulties over bereavement would contact the Medical Centre, where appropriate help can be given.
 2. A question was asked re the use of the blood pressure monitor at the Medical Centre. Patients are requested to report into Reception before using the machine as the door can't be locked. Lizzie will make an occupied/vacant sign.

11. **Cancer Awareness Event – 14/5/13 at 1900 hours** (access from 1830 hours)

- Posters: Thanks to Taal, Anneli and Margaret for the posters/distribution.
- Surgery tv screen to highlight attention of the information table in the surgery
- Article to publicise event published in Ilkley Gazette's News in Brief section
- Lizzie, Ann, Diana and Valerie to set up including PPG banner and leaflets.
- Caroline Carmichael - Cancer Support Bradford & Airedale (01274 776688) will also be attending the event and will have a table containing information
- Valerie will prepare a Signing-in Sheet, to take names and also note where people had heard of the Event.
- Chris to produce slides indicating what the PPG does, to be used at the start of the Event.
- Order on night is presentations from Claire, Nona and Linda followed by a refreshment break (Margaret buying on behalf of the Group) and then Karen's presentation.
- Post event, Margaret to write to St Peter's Church Hall and Valerie to write to the speakers

12. **Date of next meeting:** 20 May 2013 at 7.00 pm.