

Minutes of the Ashford PPG Meeting

Thursday 17th July 2014 6.30pm at Ashford Civic Centre

Present:

Caroline Harris (CH)	Sellindge Surgery
Eunice Shillings (ES)	Independent
Maureen Chatworthy (MC)	St Stephen's Health Centre
David Hooper (DH)	Sydenham House & Musgrove Medical Centres
Paulyn Charlton (PC)	Willesborough Health Centre
Trevor Measday (TM)	Kingsnorth Medical Practice
Alan Billington (AB)	Wye Surgery
Charles Vertue (CV)	Woodchurch Surgery
Sue Devine (SD)	Woodchurch Surgery
Philippa Jones (PJ)	Woodchurch Surgery
Marlo Johnston (MJ)	Wye Surgery
Jeff Moorby (JM)	Hamstreet Surgery

In Attendance:

Martin Harvey (MH)	Lay Member Ashford CCG
Sue Luff (SL)	Ashford CCG
Samantha Terry (ST)	Engagement Officer, KMCSU
Sue Sawyer (SS)	Minutes

1. Apologies

Dr Navin Kumta (NK)	Chair, Ashford CCG
Annie Jeffrey (AJ)	Charing Surgery
John Bridle (JB)	New Heyesbank Surgery
Jenny Boardman-Holmes (JBH)	Willesborough Health Centre
Russell Corbett (RC)	Hamstreet Surgery

2. Minutes of the last meeting held on 22nd May 2014

Amendments:

- 2.1 Russell Corbett omitted from the attendance list
- 2.2 Eunice Shillings omitted from the apologies
- 2.3 Item 5 – CCG Report – point 7 should read “Concern was expressed by members that child and adolescent mental health services (CAMHS) were in crisis”.
- 2.4 Following discussion it was proposed by JF and seconded by CH that MH should appear in the Members list in future documents, subject to approval by ACCG. Agreed unanimously.

3. Matters Arising

- 3.1 **Practice based issues were important and should be fed into the CCG** – concern was raised that GP's were struggling to manage with funding cuts and more were using tele-conversations and triage systems.

Examples were given where the system had let patients down and members want GP's to take more care and look very closely at the triage system. There should be ground rules set for the use of this system. There was a very strong feeling that patients want face to face meetings with GP's, especially when they are very concerned. CH will raise this with NK.

If patients can't see a doctor they will go to casualty undermining the CCG's promotion to reduce the number of people attending A&E.

It was agreed that the issue of appointment systems in general should be on the agenda of the next meeting.

4. Sam Terry, Engagement Officer Kent & Medway Commissioning Support Unit

Sam's role is to ensure that the patient's voice is heard by the Commissioners but she has no control over what the Commissioners do.

Invitations to an Ashford Community Services event on 10th September will be sent out to people who registered for the Ashford Health Network and practice managers. There will be 2 sessions, afternoon and evening, lasting about 3 hours. Sam encouraged everyone to join the Ashford Health Network as this was an opportunity for providers, patients, commissioners to work together to get things right. CH will circulate the details.

Sam helps collect and analyse evidence on patient's experiences and feed them to Commissioners. It is important that they hear when it is working well and when it isn't. In particular, the views of seldom heard groups should be addressed through the use of languages, braille; audio ensuring that people with disabilities and those from ethnic groups are heard.

Canterbury has a work plan which gives their group an idea of the topics they want to discuss over the year. APPG are welcome to look at it. They have created sub groups working with Commissioners leading on that particular work stream.

JF expressed concern about the pathway of communication as he received nothing from practice manager at Wye. SS will send APPG email addresses to ST and ST's email address to members.

CH thanked ST for her attendance.

5. Chairperson's report

5.1 Following discussion it was proposed by JF and seconded by CH that MH should appear in the Members list in future documents. Agreed unanimously subject to CCG agreement.

- 5.2 CH proposed that before the next AGM the constitution should be addressed. The potential merger with Canterbury CCG would have an impact on this.
- 5.3 The Merger vote goes to members on Thursday. 75% will have to agree to pass the motion. Some are not too keen but NK and SP will be visiting them.
- 5.4 CH would like to set up APPG sub groups in the following areas:
Mental Health
Children and Adolescent Mental Health Services
Diabetes
Cardiac
- Champions for these groups would have a dialogue with the CCG and relevant community organisations. They would then report to the APPG. This would help to avoid much of the duplication that occurs. CH will draft a report and send it to all members for feedback to take it forward as an action plan. CH appealed to members to consider taking on responsibility for one of these areas as this would be very relevant if the merger goes ahead. The above areas are not set in stone and if members have an interest in a subject area please let the group know when reports are submitted for discussion.

6. Martin Harvey, Lay Member Ashford CCG

Report attached

- 6.1 A CCG meeting will take place on 29th July to consider bids from the voluntary and community sector.
- 6.2 A meeting of the 6 Kent CCG Lay Members has been postponed until 1st September. MH will produce a report on what the other CCG's are doing and encourage the CCG Chairs to meet.
- 6.3 Complaints and Complements Report is not ready yet. Not a very useful tool as it doesn't capture soft intelligence and more is discovered when you talk to people face to face.

7. Sue Luff – ACCG update and Community Networks

- 7.1 SL reported problems with CAMHS delivery. There was a waiting list but the plan was to get all children diagnosed by December. The contract for this service expires next year and this was an opportunity to get the contract right.
- 7.2 Over 75 payments - practices should be paid £5 to enhance care. Great, but to do what? This is £5 over and above what they receive for other schemes.
- Named GP – what does it mean? There is the danger that patients would demand to see the doctor named in their letter. Therefore Patients need to understand that this is not always the case. Routine appointments patients should be able to see their named GP but for emergency appointments you see whoever is available.

GP's were asked for a list of schemes to enhance patient care. 15 – 12 bids.

Some rural practices pooled their money – employing someone to co-ordinate patient discharge who would be a point of contact for that person even 3 months down the line.

Sellindge – co-ordinated dementia care.

There were a range of ideas and SL will be working with them so they are fit for purpose. These schemes have to demonstrate they will make a real difference to their patients.

7.5 Mental health has signed off on local libraries to provide support materials. Anyone with any mental health condition can ask for books on a wide range of issues - how to cope with depression, diagnosed with ADHD, etc. The books are not borrowed, copies are theirs to keep.

Kent Mental Health group and local groups have merged and trying to get a strategy together. Children's Outpatients Service for example, may be accessed through local Children's Centres.

7.6 We are working towards the development of the Integrated Urgent Care Centre which will support the ability to ensure that patients are seen by primary care service.

7.7 Domestic abuse, deprivation. We are working with KCC to ensure that where we know we have areas with problems we can work in partnership to address as a whole

7.8 Cardiology pathway. Rachel is looking at pathway to support ability to deliver community services

7.9 Falls – We are working with KCC to ensure that the pathway covers prevention through to management and that services are both joined up and not duplicated

7.10 How to get through winter? Ashford has £732,000 towards reducing the number of people accessing A&E but only if they achieve all of our targets and do not cancel any elective surgery.

7.11 **Community networks –**

All practices in the Ashford CCG are to be split into North, South and Rural. Practices coming together to develop ways of providing services in their areas. Also attached to this will be services that KCC/health/voluntary agencies provide so that all are working together. Thus providing services in response to local needs. Winter money could be used to test some of their ideas.

This is not about buildings, but about how a group of practices, working together can benefit their patients.

Every weekend North and South will have 1 practice open supported by additional services. Doctors will have a rota and work over and above their core hours. This has already been tried at Ivycourt Tenterden where there is a GP on duty Saturday & Sunday 8am – 3pm with support staff. This has proved to be highly successful with local resident and patients accessing the services without having to travel to the William Harvey. A Communication Strategy will be created to inform patients.

Westview, Tenterden – CCG currently funds 30 beds for a maximum 6 week stay. Included in this is 1 hour physiotherapy per day. This is being increased to 3 hours per day intensive physiotherapy, including week-ends, resulting in decreased length of stay and increased capacity.

Non weight bearing patients are currently sent to any nursing home. In future they will be sent either to Halden Heights or Westview.

The engagement events in September provides patients with the opportunity to say what you want in your community be more inventive about how to deliver health and social care.

Services will include supporting mental health in the community including a strategy for post natal depression.

Time frame – March 2015 – 2017

The Community Network will only work if practices have access to patient's records. The Share my Care care plan will be used by out of hours teams. It is a web based tool and all providers will have access.

Patients only give their permission once and the benefits will be carefully explained.

Mobile radiology available in Ashford? Sue will look into this.

- 7.12 Nepalese and Polish language posters have been delivered plus fridge magnets.

8 Any Other Business

8.1 Some practice websites are very out of date. Not every surgery puts their PPG minutes on their website. Only main issues from surgeries will be brought to the APPG meeting.

8.1 Ashford Volunteer Centre made a request for more Volunteer drivers, particularly in rural areas.

8.2 JF expressed approval that there was a good relationship in both directions and thanked SL for providing comprehensive information.

8.3 APPG to send agenda items they want discussed to the CCG

9 Date of Next Meeting - 18th September, Civic Centre Committee Room 2

SL gave her apologies as she will be on holiday.