Solihull Patient Participation Group Network

Minutes of Annual General Meeting on Thursday 26 November 2015
West Warwickshire Sports Cub

Chair: Tony Green

Attendees:

Barry Austin	Northbrook
Keith Boad	Richmond
Geoff Baker	Village Surgery
Paul Botting	Parkfield
Janet Cartmail	Green Lane
Megan Comlay	Jacey Practice
Pauline Cooper Hinsley	Kingshurst
Norma Davis	Green Lane
Alan Frankcom	Yew Tree
Andrew Geddes	Yew Tree
Robert Hargreaves	Coventry Road
David Hinsley	Kingshurst
Simon Johnson	Arden
Ian Lappin	Castle Practice
Vic Lloyd	Monkspath
Mr C Lyons	Green Lane
Joyce MacNichol	Hobs Moat
Pauline Mathias	Jacey Practice
Edna Notman	St Margarets
Mike Notman	St Margarets
Reginald Patrick	Shirley Medical Centre
Ted Richards	Castle Practice
Clive Savage	Haslucks Green Medical Centre
Peter Streets	Northbrook
Elizabeth Tout	Yew Tree
Jo Walker	Shirley Medical Centre
Lisa Walsh	Green Lane
Martin Wright	Jacey Practice
Becci Young	Arden
Delia Zeuthen	Grove Surgery

Support:

Amy Egan	Midlands & Lancashire CSU

Apologies:

Ian Black	Dorridge
Susan Gomm	Grove Surgery
Kathy Guard	Jacey Practice
Anne Lawrence	Castle Practice
Cath Proctor	
Dee Salmons	GPS Knowle
Amanda Shakespeare	Dorridge
Martin Tolman	Monkspath
Florence Walsh	Grove Surgery

The Chair opened by welcoming everyone, including those who were attending for the first time. He summarised the agenda and apologies - listed above - were read out. He asked if anyone wished to notify any other business (AOB) for discussion just before the end of the meeting, but none did.

ITEM 1: Previous minutes and matters arising – 24 September 2015

There were no amendments to the draft minutes and they were approved as being a true and accurate record.

Proposed: Jo Walker
Seconded: Barry Austin

There were no matters arising for discussion at the meeting.

ITEM 2: Notice from Solihull CCG on Procedures of Lower Clinical Value (PLCV)

The Chair read out the following notice from Janet Mee, Solihull CCG's Communications and Engagement Manager:

Variation in clinical policies across CCGs can create frustration for patients and clinicians. This is sometimes called "postcode lottery" in the press. In Autumn 2013, Birmingham and Solihull CCGs agreed to develop a single set of 25 clinical policies for procedures which are considered to be only marginally clinically effective, or ineffective with limited clinical value in the majority of cases. Some are high cost for limited clinical benefit. Some are considered to be clinically effective but only if particular clinical thresholds apply.

A joint working group across Birmingham, Solihull and the Black Country considered the clinical basis of the policies. Solihull CCG wants to know what patients think about the proposed policies and will be launching a survey next week. Because of the complexity of asking questions about so many policies and the need for people to be able to read the policies, this will be carried out online via the CCG's website. However, if you do not have access to the internet but would like to take part please contact Janet Mee at the CCG on 0121 713 8706 or email janetmee@nhs.net. The survey will be promoted via practices and social media. The CCG's Patient Voice Panel considered the survey and three of the proposed policies when it met last week.

Question & Answer session:

- Appreciating the number of policies, there was a suggestion that each practice could hold a printed copy of all documentation for patients to access if they are not online. *This suggestion has since been forwarded to Janet Mee at the CCG.*

ITEM 3: Election of Steering Group (SG)

The Chair explained that the Network's Terms of Reference set out the need for an SG of five delegates, each from a different PPG. Two of the current SG members, Tony Green and Jo Walker, have offered to stand for re-election, so at least three more candidates are needed. Unless three other candidates put themselves forward at the AGM there would be no Steering Group, therefore no PPG Network. He outlined the undemanding duties and commitment involved in serving on the SG, and encouraged people to stand. Many previous SG members contributed encouraging words and shared their experiences. It was observed that the Network has thrived since its inception in 2013 and is now listened to and respected by the CCG.

Barry Austin from Northbrook put his name forward but with no other nominations, the AGM would be deferred until at least two more candidates had agreed to stand.

ITEM 4: 2015 Steering Group's report

The Chair read out the attached presentation from the 2015 Steering Group – outlining what the group does; the presentations that were arranged during 2015, and the unfailingly positive feedback received.

ITEM 5: Pressure Sores – detection and treatment. Presented by Debbie King and Julie Booth, Nursing and Quality Team at Solihull CCG

Solihull CCG is supporting the international 'stop the pressure' awareness campaign. Pressure ulcers (also known as bedsores or pressure sores) are caused when an area of skin is placed under sustained pressure, resulting in skin and tissue damage. The attached presentation explained the prevalence and causes of pressure ulcers and how to prevent them.

Pressure ulcers tend to affect people with health conditions that make it difficult to move, especially those confined to lying in a bed or sitting for prolonged periods of time. People over 70 years old are particularly vulnerable as they are more likely to have mobility problems and ageing skin.

Pressure ulcers can be unpleasant, upsetting, painful and challenging to treat. Therefore work is being done to raise awareness and advise patients and carers on how to prevent pressure ulcers.

Question & Answer session:

- Q: Is moisturising helpful to hydrate and soften the skin?
  A: Yes – everything helps to make the skin more supple and less prone to pressure ulcers. Drinking more water helps too. It's important to realise that some medication can dry out the skin which is another reason why older people are more at risk.
- Q: There was a case of someone being discharged with a grade 3 or 4 ulcer, and had to be immediately readmitted. How can this happen?

A: Commissioners are committed to reducing avoidable harm and there is strict national criteria to ascertain if cases like this were 'avoidable'. They can hold providers to account and there are robust financial penalties. Of course cases should never happen in the first place but the penalties do keep the focus on prevention. Commissioners are also working closely with care homes. Patient choice can sometimes make the best solutions difficult to implement (i.e. if the patient insists on going home) but this is where ensuring care homes and carers know how to spot the signs and take preventative steps is important.

- Q: It seems to be all about communication – I would check the patient records and discuss care with the staff whenever I visited a friend or relative in hospital.
  A: This campaign is about empowering family and carers to challenge and check with clinicians to keep the subject at the forefront of care. The European Pressure Ulcer Advisory Panel (EPUAP) leaflet is a great resource, and this has already been shared with practices as part of the CCG's activities this autumn. (http://www.epuap.org/wp-content/uploads/2015/09/EPUAP_Patient_Guide_A4_blue.pdf)

ITEM 5: Diabetes – summary and basics. Presented by Dr Sue Harrower, GP at Coventry Road practice and Governing Body member at Solihull CCG

Diabetes is "one of the fastest growing health threats of our times." Dr Harrower ran through the attached presentation to summarise the differences between the two main types of diabetes, namely type 1 and the much more common type 2. Then she explained current pressures and how health services are approaching the problem in Solihull.

Treatment can prevent or reduce the risk of health problems, such as kidney disease, retinopathy and peripheral neuropathy, which can be the results of diabetes. Most of these complications are irreversible, disabling and they reduce the quality of life.

In Solihull, we are working hard to improve the care of diabetic patients to live well for longer. Care used to be managed in hospitals but this set-up is unsustainable, so care for most patients with diabetes has been moved to primary care / local settings. For the past two years a pathway has been developed of lifestyle education and screening to free-up hospital services to care for those who need it (including patients whose diabetes control and health are poor, and those who are also pregnant).

There is also a pilot currently in progress with five Diabetes Multi-Disciplinary Teams who visit each practice once a month to up-skill the practices' Diabetes-interested nurse / GP. This pilot runs until March 2016 and then it is hoped it can be rolled out wider in April following an evaluation.

Question & Answer session:

- Q: Some voluntary sector groups run screening events, although they are sadly quite ad-hoc so difficult to publicise. Should they work better with practices running their own screening sessions? Can PPGs help?
  A: I say there's a place for both types of events as the voluntary group sessions might catch people who don't normally go to their practice. Screening identifies those at-risk as well as diagnosing those who have already developed diabetes. The lifestyle advice is relevant to everyone!

- Q: Shirley Road PPG instigated a newsletter to spread messages to the whole general practice population.
- Q: Is there a north/south divide with diabetes in Solihull?
  A: Diabetes prevalence is linked to deprivation but there is no particular area in Solihull that stands out.
- Q: How are we reaching young people? They are at risk of diabetes due to diet and lifestyle.
- A: There is education aimed at young people in place.

ITEM 6: How Monkspath PPG runs. Presented by Vic Lloyd

Monkspath PPG is in its fourth year, and its steering group takes the view that every patient at the practice is a potential member of the PPG. There are 124 patients on the distribution list (population 12,000). They advertise meetings within the practice, at the local pharmacy, on the practice website and email all contacts. Members also print flyers and post around 100 each to random houses in the practice's catchment area to reach different people.

The bi-monthly meetings are open to all, and are regularly attended by around 25 people. The most popular talk was from a local chemist, which was attended by 46 patients. There are eight members on the steering group, who meet bi-monthly (in between the PPG meetings). Three delegates attend the Network and try to pass messages and news back to the PPG. The PPG's Terms of Reference limit the time anyone can occupy any 'officer' post (e.g. chair, deputy chair, secretary or treasurer) to two years.

They have an excellent relationship with the practice – the practice manager and senior partner nearly always attend the PPG meetings.

Question & Answer session:

- Q: What time of day do you meet? If in the evenings, do you find the numbers fall during the darker nights in the winter?
  A: The PPG meetings are held 7-8.30pm and never over-run. The steering group meets for 1 hour at the practice. There is no decline in numbers during the winter. At the end of every meeting we ask what people would like to hear about at future meetings.
- Q: At Jacey practice the PPG added a question to the 'Friends and Family' survey to increase the number of contacts on the list. The practice holds the contact list.

With no further nominations for Steering Group members there was no further business. The Chair thanked everyone and closed the meeting at 1.00pm.