

Woodlands Patients Voice Meeting Minutes

Wednesday 13th March 2019

Present : David, Sylvia, Ann, Janet, Michael, Kay, (PPG Members)
Patricia Brown (Practice Admin representative and PPG Secretary)

Apologies: Mick, Fiona, Dr Das

1 Sally Dore - Head of Psychological Therapies to discuss Insight Healthcare

Sally came to discuss Improving Access to Psychological Therapies (IAPT) which is a national service for patients with a low level of anxiety or depression. This is a self-referral service. The referral will be assessed and the decision made as to what service best suits the patient's needs. Depending on need, the number of sessions can vary, but generally patients have an hour session for twelve weeks. The therapies are based on Cognitive Behaviour Therapy (CBT) - for example, a patient who has had a heart attack in the local post office is now scared to go back to the post office. CBT will get the patient to take incremental behavioural steps to equip the patient to go back to the post office.

Until recently, there have been three different providers of the service, all providing the same care – Lets Talk Well Being; Trent PTS and Insight Healthcare and in effect, patients could self-refer in to all three services one after the other. Across Nottinghamshire and Nottingham City, it was questioned whether these services were the best value for money across the patch. Commissioners wanted to go out and talk to providers (known and unknown) to see if there might be one provider who might want to deliver one service across Mid Notts. This one service could join with others/use specialist sub- contractors. As part of this process, Insight Healthcare have been chosen as the preferred provider from 1st April and have sub-contracted agencies such as Relate, lower level counselling services and the sexual violence service.

Q and A

The group asked where patients would go to access the service? Insight are arranging premises at the moment, using some of the local practices in Mansfield and Ashfield (used by previous services) and are looking for more space across the patch.

This is self- referral - how would patients know about the service on offer ? – lots of marketing materials will be available in GP practices – patients would be advised to phone or fill in a referral form. David expressed concern that only a third of the practice population attend regularly, another third not so often and a third never attend – how do they know about services? – will promote services in hospital, libraries, supermarkets, through the police service. There will be a video available soon for practices to advertise on media boards. Insight will also be providing quizzes/ resources on line, aimed at patients who use the internet and unlikely to seek support at practice level.

What about waiting lists and what is access like? Sally admits that access has not improved greatly as there is a national target of seeing 75% patients within 6 weeks and 95% of patients within 18 weeks. There is however, some really good data and information to work on this, by looking at new

ways to deliver/adjust services to meet patient needs. For example, traditionally cancer patients were being seen for anxiety and depression – Insight feel these patients might need something different – eg. support to come to terms with/accept their diagnosis.

The service is on a new block contract – not paid per patient but national targets mean they have to see a certain number of patients within a defined period.

As CCGs have been tasked to look after people with long term conditions differently, staff from the previous providers are transferring to Nottingham to deliver other services or are transferring in to Insight Healthcare and piloting other services eg. where pain clinic attendance with no improvement – have started therapy with these patients. LTWB are focusing on therapy services for cancer patients.

Kay asked for marketing for her mental health coffee group – Sally took details to send these on.

2. Welcome and apologies

David welcomed everyone along and apologies were recorded.

3. Minutes of last meeting

The minutes from the January meeting were approved as a true record.

4. Matters Arising

a) Buggy walks

Trish to arrange to walk with Keith/establish as a walk leader.

b) Extension IT

Now approved and equipment and on order with a lead time of approximately 6 weeks.

c) Media screen

Planning to replace existing screen with a new screen and PC so that it is networked with the main IT system. Will make updating the presentation more readily accessible - currently having to use memory sticks and replace the whole presentation for any updates.

5. PPG Future Planning

David and Val felt we need to think about where we want the group to go/how to move forward as they feel we stumble from meeting to meeting with little progress/little to show. We have the meeting, have speakers, have a chat and nothing more. We don't do anything with the information from the speakers – we have just listened to Sally but what can we do to ensure information is shared with the wider practice population?

Discussed. Suggestions included a PPG section on the media screen and on the web site. Two opportunities to disseminate information (with a disclaimer from the practice). Feel a newsletter is of limited value which does not merit the effort involved. Trish reported that a change due in the sms messaging service from 1st April may limit its use for PPG communication with patients. Correspondence from the PPG to patients could use email or franked letter but this would need to be managed by practice because of GDPR

PPG to work up a communication strategy and discuss with the practice.

David raised that part of the issue with future planning is when things need to be done – it's the same one or two people who end up doing it and unfair. Acknowledge this happens in all organisations. Discussion about contribution to meetings and promotion of the practice - a very important and valued role of the group. Is IT a development need for group members? Asked group to consider/think about this and support can be organised.

6. PPG recruitment

What can be done? There must be people out there who might be prepared to come along eg. long term conditions patients. There is no young person's representation, but how to target?

Notice board not been updated – could be more inviting. Trish to ask the GPs to push recruitment in the practice. How can we find out what patients want? How do we reach the 30% of patients who do not attend surgery? For further discussion.

7. Practice Information

Notice boards updated recently. New campaigns include ovarian cancer, cervical screening and bowel cancer. If anyone can suggest any other resources, please let Val know. Val would also appreciate feedback on the resources from the group and patients. Next couple of months – May/June the national calendar of events include stroke month, national walking month, diabetes and men's health. Tend to use month events rather than weeks/days etc. The group agreed the focus should be on stroke and diabetes.

Difficult to keep tabs on out of date materials. After six weeks campaign – plan to get rid of resources.

Agreed it is time for a review of all communication throughout the practice and pare it down. Group to have a look as they leave tonight. Feel there is too much information in some areas. Easy read literature is not sent out routinely, but can ask. Free resources available from Kings Mill library and resource centre.

Val happy to review all waiting areas but will need some support /volunteer from the group to review what's there/get rid of old stuff - Sylvia offered to help.

Trish to ask receptionists and clinicians for their views – what are main topics they are asked about for us to keep as a core of topic areas. See if any other staff members are prepared to attend the odd meeting.

8. Get involved in your local NHS

Recent communication from PPEC through Julie Andrews looking for volunteers for work on cancer services, mental health and self-care and social prescribing. Looking for PPGs to gather and feed views in. All had flyer.

9. NHS targets

Government looking to change four hour A&E target and 18 week waits. Discussed. Press have jumped on it, but plans are only being run as a pilot

10. Practice Update

The sms messaging service is being updated to MJOG plus – a smart based platform with an App where messaging to i-phone users will be free to both send and receive. However the contract for all other mobile phone users is limited to four sms messages per year – much more restricted to what we have currently. Still need more information about the service but due to start on 1st April. Feel we will need to advertise the MJOG App aggressively so as not to incur extra charges.

Two new GP Registrars are due to join us in April and current GPR Rebecca Smith will stay with us for another four months as she is part time. The Deanery have asked us to take on two F2s for the same period.

11. AGM

Next meeting (May) - PB to do the usual AGM report. Date moved away from 8th May as in Bank Holiday week – Meeting scheduled for 15th May

Decisions to be made at the AGM - David planning to stand down as chair. Need to consider who will take it on. Val is happy to continue as Vice Chair if no other takers. Kay happy to stay as the treasurer.

12. AOB

Nil

13. Date of next meeting

Wednesday 15th May 5.30pm to 7pm.