

Hadwen Medical Practice

Patient Participation Group Meeting Minutes

7 June 2019 @ 7pm

Members present: Pat McCann (**Chair**), Cheryl Charsley, Sam Dunn, Judith Coney-Jones, Millie Barnes, Andrew Gravells and Deborah.N.Ssenabulya (**Minutes**)

Apologies: Diane Howitt, Gillian Bliss-Thomas, Chris Rogers, Susan Donnelly, Keith Charsley and Toni Chilver

In attendance: Ian Robertson- **Management Partner**, Chris Hewer- **GP**, Jo Robyn-Landricombe-**Patient Services Manager**. **Beth Bennett-Britton**- Consultant in public health/talk on children's mental health.

Pat welcomed all to the meeting and welcomed Ian back from his sick leave.

1. Introductions

The practice new patient services manager, Jo, was introduced. She replaces Joyce who has now retired. Beth, a public health consultant with Gloucester county council was also introduced.

2. Children's Mental Health- Beth Bennett-Britton

Beth started by giving us some statistics for children and young people's mental health. She said that one in eight 5 to 19-year olds had at least one mental disorder when assessed in 2017. This included emotional, behavioural, hyperactivity and other less common disorders. There has been a slight increase in prevalence over the past decades mainly driven by emotional disorders.

-For the online pupil survey 71% pupils said they were happy, 14% unhappy, 5.2% were self-harming weekly/daily. Average time that primary children were in bed the night before the survey was 9 hrs 15min, which is below the recommended 10 hrs.

- 18% of secondary school pupils reported that they had met a stranger in the real world that they had first got to know online. Some of them did so on their own. In a small number of cases the stranger was an adult.

- Gloucestershire healthy living and learning(GHLL) supports and promotes health and wellbeing in schools and colleges. It aims to help children and young people to achieve full potential and lead healthy and happy lives. Accreditation is given for 'Healthy school' or Healthy further education'. Teachers work closely with schools to promote health and wellbeing such as issues related to weight, diet, smoking and mental health.

-School nursing- lots of cutbacks. Public health nurses work with children and their families. They offer support and advice on health issues, relationships and sexual health, emotional wellbeing, anxiety, bullying and healthy lifestyles, school based 'drop ins'/ chat health/school nurse hubs for parents

-Future in mind has received £5M funding over 2 years for establishing new mental health support teams to help with early intervention on mild-moderate issues. These may include exam stress, behavioural difficulties and friendships. The teams would be supervised by NHS staff. The funds would also be used for trialling a 4-week waiting time for access to specialist NHS children and young people's mental health services.

-Adverse Childhood Experiences(ACES) – traumatic events in children which affect brain development and later life. There is a pilot midwifery service and a pilot in schools to provide support earlier. Any supportive adult such as a teacher can help build resilience. Talking about ACES and changing the question from what's wrong with you to what's happened to you. Awareness of ACEs and building resilience will drive change.

- Other mental health support

- Online self-help -distrACT app for these self-harming/stay alive/ on your mind
- Telephone support- ChildLine/Samaritans/Gloucester self-harm help line/TIC+
- Face to face support-TIC+ counselling/CYPS specialist M.health services.

Q - If someone is in hospital does your service get involved? **A:** They would potentially be referred to specialist mental health services. However, we would get involved if they successfully took their lives.

3. Chairman Update/Questions

The number of patients who missed their appointment(DNA) Jan-Mar has gone down from 526 last year to 493 this year. DNAs are reported to be highest from June to August and highest at the St Michael's surgery. The practice has been ringing up DNAs to find out why they missed their appointments. Appointment reminder text messages are sent out to those signed up for the service.

There was a lot of discussion on DNAs where suggestions were made to re-label DNAs for minors as **not brought** (by the responsible adult) instead of 'did not attend'. This can be a safeguarding issue as children need an adult to bring them for appointments. Another idea was to display the cost for DNAs on the screen/front desk.

-Display for leaflets – We should ask doctors what they would like to be displayed then all leaflets could be put on a stand.

Garden Project -The idea followed a bereavement talk by the Ronan trust. It was meant to create space for bereaved people to meet up and enjoy activities (like gardening) together. Dr Naish, Gill and Gary are heavily involved in this project. Start date is 24 June. Funding for starting is in place but not enough manpower. The meeting was informed that £5000 was donated towards this project by a widow. Money is needed for flower beds and plants. Ideas included planting vegetables, plant a rose for a loved one, and to make a call for people to bring a spare plant for the practice garden. Millie promised to include the project in the busy bee magazine for next month. Pat said those interested in helping should email him patmccann03@gmail.com. The idea of creating a gym near the car park was not supported due to ASBO related issues. It was suggested lights and security cameras with a visible warning are installed.

3. Roles of the PPG as set out in the GP's contract. The role of phone consultations (Millie).

Reviewed items from the February meeting- 1) Minute 3/Feb 19 Defibrillators and ambulance -The statement about defibrillators that said unless defibrillators can get started within 5 minutes, it would be better to call the ambulance straight away. Millie said the public would not be expected to use the defibrillator before calling the ambulance.

2) Minute 5/Feb 19: Signs in the waiting room-something like 'Welcome to waiting room A,B or C. The meeting was informed these are up

3) Minute 5/Feb 19: Cervical cancer screening programme: Concerns about working ladies not getting appointments out of hours and access to the service by disabled people. Jo said out of hours appointments for cervical screening are available and home visits are made for disabled people who need hoisting. Letters for cervical screening come out nationally. The practice does not gather figures on people who do not respond due to barriers such as religion.

4) **Repeat bloods/blood pressure** – if these are required the doctor indicates under the patient's record. However, the patient cannot ask for these as context is needed.

5) **Phone consultations-** It was noted they are quicker for some consultations, usually 5 minutes long. They may be good for results feedback or blood pressure discussions. Where examination of a patient is required or for multiple health concerns, the meeting was told phone consultations are not helpful.

6) When we ring the practice the recorded default, messages are too long and each time we are asked to ring 999 for life threatening conditions. Ian said Dr Estelrich is revising the message to make it shorter. Asking those with life threatening conditions to ring 999 cannot be changed as it is a national requirement.

5. Practice and Cluster Update- Ian Robertson

-After Easter there was a **flood** in the old building. This was due to a new pipe installed by contractors therefore their insurers will pay up. Ian commended the fantastic team effort in clearing up.

-Following on from what was discussed last meeting, **radio and TV** licences are too expensive for us and they will be competing. Therefore these will not be placed in waiting areas.

- **Electronic patient record system** to be used by the practice is yet to be decided- current is frustrating to clinicians.

-**Manpower-** Doctors who were off are now back from maternity leave and presently no one is on long term sickness. Laura Pritchard and Fauzia Zafar are with us long term while Chris Remfry and Andrea Philpott are doing 2-3 sessions a week.

- **Non-Clinical** – Emma Rowles has been employed as our continuous improvement coordinator. This is a multifaceted role which includes compliance, promoting excellence and driving improvement.

- **Clusters**-Going well. We are linked up with Rosebank and Quedgeley medical centre. Evening appointments are available for acute onset illnesses

6. AOB

- Practice Survey. Agreed that a survey would be carried out by the PPG. Chairman to discuss survey content with Ian.

- Cardiopulmonary Resuscitation. Following on from discussion at the last PPG meeting, the intention is to run CPR courses within the surgery. Ian agreed to follow this up; Sam agreed to assist if necessary.

7. Date of next meeting –12 Sept. 2019