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**PATIENT PARTICIPATION GROUP**

**Minutes of Meeting Held at the Surgery**

**10 Dec 2024 at 1730**

**Present:** John Leslie (JL) Chair

Phil Marston (PM) Secretary

Vicki Abbott (VA)

Lawrence Copeland (LC)

Victoria Ferguson

Daniel Medhurst (DM)

Dr Dan Pickering (DP)

Sue Pickwoad (SP)

Pat Triffitt (PT)

Lara Upton (LA)

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| **ITEM AND DECISION** | **ACTION** |
| **CHAIRMAN’S WELCOME.**  The Chair (JL) welcomed all noting that DP would be a little late but the meeting would start anyway. |  |
| **APOLOGIES**. Amanda Shaw and John Twidell. |  |
| **MINUTES OF PREVIOUS MEETING.**  The minutes of the meeting held on 10 Sep 2024 were approved. |  |
| **MATTERS ARISING.**  There were no matters arising not covered by the agenda. |  |
| PATIENT EXPERIENCES.   1. Lara brought up a problem with the text messaging from the surgery. Vicky stated that they had recognised that a problem of processing existed, and an investigation was underway. The surgery staff are of the opinion that use of the NHS App is preferable to SystmOnline. 2. Victoria stated that she had a patient who had been let down by the transfer/discharge process from Peterborough Hospital to the surgery and his care at Peterborough, and that the surgery had been caught in the middle. There had been some reports from the patient that his emails to the surgery were not replied to. Following a long discussion, it appeared that there was a communication problem between the surgery and this particular patient. The surgery staff found it ‘hard to believe’ that what the patient has stated could be correct and Dr Pickering asked Vicky to investigate the exact messaging that had passed between the patient and the surgery. | **VA**  **VA** |
| **NHS APP TRAINING**  A training day was being set up in the Falcon Hotel on **6 Feb** 2025 between 1300 and 1700. Publicity will start shortly and it is hoped that perhaps UCC students will be involved. Volunteers will be required nearer the date. | **JL/DM** |
| **PRACTICE UPDATE.**  The Practice report is attached to the minutes and there were no further questions. |  |
| **CHAIRMAN’S UPDATE**.  JL had submitted his report in advance and is attached to these minutes. There were no specific questions, however, JL would update some items as part of the PCN update. |  |
| **PCN UPDATE.**  Three items were tabled by the Chairman.   1. Rutland County Council are holding an event in the Council Offices on 18 Dec 2024 to hear the voices of carers and those living with dementia. The publicity flyer is attached to these minutes. 2. A document has been produced to establish a clear, consistent, and agreed upon definition of a housebound patient for use by District Nurses, Adult Social Care, and Primary Care Providers within the National Health Service (NHS). This definition facilitates uniformity in care planning, delivery, and collaboration across healthcare and social services teams. The document is attached to these minutes. 3. On 9 December 2024, Mrs Sue Venables – Project Manager for Communications and Engagement for the Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (ICB) had given a presentation to the Rutland Task and Finish Group on the subject of Rutland Memorial Hospital (RMH) same day access consultation. This consultation is due to start in January 2025 and the first two introductory slides (tabled at the meeting) are attached to these minutes. The full power point presentation slides have been forwarded to the PPG Under separate cover and are available to others if required.   Dr Pickering noted that the PCN had declined involvement with this consultation which is being handled directly by the ICB. |  |
| **DATE OF NEXT MEETING.**  The next meeting has been set for Tuesday 4 March 2025 at 1730 in the Surgery. |  |

UPPINGHAM SURGERY

PATIENT PARTICIPATION GROUP

CHAIRMAN’S UPDATE

DECEMBER 2024

Season’s Greetings

Since our last meeting, I have been involved with the PCN PPG meeting on 12 September, Uppingham School on 24 September, Dementia Awareness Presentation attended organised by our local MP and attended by TV personality Angela Rippon on 25 October, and a number of meetings with Daniel Medhurst at the Surgery to plan the forthcoming NHS App Training Day, (Digital Inclusion), and Car Parking for the COVID / Flu jab sessions.

**PCN PPG Meeting 12 September 2024**

The key topics covered were as follows:

1. An interesting presentation from the ICB on the Palliative and End of Life Care Strategy up to 2028/29.

2. An excellent re-run of the presentation by Georgina Baker on the subject of Digital Inclusion, very similar to the one delivered at our PPG meeting. It is likely that this project will result in a local training session for Uppingham patients in January 2025.

Further details to be discussed during December and early January.

3. An update on Saturday Enhanced Access, where patients are invited for a range of appointments previously delivered by an external provider, but now operated in- house. Go Live date is scheduled for 7 December.

4. Further information on the Covid and Flu vaccine campaign was presented, and plans were well advanced.

5. The PCN Integrated Plan was presented, which will see various local functions integrated with the objective of focussing on improving patient outcomes and satisfaction.

6. Women’s Health Hub Pilot in LLR covering Menopause, Smear and Contraception advice and guidance.

**Meeting with Upping School to Explore Junior PPG**

Following our initial meeting, a follow-up session was arranged for 24 September, attended by the Deputy Head of the school. Unfortunately, UCC were unable to attend.

Whilst the original idea of this group was to mirror the adult PPG, it quickly became obvious that this approach was not compatible with the operation or aspirations of Uppingham School. Their desire was for the Surgery to provide frequent activity on a regular basis, where pupils could be timetabled.

Despite these difficulties, the Deputy Head has offered to assist the PPG and Surgery in a Training session for the NHS App, scheduled for January 24 at the Falcon Hotel.

This training session will be discussed at length at the forthcoming PPG meeting on 10 December.

**Dementia Awareness Presentation 25 October**

This event was held at the Barnsdale Hotel, organised by our local MP Alicia Kearns, and attended by approximately 150 people, including TV personality Angela Rippon and several local dignitaries.

Several excellent presentations were delivered, some of which are available to view.

A summary of the content will be delivered at the forthcoming Uppingham Neighbourhood Forum on 16 January at the Falcon Hotel.

**Covid and Flu Clinics**

Due to arrangements having been made which covered the first of these sessions, the surgery only required assistance on 19 October. This was provided by 3 PPG members, but future events will require additional resources, due to unforeseen circumstances which led to operational delays in administering the injections.

**Future Events**

I plan to attend the following future events:

An NHS Task and Finish Group meeting on 9 December, aimed at undertaking a Patient Survey. Feedback on this event will be provided at the meeting on 10 December.

PCN PPG Meeting 12 December

Uppingham Neighbourhood Forum 16 January to present the details of the NHS App training.

A Patient training session aimed at increasing the use of the NHS App. And as a Pilot for the Digital Inclusion Project mentioned above.

Further details of this event will be published early in the New Year, but the date has been fixed for 24 January at the Falcon Hotel

I look forward to seeing you at 17.30 on Tuesday 10 December at the Uppingham Surgery.

Regards,

John

John Leslie

Chair

Uppingham Surgery PPG

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# Patient Participation Group Update December 2024

## Staffing

We have welcomed new colleagues in to our dispensary, patient services and nursing teams. All are settling in well and we are delighted they have joined our team.

We are currently recruiting for an additional phlebotomist and practice nurse (maternity leave).

## Operations

We have 2 new benches installed at the front of the premises, these were kindly donated by Mrs Jean Hassell and was also featured in the most recent newsletter.

Building work has commenced on the first floor to create 5 new consulting rooms. We have 2 that are already in operation, and we hope to have all 7 rooms functioning by the end of February 2025.

It would seem that Christmas preparations have started early, and we are experiencing significant demands on all our services. Staff have been redeployed (including Daniel and I) to other teams to support them with this workload.

All eligible patients will have now received an invite from us to make an appointment for their flu and COVID vaccinations.

## Clinical governance

We have received 3 complaints since our last meeting:

* Prescribing of a controlled drug
* Rejected referral to Young Persons and Children Services
* Consultation with GP

I look forward to seeing you all on Tuesday 10 December at 5:30pm.

With thanks,

Vicki

A poster for a county council event

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PRIMARY CARE NETWORK

Policy Consultation in progress with: -

District Nurses

Adult Social Care

Rutland GP Practices PPG Chairs

Healthwatch Rutland

Housebound Policy (Draft)

Definition of a Houseböund Patient for District Nurses, Adult Social Care, and Primary Care Providers

Introduction:

This document aims to establish a clear, consistent, and agreed upon definition of a housebound patient for use by District Nurses, Adult Social Care, and Primary Care Providers within the National Health Service (NHS). This definition facilitates uniformity in care planning, delivery, and collaboration across healthcare and social services teams.

Definition of a Housebound Patient:

A housebound patient is an individual who, due to physical, mental, or social reasons, is unable to leave their home environment without significant assistance or medical supervision, or where leaving the home would pose a risk to their health and wellbeing. This patient group requires regular medical or nursing care, and the provision of such care is largely limited to the patient's home setting due to their health conditions or mobility issues.

The following criteria outline the characteristics of a housebound patient:

1. Mobility Restrictions:

Patients who are unable to leave their home due to mobility limitations, such as severe frailty, physical disabilities, advanced age, or chronic conditions (e.g., arthritis, neurological disorders).

These individuals may be capable of minimal movement within their home but cannot walk or transport themselves outside for medical appointments or social activities.

1. Dependency on Support:

Individuals requiring the assistance of a caregiver or health professional (e.g., district nurse, healthcare assistant) for activities like transferring from bed to chair, dressing, and personal hygiene.

Patients may also need assistive devices (e.g., wheelchairs) but still face difficulties in accessing services outside of the home due to their dependence on another person.

1. Health Risk Concerns:

Patients for whom leaving the home would present a significant risk to their health or safety, such as those with severe chronic illnesses, immune compromised states, or mental health conditions (e.g., advanced dementia or severe anxiety) that make it unsafe to leave the home.

Traveling outside the home may exacerbate existing health problems, result in increased pain, or create high levels of distress.

1. Temporary or Permanent Status:

The condition of being housebound may be temporary (e.g., recovering from surgery or acute illness) or permanent (e.g., end stage disease or significant progressive conditions).

In both cases, the patient's inability to leave their home without assistance is central to the definition.

Clarifications and Exclusions:

Not Homebound Due to Choice:

This definition excludes patients who are physically capable of leaving their home but choose not to due to personal preference, anxiety about leaving, or lack of transportation.

Social Isolation:

Individuals who are socially isolated or lonely but are capable of physically leaving their home are not considered housebound unless they meet the other outlined criteria.

Intermittent Ability:

Patients who can leave their home only for brief medical appointments or with special arrangements (e.g., hospital transport for dialysis or chemotherapy) but otherwise meet the criteria above are considered housebound.

Implications for Care Providers:

1. District Nurses:

Regular home visits for medical or nursing care will be arranged for housebound patients, including medication administration, wound care, and monitoring of chronic conditions.

1. Adult Social Care Providers:

Social care assessments and support services, such as home care assistance, equipment provision, and personal care, will be provided based on the patient's needs.

1. Primary Care Providers:

General practitioners (GPs) and other primary care staff will offer home visits where necessary and arrange remote consultations (via phone or video) where applicable, in line with NHS policy for homebound patients.

Summary:

To ensure coordinated care across health and social services, the agreed definition of a housebound patient should be applied consistently. A housebound patient is typically unable to leave their home without significant support due to physical, medical, or social barriers. This clear definition ensures that patients who cannot access healthcare independently receive the appropriate level of care in their home setting, optimising resource allocation and service delivery.

Note: This definition is intended to be a living document and may be subject to future updates based on evolving healthcare needs and policy changes within the NHS.



