

**LEDBURY HEALTH PARTNERSHIP (LHP)  
PATIENTS PARTICIPATION GROUP (PPG)  
Minutes of the third meeting held at the Methodist Church on  
Wednesday 6<sup>th</sup> December at 6.00 pm**

**Present – Members:** Jonathan Alexander, Monica Clark, Allen Conway, Judy Conway, Angela Humphries, Elizabeth Hunter, Celia Kellett, Allen Mawby, Cllr. Justine Peberdy, Sally Tudsbery Turner, Hazel Webster.

**Present - Committee:** Graham Every, Mary Fielding, Ray Hunter (Chairman), Elizabeth Hunter (Minutes sec.) Jayne McGlone, Allen Mawby, David Millington Jones.

**In attendance:** Dr. Gill Flewers, Physician Associate Matt Hagley, Practice Manager Catherine Simonini.

**1. Welcome.** The Chairman welcomed all those attending and introduced the team from the Ledbury Health Partnership (LHP) who were in attendance.

**2. Apologies.** Apologies for absence had been received from Jenny Harrison and Ros Trafford-Roberts.

**3. Minutes.** The minutes of the meeting held on 25<sup>th</sup> October 2023, which had been circulated, were approved and signed and there were no matters arising.

**4. Presentations** There then followed three presentations:

**Access Recovery Programme; Herefordshire General Practice and Taurus Healthcare.**

Ray Hunter (RH) reported that he had just received the following interesting figures from LHP Operations (John Huggins) concerning the number of patients who could be contacted digitally:

- Total patient numbers: 13,538
- Patients over 18 years 11,427
- Patients with mobile + email 5,948
- Patients with mobile only 4,177
- Patients with email only 235
- Patients relying on postal services 1,067

Dr. Flewers pointed out that some of the data concerning mobile phones may not provide a true picture due to lack of owner use and varying signal failure.

RH continued by summarising the Access to Primary Care Programme and Herefordshire General Practice and Taurus Healthcare and explained the impact of each of these on LHP. He noted that leaflets describing the NHS APP and encouraging patients to download it and register for LHP services via the App were now available in the practice and, encouragingly, that Day Lewis Ledbury are planning to introduce the Pharmacy First programme in January next. This will allow the

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pharmacy to issue prescriptions for the following conditions: sinusitis, sore throat, earache, infected insect bites, impetigo, shingles, uncomplicated urinary tract infections in women and to expand oral contraception and blood pressure services.

Herefordshire General Practice also provides the Community Integrated Response Hub (CIRH for short) which is available seven days a week and offers proactive, senior clinician input to support unwell people in the community or to escalate to other services, as appropriate. Dr Flowers advised that LHP used this line perhaps 15 times each week and she added that LHP used Herefordshire Remote Health (HRH) for telephone consultations between 5 and 20 times per day, figures which make clearer the need and use of digital systems.

RH concluded by explaining that LHP is part of Herefordshire East Primary Care Network (PCN) which consists of the four practices - LHP, Nunwell (Bromyard) Colwall and Cradley totalling 29,900 registered patients, a large rural hinterland and with 400 beds in 19 care homes.

### Patient Information Pack

Mary Fielding explained that the PPG is working on a new Patient Information Pack for all patients, not just new ones, to replace the existing handout. Information Packs/leaflets are used at practices throughout the country and, looking at some of those available on the online, they vary in size between 8 and 21 pages. Mary expects that a draft booklet will be available by the next PPG meeting in March.

### Patient Pathways

Jane McGlone then gave a presentation on Patient Pathways, where it was suggested that LHP should have responsibility for oversight/integration of patient care "on their journey". A "straw man" of a dementia patient (with carer) was illustrated, in order to demonstrate the numerous agencies within primary and secondary healthcare, social services and the voluntary sector, which are potentially available to offer support.

It was felt that that LHP oversight/integration would include offering guidance in diagnosis, (including referral to appropriate specialisms e.g. psychiatry, CAT scan etc), support with discussing next steps, including explaining the implications of the diagnosis/prognosis, and accessing relevant support services, including:

Needs Assessment, financial assessment, access to care – day care, residential care, day operations, as necessary – Social Services  
Benefits advice – via Social Services, Age UK, CAB  
OT, Falls clinic, dementia clinic – primary health care  
Hospice care (including care at home), Carers Support (Ledbury Carers), Dementia cafes – voluntary sector.....And so on

It was pointed out that LHP do have an intranet and a Library which holds some information re available services. This is not comprehensive or complete (conversation with Practice Manager)

- LHP need to have access to all relevant agencies - which needs to be kept up to date
- Patient oversight/integration is key
- **Dementia** is used as an example of a Patient Pathway, partly because of the complexity of the needs

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- **All** conditions should have a Patient Pathway , many relatively simple, but always including explanation of the condition, its treatment and any monitoring
- Patients **may** take responsibility for accessing relevant information regarding services
- However, many of the more vulnerable, in particular, and those with poor access to online platforms, will need careful oversight as they proceed upon “their journey”
- For patients with carers, LHP should maintain a register of carers, who because of their ongoing role, my also become vulnerable and need support

The Patient Pathway for dementia is complicated, which reflects the nature of the condition. This is why integration and oversight of services is so important

The PPG will continue to work with the Practice to develop Patient Pathways and support information gathering. Talk Community is available for voluntary services information. This is in the process of being reviewed.

Healthwatch is a statutory service (Hereford Council appointed, government funded) which acquires and collates information (largely by surveys) from a cross section of the community regarding healthcare provision.

### **Online services – update.**

Matt Hagley, Physician Associate, reported on the progress that the Partnership had made in recent weeks. This includes making asthma and COPD annual review slots bookable online as can some physio and pharmacist appointments. He also advised that LHP will be adopting a NHS model website with the change overdue in January, news that was welcomed by PPG committee members as it means that familiarity with the standard website map will reduce the likelihood of patients becoming frustrated during fruitless searches.

During discussion Matt advised that the NHS App is being promoted as the most efficient and effective way to access information and assistance and is to be preferred to Patient Access as it offers a wider range of services. He concluded by saying that The Ledbury Focus now includes an article on LHP.

There being no further business the Chairman closed the meeting at 6.55pm.

Signed: .....

Date: .....