

Haughton Thornley Medical Centres

Patient Participation Group

Minutes of AGM and Ordinary Meeting held on 5th March, 2019

In the Health Promotion room at Thornley House Medical Centre

Present: Dominic Sexton (Acting Chair), Cathy Dobson (Secretary), Eric Bynon, Olive Harper, Mary Goodliffe, Jen Mellor, Don Hunter, Harry Newman, , Kath Mills, Phil Barker, Glenys Mottram, Yvonne Bennett, Dr Hannan, Dr Gutteridge

Apologies: Ingrid Brindle, Cath Shaw, Roger Paul, Deb Smith

1. Dominic welcomed attendees to the meeting. Ingrid has been ill but is on the mend although not well enough to attend.

2. AGM

2.1. Minutes of the last AGM

Dominic clarified that at the last AGM there was £967 in the PPG's account.

2.2. Chair's Report

Dominic made a verbal report which started with thanks to all involved in the PPG, including those surgery staff who attend and help us, and then went on to remind us about the activities undertaken by the PPG:

- The market stalls run by the PPG in June and November which were well supported by others including bowel cancer screening promotion, free health checks, etc, and at which we publicised the Food Smart app and gave out over 500 My Medication Passports;
- Food bank, which had a good response at Christmas, but which is now not as well supplied; EDIT: the food bank had a greatly reduced response at Christmas and donations since then are also reduced;
- Medication Charts which are still under development and which will help people, particularly those on multiple medications, to take their meds at the right times;
- AliveCor – there are now machines available to be borrowed by patients who might have an abnormal heart rhythm so that they can monitor themselves at home (Yvonne mentioned that there had been a recent Metro article about this);
- Lasting Power of Attorney discussions which the PPG has started with a view to helping people to make decisions in advance, in the event that they are unable to do so in the future;
- PPG representations at regional and national meetings;
- Involvement in changes being made by the practice.

2.3. Statement of Accounts

We now have £906, after spending money mainly on printing.

2.4. Confirmation of Committee Members and Election of Officers

As nobody expressed an interest in taking over the roles of Chair, Vice Chair or Secretary, the current committee of Ingrid, Dominic and Cathy was confirmed for the next year.

Volunteers to be Committee Members are: Phil Barker, Kath Mills, Eric Bynon, Yvonne Bennett and Don Hunter.

2.5. Any Other Business

Nothing raised for the AGM

3. The minutes of the last meeting were approved with one exception: Cath Shaw's name to be added to the list of apologies (amendment sent via email prior to the meeting).

4. Matters arising – none.

5. Practice Matters

5.1. Dr Hannan talked about the new volunteers who are now working within the practice. There are eight volunteers, all young people who will be able to help people to get access to their records, including signing up to the system.

They will offer time slots when they can be available and the practice will invite those who need help to take up those slots.

They will also become part of the PPG and may be able to attend meetings although this might be difficult as they have work or studying commitments.

One observation is that the volunteers were previously unaware of online access and other things that go on at the surgery, such as the PPG.

Can we think of how to make people aware of these things?

5.2. Instant medical history. Dr Hannan reported that this is starting to be used, with one patient reporting that completing an online questionnaire and uploading a photo of symptoms was less stressful than talking directly to one of the doctors.

5.3. A new GP contract is being implemented from April, part of which encourages surgeries to work more closely with other services in their areas, such as pharmacies, podiatry, etc.

They are also encouraged to employ staff with different specialisms, such as pharmacists, physiotherapists, etc.

This practice will be interviewing for an advanced nurse practitioner.

The effect on patients will be that they might not see a GP, but will instead be able to see other people who can offer them the services they need, thus reducing the pressure on GP appointments.

The practice wants to encourage resilience in patients – so that they are confident that they can get the answers they need to their problems without contacting a GP.

The meeting was reminded that there is no longer any need to telephone the surgery at 8am – patients can use online appointment booking, or call later in the day. One attendee at the meeting reported that they had called later one day and been told to call again at 8am the next morning.

5.4. Last week at Hyde Town Hall there was a meeting for pre-diabetic patients. This was part of a national diabetes prevention programme which uses supervisors and group work to help patients to understand how their bodies work, and what they can do to make healthy choices. As well as practice representatives there were other agencies present, all working together. Of approximately 150 attendees, some from this practice, about 45 signed up to take part on the programme.

There will be more wellbeing events in the future.

People are more likely to attend these events if they are invited personally.

As part of this item there was a brief discussion about how patients should be encouraged to make healthy choices and improve their own health rather than rely on prescribed medication to keep them well. Phil talked about how being on a trial to assess when is best to take medication for high blood pressure made him start to make changes to improve his health.

5.5. Following on from the last item Dominic talked about Park Run and reminded the meeting that we had agreed that we would try to come along to a run to find out all about it. Although it's called a run many people walk the route, which consists of three circuits. You can stop at any point – you don't have to do the full three circuits, there are plenty of marshals to ensure you don't get lost, and there is always someone at the back so you won't get left behind.

Hyde Park Run regularly gets over 120 people.

Dominic will let us know when he is next marshalling, which might be a good date for the PPG to go along.

ADDENDUM – please see further information provided by Dominic after the meeting. This is at the end of these minutes.

Eric lightheartedly warned us to be careful of wearable devices that tell you to get up and walk even when you've just walked many miles on your holiday!

5.6. There is currently an IT problem affecting the link between Haughton Vale and Thornley House. IT systems are working at Haughton Vale but not Thornley House. Doctors have been working from Haughton Vale doing telephone consultations.

One big advantage of patients that have Records Access is that if they have their smartphone with them, they are able to bring up their records even if the doctor is unable to do so.

5.7. There are now 78 Armed Forces Veterans identified as HTMC patients. Next, patients will be asked if they are carers and their records will be updated accordingly. Currently only 280 patients are recognised as carers. Being registered as a carer means that additional support can be offered. Tameside is well organised to offer services for carers. Access to services comes from a referral to Tameside Carers' Centre; this can be a self-referral and they have a contact centre at Hyde Town Hall.

Services for cared for people are also available from the Community Response Team, which provides pendant alarms and other monitoring services for a small charge. Their details are at <https://www.tameside.gov.uk/AdultServices/Tameside-Community-Response-Service>.

Phil praised this practice – he has lived in many parts of the country and thinks this practice is the best! This is not just down the practice as the integration of services in Tameside makes things like hospital waiting times and discharges better.

Dr Gutteridge encouraged patients who have had a good experience of Tameside NHS services to write a review.

5.8. Dr Gutteridge talked about Jodie, who used to be a district nurse, but is now employed to work with care home residents to discover what is important to them so that their needs, not just their medical needs, can be met more effectively.

5.9. Dr Hannan talked about the usefulness of records access for family members who might be too far away to be able to visit a patient but who can see what's going on from the activity recorded online. He gave the example of a patient and her niece who lived abroad.

5.10. Dominic mentioned a Greater Manchester Combined Authority Information Governance meeting he had attended last week at which principles of data sharing and retention, etc, were being discussed. The results of this should be enacted in the near future.

5.11. Catriona (nurse) goes on maternity leave in about three weeks. There will be a replacement nurse while she is away and it is hoped that she will be returning at the end of her maternity leave.

5.12. Dr Gutteridge mentioned the neighbourhood meeting which takes place on the first Friday of every month. Ingrid usually attends, but if she can't Dr Gutteridge encouraged the PPG to send another representative.

6. Questions for doctors

6.1. Asthma Inhalers. Yvonne was concerned that patients might be given different asthma inhalers, which should be used differently from the ones that the patients are familiar with, and might use them incorrectly, especially if they do not read the instructions. Dr Gutteridge explained that pharmacists should ensure that all patients are familiar with any kit that is prescribed, before they allow the patient to take it away.

7. Lasting Powers of Attorney.

There was a further discussion about LPAs, the different types of LPA, and the decisions that donors (people setting up LPAs) need to think about. The group agreed that it would be useful to look at the LPA forms in detail and we will do this at the next meeting.

For information, you can get more information here <https://www.gov.uk/power-of-attorney>

To make your LPA online, or to download the forms, go here <https://www.gov.uk/power-of-attorney/make-lasting-power>

8. Any other business

8.1. Glenys talked about Time to Talk and explained that the meetings would no longer be held at Thornley House because of poor attendance. She thanked the practice for allowing them to use the room and made a donation to the PPG, for which Dominic expressed gratitude.

Dr Gutteridge suggested that the social prescribing team should be able to publicise this and other groups.

Time to Talk now meets on the first Tuesday of the month at Gee Cross Community Centre from 10 till 12.

On other Tuesdays the meetings take place at the POP café in Hyde (where the Post Office used to be), also from 10 till 12.

8.2. There was a question about online records access and the fact that attachments are not labelled and can therefore be difficult to identify if, for example, you want to open a particular letter following a hospital appointment. Apparently medical staff can see more information about attachments but this has not been made available to patients. DOCMAN means 'document management' and is a notification that the record has been updated.

8.3. A question was asked about referrals to consultants and why this includes the entire record, rather than just the relevant bits.

9. Items for next meeting.

We intend to continue with looking into Lasting Powers of Attorney.

10. The next meeting will be held on Tuesday 9th April 2019 in the Health Promotion Room at Thornley House Medical Centre at 1.30.

Please send comments, suggestions or apologies to htmcppg@gmail.com and thank you for being involved in the Haughton Thornley PPG.

Parkrun information from Dominic:

The next date I am down as Run Director for Hyde Parkrun is Sat 13th April starting at 9:00. It would be great to have a push and get as many people as possible from the practice to come along. Here's the info for Hyde <http://www.parkrun.org.uk/hyde/>

Remember that, despite the name, people are free to walk, indeed that is not unusual. The course is three laps and weaves its way through the park so you are never far from the Start/Finish and we have plenty of marshals out there to look after people. Juniors are welcome too but any under 11 need to stay with a responsible adult (there is also a Junior 2k parkrun in Hyde Park on Sundays at 9:00 for ages 4-14).

Anybody who fancies it should go to <https://www.parkrun.org.uk/register/form/> and register (only needs to be done once) then print their barcode and bring it along on the day.

We meet at the bandstand, in the middle of the park, and have a dedicated briefing just before 9:00 for people new to parkrun. We also always have a team member at the back to look after and entertain the people there so nobody is left on their own.

We have the use of the council car park on Park Road SK14 4JT for those coming by car.

Any questions just let me know.