

Haughton Thornley PPG

Meeting held on 12/02/2024 at Thornley House

Attendees: Cathy Dobson, Paul Welsh, Christine Greenough, Rachel Hirst, Harry Newman, Gerald England, Bill Burgoine, Eric Bynon, Marian Bynon, Dominic Sexton, Dr Amir Hannan

Apologies: Kath Mills

1. Actions from last meeting.

Re whether booked appointments can display in the app, Dr H has checked and this is not possible. It is a feature of the app itself.

2. Practice update.

a) There is lots of information available about the current measles outbreak – check the practice website. The measles rash is distinctive and shouldn't be confused with other types of rash. Staff dealing with patients suspected of having measles have been trained in how to deal with them, although the advice is to stay home and take paracetamol. A photo of the rash can be sent to the surgery. If it appears to be measles then it needs to be confirmed by the practice.

For those who have had 1 MMR vaccination they should have 92% protection from measles. This goes up to 99% if you've had two doses. The MMR jab was introduced in 1988 and there was a measles outbreak in the 1960's, so the main worry is for unvaccinated people, including those born between 1970 and 1988. Everyone else should have protection from infection or vaccination.

There is a very low number of infections in this area at the moment, but the practice is trying to encourage unvaccinated people to come in to be vaccinated.

b) The Greater Manchester Care Record is coming. This will create a single point of access for GP, hospital and social care records, which will also be available to patients. There will be publicity when it goes live. Patients can opt out but might then miss out on notifications, etc.

Dr H sits on the board and is ensuring confidentiality and privacy.

If you're able to check your own information it's more likely to be correct. It's a portable record which means it can be accessed outside Greater Manchester, and patients will be able to update parts of it themselves.

c) Re patient records – reported by Paul – he can sometimes see that a document is there, but cannot view it. Dr H to follow up with Paul.

d) Staff groups in the surgeries. Patients are not always clear about whether they have appointments with GPs or other staff members. They may see, for example, physician associates, or advanced nurse practitioners. When making appointments the practice ensures that the patient knows the job role of the person they will be seeing – this is also on the door of the consulting room.

Since Dr Gutteridge left the practice there has been no major impact on the current approx. 13,000 patients. However, Dr Abdullah is now working from Thornley House on Wednesdays to ensure that a female GP is available.

The practice is planning to employ a pharmacist who will be able to undertake work around

reviews, test results, etc.

The practice also often has trainee GPs. A fully qualified GP is always on site. Some staff members who are not GPs are able to give prescriptions for some conditions, but others have to refer to the GP for this.

The practice will also take on some trainee counsellors.

3. Health screening for older adults.

Question re what happens to adults who are older than the usual maximum age for screening services. Screening and monitoring are done up to the age of 74.

Dr H is not aware that it stops after than age, although, by then, most people have a condition that means that they are known to the surgery and therefore being monitored. The practice relies on patients bringing themselves to its attention.

4. Hyde mall.

Question re what happens to the new hub in the mall now that it has been sold. Nobody knows yet.

5. Lasting Power of Attorney

Dominic explained some of the main features of LPAs. These are his notes, with some annotations by Cathy.

Two types:

Health & welfare (care/support, medical care) moving into a care home, life-sustaining treatment).

Property & financial (managing bank/build society accounts, paying bills, benefits/pension, sell home/property)

Health - can only be used when you lack the capacity to make own decisions.

Financial - can be used as soon as registered, with the donor's permission. (the donor is the person who is the subject of the LPA).

You can have one or more attorney and decide whether they can act individually or must act jointly (i.e. all have to agree).

When making decisions, attorneys must:

Assume you have capacity unless shown otherwise. (remember that you are never considered to lack capacity to make all decisions – your capacity must be tested for every decision that needs to be made. This means that you can still make some decisions for yourself, and your attorney(s) take on the ones your incapable of making)

Help you make the decision – you must be given all the help you need to make decisions for yourself.

Don't assume a lack of capacity due to 'unwise' decisions.

Make the least restrictive decision for you.

Act in your best interest.

You can nominate replacements if your attorney(s) are no longer able to act on your behalf.

How - online or paper, must be registered with the OPG (Office of the Public Guardian) to be valid. Costs £82 for each, so £164 if you need both. If on less that £12/PA you can apply for a reduction. Can take up to 20 weeks, said to be quicker online.

Can cancel at any time if no longer needed. Can remove attorney by sending deed of revocation to OPG. To add a new attorney you must end the existing one then apply for new one.

Changes or address (you or attorney) must be reported.

AgeUK and the Alzheimer's Society both have helpful guides.

End of Dom's notes

Further points made in the meeting:

- The LPA dies with the donor. This means that attorneys for financial affairs have no control over your money or property after your death. You will then comes into effect.
- You can use a solicitor to help you complete and register your LPAs, but you can do it yourself. If your financial affairs are complicated, or you want to give detailed instructions, you should ask a solicitor to help.
- If you have a LPA for care and health, your health information can be shared with your attorneys, otherwise your right to confidentiality holds. This could affect what your attorneys are allowed to know if, for example, you're in hospital.
- If you lack capacity and need support, you can get help from social services.
- You or your attorneys can inform the practice that you have a care and health LPA.

Related to this, but separate, Dr H talked about end of life and Statement of Intent, which is used to inform medical staff of your condition and prognosis.

Also, a DNAR (so not attempt resuscitation) is an record of your wishes if you do not want to be resuscitated in the event of e.g. a cardiac arrest. This is a violet form that should be kept in an obvious place.

6. Questions for the practice.

a) Illness in old age.

Question re what to do if you live alone and become ill.

If you are ill you should contact the practice.

You can also ask for a social care assessment, which might lead to the provision of services that can help to reduce the risk of you needing care. Any services might need to be paid for, depending on a financial assessment.

b) What to do if you're expecting to be contacted by the practice, but haven't been.

You should contact the practice.

c) What is a balance diet? *Dieticians can offer advice for people with specific conditions. Or you can talk to a practice nurse.*

7. Next meeting – Tuesday 9th April 4pm at Thornley House