



White Horse Medical Practice

Patient Participation Group

MINUTES

Meeting of 03 December 2019

Place: Meeting Room, WHMP

Attending:

Graham Hall, GH (Chair)

Dr Rob Russ, RR

David Owen-Smith, DO-S

Douglas Dalrymple, DD

Emily Norton, EN

Marcus Laphorn, ML

David Burn, DB

Gene Webb, GW

Marian Hall, MH (Minutes)

Sarah Oliver SO (by invitation)

Attendees from the Botley Practice PPG, by invitation:

Sylvia Buckingham, SB (Chair)

Ann Martin, AM (Secretary)

Grant Nightingale, GN
(Communications)

Apologies:

Kimberly Morgan

	Minutes	Action
1.1	Welcome: GH welcomed Sarah Oliver, WHMP Social Prescriber.	
1.2	He also warmly welcomed visitors from the Botley PPG. They each briefly introduced themselves, after which WHMP PPG members each introduced themselves to the Botley group.	
2.1	Minutes of Previous Meeting: Matters arising. GW asked if the difficulty of 'merging' patient data from the former Fernhill Practice with WHMP's had been resolved. RR replied, 'resolved as far as it can be'. Patients can request to see their own records but will need to verify their identity. Records can be updated.	
2.2	The Minutes were then accepted and signed off by the Chair.	

3

Practice Related Matters: Patient Care:

3.1

PCN Update:

DO-S advised that our second Social Prescriber had withdrawn from the position before starting, which was annoying. We will revisit the position in the Spring. For now actively seeking a Clinical Pharmacist, and just about to advertise for the Physician Assistant role. Most of the background administrative work is now sorted, though issues around data sharing between PCN members, remains an unclear matter. Both NHSE and OCCG are supposedly going to supply detail on how this will be resolved.

3.2

SO. said she spent the first 4 weeks making visits and compiling a directory of the patients for whom she is responsible. They suffer from long term conditions, such as: a) Type 2 Diabetes, b) Heart Disease, and c) Chronic Obstructive Pulmonary Disorder (COPD) and are referred to her by GPs. After their initial assessment, they are seen again, a week or so later, for a fuller review of their living circumstances, with a view to making improvements, which will help them in day-to-day living with their conditions. Typically, many of these patients are isolated or lonely and/or have hitherto needed to pay frequent visits to WHMP. Sometimes, it is helpful for SO to refer them to one or more of a variety of local community activities.

SO mentioned the NHS 'Healthy Towns' of Bicester and Barton in Oxfordshire, where blue lines have been painted alongside roads to mark the routes of 2K and 5K walks (or runs) for people keen on exercise, to follow.

**3.1
(again)**

In answer to a question from DD, RR explained that WHMP had already decided to recruit a Social Prescriber (SP) before the formation of PCNs was announced. But the WHMP and Botley PCN came into being before SO was appointed. The result is that, while the White Horse/Botley PCN has a budget for one SP, there is at present no budget for a second. Consequently, SO needs to spend some of her time to cover the needs of Botley/Kennington patients.

RR said this was part of the process of moving from a National **Illness** Service to a National **Health** Service. MIND Clinics and 'Slow Medicine' were also considered a part of this initiative and WHMP was keen on it. In view of EN's existing interests, it was suggested that EN and SO should liaise and might work together in this context.

There was some discussion about the Vale of White Horse Health and Wellbeing Strategy, under which a total of £6 million of Section 106 money had been procured from developers. This would be used for a wide range of new leisure and recreational facilities, i.e. not for leisure centres alone. Of this amount, £250,000 would be for the Faringdon area.

RR said that NHS funding for the PCN came through OCCG and agreed that, under the NHS 10-year plan for transformative change, the future of OCCG was uncertain, although this was unlikely to change imminently. Part of the objective was to alleviate pressure on GP's time without compromising the quality of service delivery. In this connection, he mentioned the new role of Physician Associates, who would have a broad base of medical knowledge, though somewhat less detailed than that of GPs on individual aspects. They would work in teams, each of which would include a senior doctor and salaried doctors. In answer to a question from GH, RR agreed that the services of Practice Nurses and District Nurses could eventually be linked, although this was unlikely to happen before years 8-10 of the 10-year plan.

RR said that if it became possible for Mental Health provision by PCNs (through Community Psychiatric Nurses) and those elements of Mental Health Care, which are provided by Adult Social Workers (funded from Local Authority budgets) to be combined, this would represent the attainment of a major objective, which could potentially provide a better-rounded service with the more efficient use of funds.

<p>3.</p> <p>3.2</p> <p>(Cont.)</p> <p>3.3</p> <p>(Extra)</p>	<p>Practice related: Patient Care</p> <p>Social Prescribing: Sarah Oliver</p> <p>SO outlined her role as the first Social Prescriber (and employee!) for the PCN. She advised that her initial work had been to research and create a 'source book/directory' of services to serve and assist her patient base. Sarah has now started taking direct GP referrals, initially under guidance from a GP. Sarah is working out of Botley and WHMP on certain days.</p> <p>Other Patient Care Matters: Flu</p> <p>RR said that for various reasons, this year's Flu campaign nationally, was about 3 or 4 weeks late in starting. There are 3 different vaccines for different age groups. The programme is now on schedule. DB said the flu campaign is well advertised in local monthly newspapers and magazines. Facebook as a possibility was also mentioned.</p> <p>GW mentioned the many Flu leaflet holders on display in the Practice. GH said the automated check in system also presented a vaccination reminder for patients.</p>	
<p>4.</p> <p>4.1</p> <p>4.2</p> <p>4.3</p>	<p>Practice related: Operational</p> <p>New Team Leader Structure:</p> <p>DO-S outlined the new structure, with each team having a manager, and the Secretaries and Administration teams had been merged to become Business Support.</p> <p>Business Planning Day:</p> <p>DO-S advised that he had presented his thoughts after his first 100 days at WHMP, to the Partners at a Business Planning Day on November 26th at the Defence Academy. This basically outlined the need to get the Practice organised for the continuing and future growth of patient numbers, plus PCN staff requirements. It will be a c.6 month programme to mid-summer 2020.</p> <p>Other:</p> <p>Just before leaving the meeting, ML asked if the PPG could be involved in helping to formulate the Practice's Business Plan.</p>	

5	PPG Team updates:	
5.1	Healthy Times Autumn edition. There were few, if any, comments about the latest edition. However, DO-S again reminded us of the need for a complete redesign of the WHMP website and its other displays and publications. The over-riding need is for complete consistency of graphic design and visual presentation.	David Burn
5.2	Healthy Times Spring 2020 edition: publication will be the Friday before Easter (i.e. 4 April 2020). Draft issue showing proposed items for approval by the Practice would be compiled by 31 January 2020. Then allow two weeks for approval.	DB
5.3	<p>Car parking – GH asked could we be sure that parking is restricted to WHMP and other NHS staff and their respective patients only. The answer was very positive. RR drew attention to the fact that at any one time two-thirds of 41 staff plus patients visiting them were using the car park, but space within the building is used by other Health Organisations.</p> <p>DO-S drew attention to the possibility of extra nearby parking becoming available when the building of the first of two new office blocks commences. Parking would then be temporarily available in spaces allocated for the second block. There is a bicycle scheme but not appropriate for staff who need to go to locality visits. The Faringdon Community Bus calls frequently and is well used.</p>	
5.4	Universal electronic prescription (from NAPP bulletin) RR this is a worthy objective which cannot be fulfilled at present for good reasons.	
5.5	Group consultation for patients – Not clear who will moderate these discussion sessions at which patients share their experiences of living with a named condition or for whom training has been booked for January 2020,	
5.6	<p>Emily Norton and Richard May had met with Julie Pink re: possible Health Festival for Faringdon. Julie is Community Involvement manager for Oxford Health Charity and Oxford Health NHS Foundation Trust. The object of the Festival is to promote health and wellbeing for people in the area. As an example, the one held in Witney had many stalls and had demonstrations from ambulance crews, dementia groups etc. Sadly, this event was not as well attended possibly because it was held away from the town centre.</p> <p>The objectives of a health festival for Faringdon would be to:</p> <ol style="list-style-type: none"> 1. Benefit our clients to promote health and wellbeing by alerting them to groups and activities that can help to maintain a healthy lifestyle. 2. Reach out as a PPG to the wider public and maybe in the end hopefully recruit different age groups to join the PPG. 3. Involve young people so we have a connection to that age group. 4. Celebrate the NHS the birthday of which is in July. <p>Julie suggested we find a way to attract people to such an event. ‘Health’ alone will not be a sufficient attraction. An example would be the Emergency Services - the opportunity to go inside a fire engine or ambulance is a real draw for youngsters. Emergency Services are always ready to interact with the public. Emily suggests getting schools involved to put on a play or musical event or a poster competition.</p> <p>Emily suggests that the event could go as follows:</p> <p>Health stalls and exhibitions in Corn Exchange and outside in the town centre. The Police could demonstrate theft prevention, etc. Their demos are very popular on markings for horse tack etc. An event programme running through the day in the Corn Exchange, for example with plays about mental health or other issues. Children’s involvement as above with the exhibition of posters they had produced.</p> <p>Action:</p> <ol style="list-style-type: none"> 1. Emily to approach council to see if we can hold this event and whether they are prepared to make town centre traffic free, 2. If that fails, do we go for event in Corn Exchange only? 3. Get a core group together to work on the project 	

6.	AOB	
6.1	OWN Meeting: As an example of the usefulness to him of the OWN event, GH said that he had met a lady who told him about a possible source of financial help for a twice- weekly community event in the Village Hall, where he lives. No doubt, many similar instances of useful contacts would have been made by other attendees at the event, relevant to their own communities.	
6.2	GW: Although OCCG has ceased its funding of SWOLF, it is possible that some of its members may continue to meet on an <i>ad hoc</i> basis, yet to be worked out.	
6.3	In reply to a question about the apparent absence of a receptionist at WHMP sometimes, RR said that at less busy times, the receptionist was sorting through a stack of electronically transmitted letters which had arrived following restoration of the previously failed flow of them from the JR Hospital. These letters needed to be sorted, added to patient records and the GPs concerned advised of their arrival.	
6.4	GW: It is difficult to get into Patient Access by mobile phone. RR explained that although PA is supposed to be linked to Emis it is independently owned the link does not always work well.	
6.5	DD asked if there was a library service, which the Practice used. DO-S said Oxford Health had a Library Service. DD asked if the NAPP bulletins could be added to it.	
6.6	SB said Botley Practice was likely to start a Triage appointment making system soon.	
6.7	GH thanked SB, AM, and GN for attending the meeting and for their contributions. They expressed thanks to the WHMP PPG for the welcome they had received and said they were impressed by what they had heard and learnt while with us.	
7.1	Next Meeting dates in 2020: Tuesdays, 03 March, 02 June, 01 September, and 01 December. The Meeting was closed by the Chair, at 9:00 pm.	

Circulation:

To all members of WHMP PPG, to Sarah Oliver, and to Sylvia Buckingham, Ann Martin and Grant Nightingale of the Botley PPG

PPG who does what

David Burn	Honorary Newsletter Editor, Publicity, Electronic notice board
Kaye-Frances Byers	Watching brief, Waiting Room notice boards (printed material)

Douglas Dalrymple	NAPP co-ordinator with EN, with reference to Bulletins and Conferences
Graham Hall	Chairman; SWOLF, leg ulcer treatments, Cognitive Impairment in Ageing (fMRI study), 'Garfield' research on Apixaban use. For past 5 years, has acted as a 'patient' for examination by aspiring doctors during their Second MB Final Exams, at University of Oxford Medical School
Marcus Laphorn	Maternity, County Medical rep, Ophthalmology, and MSK
Richard May	Reports on area housing planning applications and developments.
Kimberley Morgan	New member, working alongside EN
Emily Norton	Dementia co-ordinator, NAPP Conferences, PPG website emails point of contact and Youth rep
Gene Webb	SWOL, PPG website, Communication via faringdon.org, I Live in Faringdon, Next door Faringdon; other village Facebook pages.