

ST LUKE'S PRACTICE

Patient Participation Group (PPG)

Fourteenth Annual Report 2019

Introduction

St Luke's PPG has been meeting for fourteen years; it was one of the first to be formed in Nottingham City and is considered a strong voice on behalf of patients. It is a mandatory requirement for all practices to have a PPG so many have been set up and meet in GP surgeries. These groups are particularly important at a time of great change in the NHS as issues raised through them inevitably carry more weight in bringing about change than the more disparate information garnered from individuals.

PPG members would like to thank all the staff team for their support and commitment to understanding the needs of patients and for listening to their opinions.

Staffing

Members welcomed Lora Turner, the new practice nurse, in March and hoped she would find her time at St Luke's interesting and fulfilling but she had subsequently left. As there is no practice nurse, Jenny and Lora are helping out where they can. The practice is trying to recruit but with little success as it can only offer part-time hours. Nottingham City CCG is supporting recruitment of 22 nurses from secondary care who are to be employed and mentored/trained in practice with funding for the Practice Nurse Course but these are for full time posts. St Luke's only requires a part-time practice nurse but is unable to mentor as they do not have a permanent practice nurse.

Salma is a huge benefit to the practice; she is in charge of the receptionists, is a trained Health Care Assistant and deals with numerous clinical aspects of the role including training new staff. It is wonderful to see the way she deals with everything and is a credit to the team.

Maryim T is starting a pilot for a new role as GP Assistant where she would work alongside GPs. The course is for 6 months, after which Maryim will have the same skills, if not more, as a Health Care Assistant

Farewells

The apprentice, Eva, had finished her training so left the practice.

Members were very sad to bid farewell to Jenet Simpson, the practice manager, who left the practice on 30th December. She would be sadly missed as she had carried out sterling work supporting the practice generally, all the staff and PPG members for many years. Members congratulated her on her new job with another practice and wished her well in future.

A replacement manager had been appointed - Karen Knight - who would start in January 2020.

Practice Matters

Two speakers were welcomed to our March meeting:-

Dr Chris Packham explained the current situation re mental health beds at QMC and mental health services generally. He told members that the mental health beds in South Block at QMC had been closed for 3 years, which had taken place over 6 months, while the crises teams had been bolstered, which had been fine for about 3 or 4 months. It was thought that social care would continue to look after those who needed it but unfortunately *Framework* services were scaled back by funding changes and social care reduced at the same time as need worsened for a range of reasons including the growth in adverse social factors and novel psychoactive drugs so patients needing to be sectioned increased but there were then insufficient beds.

More inpatients in Nottingham are sectioned than in other parts of the county – possibly reflecting higher (or more advanced) levels of mental illness at presentation.

Nottinghamshire Healthcare Trust (NHCT) funds extra beds rather than the CCG, most of which were out-of-area beds (OOA) for non-secure care. The annual costs of this excess bed use is approaching £4million. Need has gone on rising as social care and third sector supported housing resources reduce.

He went on to explain the Integrated Care System (ICS) consisting of representatives from GPs, CityCare, CCGs, NHCT, Sherwood Hospital Trust, Social Care, QMC, EMAS and City Council - all these people sit around a table and discuss how to co-operate over care provision for patients. One consequence of closing the QMC MH beds is that patients who are psychotic and have major physical healthcare problems often cannot be managed at Highbury and need to be admitted to acute hospitals – requiring psychiatric nurses needing to be sent to support-nurse them.

He went on to explain a very positive initiative - for the first time in 70 years, new data flows are collected to monitor patient movements, so certain patients who are bouncing in and out of hospital with mental health issues can be identified, which will allow planners to identify what is going wrong and how better care can be co-ordinated for them .

He then explained the Clinical Assessment Service (CAS) to which most patients had to be referred by GPs prior to getting a hospital appointment. It can be difficult for GPs to keep up with guidelines, as prior approval now had to be requested for a very large number of types of problem.

Another new system was Integrated Care Providers (ICP) which could do their own tactical assessments; these would be Sherwood Hospital for North Notts and a combination of QMC, City Council and NHCT for South Notts. All providers should discuss with each other why some patients bounce in and out of hospital and people would have to be skilled up to learn how to talk to patients in the best way. He then mentioned types of Behaviour Therapy which can be usefully offered to some patients to assist in their overall care.

In answer to a query about the situation at the Treatment Centre, Dr Packham's personal view was that, although the service provided was excellent, 'profit' from healthcare activity should all go back to the NHS; it was a good idea to have a separate 'planned care' setting less affected by the emergency pressures of the main hospital.

Salma Parveen explained the different systems for ordering repeat prescriptions:-

- (a) The simplest system was for patients to fill in the green repeat prescription form and either post it or bring it to the surgery for the GP to sign a repeat and then the patient comes to pick it up to take to a pharmacy to be dispensed.
- (b) Repeat requests could not be taken over the phone for two reasons - the receptionists would never get off the phone and small errors could occur if heard incorrectly.
- (c) A patient could have an agreement with a pharmacy to dispense the same drugs each month but the pharmacist is supposed to ask the patient every month what they require. The pharmacist would deliver the drugs if necessary.
- (d) For those prescriptions ordered on line, these could only be sent to a pharmacist if the patient has signed up for electronic prescribing with the pharmacist; the reason some requests from the pharmacist may not be sent electronically is if the staff member has not got their smart card as this is required for prescriptions to be sent electronically. These should then be automatically sent to the pharmacist with whom the patient was registered.
- (e) Controlled drugs had to be signed for, either by the pharmacist or the patient.
- (f) There are many repeat prescriptions requested each day and a GP is always assigned each day to deal with them.
- (g) Hospital consultants should notify GPs of prescription changes or provide a medical discharge form showing drugs required. If the practice does not receive this evidence the prescriptions cannot be amended.

Members were pleased that Weight Management was back in the City - ie 12 weeks with Slimming World - and there was now a smoking cessation service run by the Nottingham City GP Alliance.

Dementia Training for staff had been carried out and GPs now referred all newly diagnosed patients to the Alzheimer's Society plus the practice team had a greater awareness of managing patients with dementia.

Members received the very pleasant news that the practice had been left a legacy, with which a new spirometer had been purchased.

The practice's weighted list size presents some difficulties as does sharing staff between 6 practices, ie a social prescriber and a clinical pharmacist, who were employed by the Nottingham City GP Alliance and allocated to each of the new primary care networks.

PPG Business

Members were delighted that, after years of lobbying to get one established, a *social nail cutting service* was being set up with a cost of £20 for first assessment and £15 for subsequent treatments. Members hoped that those patients with simple nail cutting needs who had been discharged from the Podiatry Service would be informed of this new service. It is run by Age UK for patients over 60 with a long-term health condition who are registered with a Nottingham City GP, are unable to cut their own toenails and do not qualify for NHS Podiatry services. This service is provided at Clifton, St Ann's & Sherwood Rise health clinics.

Age UK now have a depot in the Bridgway Centre in the Meadows for all mobility aids, where patients can see which is best suited to their needs and has a helpful website, www.advantagemobility.co.uk.

CityCare's PEG is now meeting much less frequently due to financial and time restraints being experienced by the organisation. Meanwhile a new meeting has been organised to bring together representatives from the variety of groups set up in order to get the views of a wide selection of organisations benefitting from CityCare's services.

Janice will be representing the PEG on this new group which has only met once but it makes sense to have a forum for a wider range of views. Contributors to the PEG are, on the whole, older people. Beneficiaries of school services, specific illnesses or conditions and varied cultural groups will enable CityCare to get a more balanced view of the public's experience of its many services.

The chair reported on a meeting she had with the Chief Executive of Nottingham University Hospitals Trust which took over the running of the *Treatment Centre* on 29th July 2019 from Circle, a private organisation. She had attended this meeting with members of *Keep Our NHS Public* which had lobbied for the contract to be awarded to NUH and which had finally been settled by the High Court.

A dedicated phone line had been provided for patients who had concerns or questions about their appointments which is 0115 9705800 Monday to Friday 8am to 6pm.

The short stay unit had been paused during August to allow services to be re-established safely but NUH continues to prioritise patients on 2-week wait cancer pathways to ensure timely care and treatment and all specialties were running clinics in the first month of the new contract.

The chief executive assured the Chair that the one-stop service previously provided at the Treatment Centre and much appreciated by patients would continue and NUH hoped to roll out similar models throughout the trust, thus reducing additional and unnecessary trips to hospital.

At the December meeting, PPG Member **Janice Fox** gave a very interesting talk on Nottingham University Hospitals Trust (NUH) Clinical Ethics Committee.

She said that the purpose of the committee was to act as a sounding board for consultants and other medical staff who wished to have help deciding whether the treatment they were giving and the decisions they were making were the right ones. These discussions can help to decide a course of action or, with hindsight, to see if there could have been a better way forward and what could be learnt from the experience.

The Nottingham Committee was the very first in the country. This was because Alan Watson chaired the

national centre for medical ethics. He set up the committee for University and City Hospitals (now combined as NUH) and chaired it for many years. Its members are consultants and other medical staff with several lay members with varying skills and/or experience. Janice has been there as a representative of patients and the public for some 18 years. She first joined the committee when Nottingham Community Health Council was asked to provide two members to provide a broad range of views.

The subjects that come to the committee were varied but certain themes recurred. For example the use of PEG feeding, given when the patient cannot feed by mouth, was often given in emergencies but can lead to later problems when the tube could be removed but this is a complex process that could lead to further problems.

End of life issues are often discussed and can be particularly difficult where the wishes of the patient were not known and relatives do not agree among themselves. The most difficult issues arise when children are involved. It is natural for parents to want to keep a child alive but there may be no realistic hope of recovery and the child is suffering.

More about the subjects that come to Ethics Committees can be gleaned from the Radio 4 programme, *Inside the Ethics Committee*, which has used cases from Nottingham several times. Lay members normally had a different point of view from medical staff and can suggest ways forward that were more family and community conscious. They may also have a helpful understanding of the views of patients themselves. It is rare for the committee to meet patients, although occasionally this has been arranged on an informal basis.

Janice summed up by saying that the experience of being on the ethics committee had been very rewarding and the willingness of doctors and others to think deeply about whether they had done the best for their patients was inspirational.

St Luke's Surgery Patient Participation Group Mission Statement

To act as a liaison with the surgery, with a two-way flow of information between staff and patients and to identify any issues which may improve the patient's experience.

The minutes of all the PPG meetings are available in the office, on the surgery TV and on the website.

We would welcome more members. If you would like to join the group or would like more information, please contact Audrian by email

audrianasmith@hotmail.co.uk

Dates of Meetings in 2020

All to be held in the surgery from 2pm on Tuesdays:-

17th March

9th June

8th September

8th December