

## Minutes of Benson Patient Panel Meeting 27 November 2017

**Present:** John Reid (Chair), Marion Bradley, Janet Burt, Claudia Downing, Fenella Galpin, Dr Stephen Harper, Mike Mackney, Caroline Nathan, Alison Richmond, Derek Shaw, Barbara Verdon, Maggie Winters (Secretary), Virtual Panel., Yvonne Griffiths, Jenny Grinham, Colin Hill, Doug Miles, Michael Winton.  
**Speakers:** Sylvia Thomas and Elaine Cabbage from Sue Ryder Care

### 1. **Apologies:** Denis De Beger, Pauline Hoad, Sarah Denton, John Lant

John Reid welcomed the speakers, and thanked them for coming to speak at short notice.

### 2. **Sue Ryder Community Work**

Sylvia and Elaine outlined the history and work of Sue Ryder Care (SRC). Founded in 1953 by Sue Ryder, a former nurse, who donated the house in Nettlebed that became a hospice. There are a further six SRC hospices – in Reading, Cheltenham, Peterborough, Keighley, Leeds and Bedford. Nettlebed have recently extended their community and day services to enable people to stay at home if they prefer, and are working towards a full Hospice at Home service. Sylvia then addressed several myths about hospices:

- They are not just for people who are dying, but also support people with long term conditions who need symptom and pain management.
- Day hospice is not just for elderly people. There are three day hospice sessions at Nettlebed: a wellbeing drop in group on Monday; a traditional day centre for frailer people on Wednesday that offers respite for their carers; and a session on Thursdays that offers support to those with long term conditions, and performs an educational function. The ethos in all three is one of hope, quality of life and social interaction.
- Hospices do not just deal with cancer patients but treat a whole range of life threatening illnesses. Patients are often discharged but there is always the opportunity to return if the need arises.
- There is a myth is that a good death is not so likely to happen at home. SRC offer a seven day service to enable those who wish to die comfortably at home to do so, and they work with the hospital at home service and the hospice in-patient service in case a patient requires one of the 12 beds there.

The service is available to anyone over 18 years, referrals come from professionals working in health and social care; SRC works in care homes as well as the wider community, offers family and bereavement support and they have their own staff of doctors, nurses, occupational therapists, physiotherapists and numerous volunteers. The interdisciplinary community team comprises five members. The total cost of Nettlebed SRC is £3.5 million, of which £800,000 comes from the government, the rest being raised locally. The hope for the future is that the service can be extended so that admissions are possible 24 hours a day, similarly that coordination and advice services are available 24/7 thereby helping to avoid unnecessary and distressing admissions to A&E departments.

### **3. Matters arising from the minutes of 5 June 2017**

5a (Carers) SH said the follow-up locality training event on carers did not take place.

8a Open meeting 18 September. A good audience turned up for Dr Jenkins' fascinating talk on her sabbatical in India. A report appeared in the October Benson Bulletin.

### **4. Primary Care Framework (PCF) for Oxfordshire**

JR summarised the work done on the PCF now in its tenth draft. (See also Report from SELF attached). He pointed out that most practices in SE Oxfordshire reported satisfaction amongst patients with the current service and the hope was that there would not be significant change to the present model. A discussion followed on the increased pressure that new housing developments in the locality would bring. SH was confident that Millstream could cope with up to 7,000 patients in total, now that the surgery refurbishment was nearing completion, and he did not anticipate any difficulty in providing a service to patients in the proposed care home in Benson. One challenge is the lack of a common IT system between care staff although the out of hours service clinicians do have access to GP records. He pointed out that SE Oxfordshire has relatively fewer problems in terms of staff recruitment and sustaining primary care compared with other localities in Oxfordshire who, with the difficulties in recruiting GPs, were looking to recruit a much wider range of professionals to provide services. JR reminded members of the Clinical Commissioning Group's consultation workshop on 28 November which he and MW would be attending. **ACTION:JR**

**/ MW**

## 5. Reports from the Working Groups

- a. **Carers** MB reported on a successful coffee morning at the library when four carers attended as well as SH and Dr Ball. The working group would be meeting in January to discuss how local support for carers might be developed.. **ACTION: MB/MW**
- b. **End of life care** CD reported that planning had started with Watlington and Chalgrove PPG on a 'Matters of life and death' event on 12 May to coincide with national Dying Matters week. This would be held in the Parish Hall and would take the form of a half day event with talks, information stalls and support and advice. The event would cover a wide range of topics to do with end of life care and planning. Funding was being sought from SODC. Dying Matters was holding a national event in February to explore ideas for the week but it was felt the charge of £100 + was rather excessive.
- c. **Making the panel more representative of the community** FG reported she had circulated local organisations with details of self-care week (see below). She emphasised that attending PP meetings was not the only way of involving people and using existing community events such as the library's rhyme time to reach younger people could be more productive. It was **AGREED** that a welcome leaflet outlining the work of the PP should be handed out by the practice to new patients and delivered to the new residents of the Littleworth development, **ACTION: FG/MW/SD** It was also **AGREED** better use could be made of the Virtual Panel to promote engagement and that we discuss this with Sarah. **ACTION: JR/FG/MW**
- d. **Planning for national and local events** MW reported that Patient Participation Week in June had been marked by a display in the surgery waiting room and an article in the Benson Bulletin. Self-Care week in November had been marked by displays in the waiting room and in the library, together with posters around the village and a notice in the Benson Bulletin. The next event would be the 'Matters of Life and Death' event in May. The group will discuss what other events should be marked in 2018 **ACTION:MW**.

## 6. Report from SE Locality Forum (SELF)

JR circulated a paper (attached) that explained the role of SELF) and summarised the topics currently under discussion. He re-iterated his disappointment that the promised 'co-production' of the PCF Locality Plan(see item 4 above) had not taken place. Instead, SELF had simply been

required to comment on successive drafts. Members discussed the idea of sending 'Friends and family' feedback by text message rather than completing the forms. There was not much enthusiasm for this.

## **7. News from the practice**

SH and AR reported that the building work should be finished by mid-January. A new member of the nursing team is to be appointed as well as a replacement for receptionist Kirstie, who is moving from the area. Nursing assistant's (Maria) hours are being increased by 10 hours and also the GPs' hours have recently increased. 15 minute appointments have been introduced. Dr Lettis is back from maternity leave bringing the number of GP staff to six. This will enable the surgery to increase the family planning clinic hours.

Claudia commended the practice on its Cognitive Behaviour Therapy service.

## **8. Items for Benson Bulletin**

- a. February: Claudia will write a piece to raise awareness about the Matters of Life and Death event. **ACTION: CD**
- b. March: Role of patients' panel **ACTION: JR/MW**
- c. April: Another item on Matters of Life and death

## **9. Speakers for future meetings**

- a. February Pharmacy Regional Manager **ACTION: MW**
- b. June Julie Haynes, Senior Social Worker on care in the community  
**ACTION: FG**

## **10. Dates of future meetings**

Monday 26 February 2018

Monday 4 June 2018

## **11. Any other business**

MW reminded members of the consultation on Children and young people's services required responses by 5 December.

The meeting closed at 9.30 pm

**Report from SELF (SE Oxon Locality Forum)**

**John Reid, 27 November 2017**

I see the most useful role that SELF plays as a forum for Patient Participation Groups (PPGs) to **exchange ideas** and encourage best practice. We were encouraged to hear that Wheatley is forming a PPG, so 8 of the 10 practices in the locality will participate in SELF.

Currently, SELF is considering how patients are **elected** as PPG members and as officers. While I don't think our group has a problem at the moment, we should perhaps consider setting in place rules in case we do.

Beyond exchanging ideas between PPGs, SELF is intended to act as a forum for discussion of ideas with the Oxfordshire Clinical Commissioning Group (OCCG) with the aim of **embedding patients' views into OCCG decision making**. I attend monthly meetings of the Locality Executive (GPs and managers) and the vice-chair, Jeremy Hutchins, attends bi-monthly meetings in Oxford of chairs with OCCG and HealthWatch.

Much of the discussion recently has been on the **Locality Primary Care Plan**, which is a separate item on today's agenda. While it was intended that this be "co-produced", we feel that co-production has not happened.

The Forum chairs have persuaded OCCG of the value of engaging volunteer health champions in surgeries, as advocated by **Altogether Better**, see <http://www.altogetherbetter.org.uk/practice-health-champions>. It is hoped that three practices will try it. Expressions of interest are being sought.

There is concern about the new **musculo-skeletal (MSK)** service from Healthshare. It seems that a previous provider kept quiet about a huge waiting list of 12,000 patients. One does wonder whether the procurement process and project management was all it should be.

All SELF's old **minutes** used to be available publicly on the OCCG website. However, the site has been "improved" and part of the improvement involved deleting our minutes without consultation. OCCG have now contracted HealthWatch to provide us with secretarial support and they have agreed to host our minutes. However, this is not available yet.

SELF expressed concern about the reduction of £110,000 in the funding of the Sobell House **Bereavement Service**. It seems they were being paid twice for the service. We have been assured that the savings would be spent on a service for old people that has been requested by GPs.

All the surgeries have formed a business as a **Federation** known as SEOX, in order to be able to bid for contracts. It is seen that this will have to become more active if money is to be channelled from Secondary Care. The plan is for the monthly 2-hour Locality meetings each to be followed by a 1-hour Federation meeting (separate entities but for the same set of 10 practices). Some other localities use a not-for-profit firm called PML and replacing SEOX by PML is under consideration. There would be costs, but economy of scale re attending meetings.