**Strettondale Patient Participation Group**

51st committee meeting

Wednesday 1 March 2017, Ley Gardens, 10-12

**Present:** Esther Bolton, Gloria Carter, Hilary Claytonsmith, Anne Gee, Pat Gibson, Sue Hockaday, Sue Pinsent, Bill Ross.

**Apologies**: Liz Cinnamon, Sue Marsh

1. EB confirmed that she was willing to join the committee - agreed unanimously.
2. **Minutes and matters arising:**
   1. Possible meeting with partners before the July training session to be followed up. **(Action SM)**
   2. BR had looked at the Federation website. The committee would like further information from the Practice partners with specific reference to the geographical spread and how the Federation might work in relation to strategic and clinical issues. **(Action SM)**
   3. BR reported on a conversation with the Chair of the League of Friends about scheduling a meeting. AG offered to ask EK to convene a meeting. **(Action AG)** The SPPG is in a position to help publicise the activities of the LoF, for instance at the next Open Evening.
   4. HC volunteered to follow up with SM her suggestions for a guest speaker at the May meeting. **(Action HC)**

2. RC has yet to supply information based on personal experience about communication difficulties between departments at RSH. Generic information from the Practice about similar difficulties would be useful evidence of a systemic problem. **(Action BR/SM)**

4. SM has offered to demonstrate the pop-up alerts system on a dummy patient. Several members of the committee would be interested in attending, depending on how many can be accommodated and convenient dates. **(Action SM)**

6. **AOB**

* SH sent the SPG newsletter to EB and HC who may be interested in attending future SPG meetings which BR will not be attending. **(Action EB/HC)**
* EB volunteered to produce a trial SPPG Facebook page for the April meeting. **(ACTION EB)**
* Further clarification of the item about radiotherapy provision is needed. Where do patients have to go for treatment for other types of cancer? **(Action SM)**
* SP reported back on the Health Forum meeting on 24.02.17. This had been a useful update and information session. See additional attachment. SP is willing to attend the next meeting about mental health provision.

1. It was agreed that it was difficult to have informed discussion about some agenda items without the presence of a Practice representative.
2. **Guest speaker, Jennet Cowles, Proactive Case Manager/Community Matron.**
   * JC gave a brief summary of her qualifications and nursing career. She has been in her new role for a year.
   * She works for the Community Health Trust, working from Ludlow and Craven Arms, and is line managed by Yvonne Gough based at William Farr House.
   * There is one Community Health Trust but two CCGs - Shropshire and Telford and Wrekin - which operate differently.
   * JC’s role includes: supporting patients on discharge from hospital; assessing patient needs and organising how they can be met; working with Intermediate Care Services to avoid hospital admissions; working with the District Nurse team, GPs, the MAYSI team etc; liaising with other providers, agencies and services; education of health professionals, carers and patients; prescribing and administering medication including intravenous antibiotics in patients’ homes; admitting patients to hospital if necessary.
   * JC deals with patients with complex needs. Her case load is a maximum of thirty patients. Every patient is treated as an individual. She can access urgent care provision and work with care agencies to work out a care plan. She gave some interesting examples of her work. SH added to this with a personal example of how JC and the district nurses have continued to support her after discharge from hospital.
   * She analyses patients’ situations and works to build relationships, enable them to take responsibility and to know what to do independently. There is a psychological and social aspect to her work whereas the district nurse role is more task-oriented.
   * Ideally, JC would like: all community nurses to have the time to use their range of skills and to have more assessing and thinking time; to further reduce the communication gap between acute and community services which are currently fragmented; more patients to be able to access treatment at home; to do more teaching.
   * She offered to ask a District Nurse to talk to the committee.
   * In response to HC’s question about why the District nurse team does not use the Health and Well-Being centre as a base, JC explained that a physical base is becoming less of a necessity as mobile working becomes the norm.
   * JC was thanked for her very interesting talk and responses to questions. (SH has since contacted her to thank her again).

**Future meetings:** Wednesday 5 April 2017, Wednesday 3 May 2017, Wednesday 14 June 2017 all at Ley Gardens 10-12

NB 24 May 2017 cancelled