**Minutes of the Church Stretton Medical Practice ‘Open Evening’** and **Strettondale Patient Participation Group AGM**

**Sylvester Horne Institute, Church Stretton**

**7pm Tuesday 9th October 2018**

**Bill Ross,** **Strettondale Patient Participation Group Chair**, opened the evening, welcoming the audience and introducing the speakers.

(The following voluntary groups were kindly in attendance, Bill thanked them and invited them to outline their work - see summary at end of minutes below:

**Arthritis Support Group**

**Good Neighbours**

**Green Oak Foundation**

**Macular Society Support Group**

**Mayfair Community Centre**

**Parkinson’s - Church Stretton Group**

**Shropshire Mind**

**Stretton Cancer Support Group**

**Stroke Group**

**Walking for Health)**

**Dr Digby Bennett, Church Stretton Medical Practice Partner**, gave an update on current developments.

**eConsult** – this is a new facility coming soon to enable patients to consult by email. Patients would be able to access eConsult without a pre-existing log-on, they would then be invited to complete a form with their details and the reason for their ‘econsultation’. Completing the form would generate an email to the Practice where staff would decide how best to handle, aiming for a response within 2 days. The ‘econsultation’ could prompt several responses eg: ‘self-help’ advice and signposting, which need not involve doctors at all; a change in prescription or tests; an email or phone call from the Practice. Normal medical confidentiality rules would apply.

eConsult should make it easier for patients needing a swift response or wishing to clarify or log a specific detail, helping them to ‘self-manage’. And it should be easier for GPs, as key information would be pre-loaded in a standard format.

Audience raised three questions:

Q1 – would there be a call centre involved? Dr Bennett said no, all contact would be with the Medical Practice

Q2 – would it be possible to point a query to a particular nurse or doctor? Dr Bennett thought this would be possible

Q3 – would it be possible for someone to use this on behalf of a neighbour without email? Dr Bennett said this would require explicit authorisation.

**Other communications/Practice improvements - t**he Medical Practice website was due for an overhaul and this would be tackled in coming months. Medical Practice staff were now being encouraged to take a more proactive role with patients, asking for more information so they could help if possible, eg by signposting to a pharmacy or other services, or pointing out nurse availability when GPs are booked up. All staff were of course bound by the same confidentiality rules.

**Clinical Commissioning Group-wide topics –** Dr Bennett outlined the role of the Referral Assessment Service [RAS] in progressing referrals**.** GPs submit referrals with the help of the Medical Practice staff, the RAS then assesses and responds – within 2 days for urgent cases, within 14 days otherwise. Referrals weren’t always approved, and GPs were unlikely to be able to specify particular specialists by name. Once the RAS had accepted a referral, they take responsibility (though RAS status can be checked by Medical Practice staff). Dr Bennett also explained the new Extended Hours service which meant patients could see a doctor outside normal working hours if booked in advance. Church Stretton could make bookings but the service wasn’t being offered here, patients would need to go to eg Ludlow, Clun, Wenlock for their consultation. The Medical Practice would review this next year after staff changes. The facility to call Shrop Doc direct has now been dropped, all calls should be to 111 in the first instance, who would then assess and pass to Shrop Doc if appropriate.

**Meredith Vivian, lay member of the Shropshire Clinical Commissioning Group** spoke on **Care Closer to Home.**

It was now clearthat the community health system had to be redesigned to take stress off the acute hospital system, and there was a need to move on from the apparent binary choice between GP and hospital. As well the health sector faced the challenges of an aging population, declining per capita funding, and new ailments and intervention options. Many older people were going to hospital but shouldn’t really be there, they should be offered treatment closer to home. Hospitals can in fact be negative and institutionalise – hence their being described as ‘sick places’.

Shropshire Care Closer to Home would offer three strands:

1. Frailty Intervention – a new specialist team piloted at the Royal Shrewsbury Hospital to meet elderly patients at A&E and route them to specialist nurses/consultants, who would assess whether they could be treated closer to home
2. Case Management – a new information-sharing initiative with GPs, social services, pharmacies to identify ‘high risk’ and ‘vulnerable’ patients, and prompt pro-active preventive interventions
3. Hospital at Home – instead of the patient attending the hospital, where the tendency would be to provide the normal acute service, this strand would offer bespoke specialist treatment at home.

Care Closer to Homehad to be made to work or the system as a whole would become increasingly unsustainable.

**Nicola McPherson, Chief Officer, Mayfair** spoke about **The Health and Wellbeing Centre.**

Now two years old, with a throughput of c 300 people a week on average - 121 being the most in any one day! A wide range of different organisations and services worked from the Centre, eg:

Shropshire Orthopaedic Outreach Service now offers patients twice-weekly sessions– instead of having to go to Oswestry

Lifestyle Fitness ‘Get Active Feel Good’ project, offers one-to-one sessions for those living with cancer

Escape Pain six week programme of twice-weekly sessions, free of charge – first in Shropshire and currently open for signups.

**Emma Kay,** **Practice Manager, Church Stretton Medical Practice** flagged other Practice developments.

**M-Jog** – a new mobile phone reminder system being rolled out as more healthcare information would be delivered this way – which was already saving money on postage. Patients were asked to leave mobile numbers and download the app

**Patient Access** – the online appointments system had glitches recently due to a software upgrade, Practice staff could help sort out any outstanding issues faced by patients

**‘Our Health Partnership’** – the Practice joined this network (a federation of GP practices) a year ago to benefit from added weight in raising issues and in purchasing

**Flu Clinics** – two more clinics are scheduled (on 20.10 and 17.11) after 840 attended the first

**Consulting rooms** - new carpets and redecoration had been carried out in the consulting rooms with the hall to be done next; funds are being sought to convert the loft space and open an extra consulting room

**League of Friends** – the Practice was very grateful for donations from the Friends including the annual music licence, and a new wheelchair and ‘minor ops’ lamp.

**Bill Ross, Strettondale Patient Participation Group Chair,** led the **Strettondale Patient Participation Group AGM.**

1. The previous minutes were accepted.
2. The Chair reported on the work of the PPG 2017-18:

The SPPG had maintained an ongoing constructive dialogue with the Medical Practice, with 8 meeting annually and a range of topics and guest speakers including Social Prescribing, Shropshire Mind, communicating with local residents through Focus, the Medical Practice display and website, and the Community Messaging email. The SPPG was part of the Shropshire Patients Group and was attending the upcoming Shropshire Health and Wellbeing Board. The SPPG was keen to involve younger people, and was working with the school on a student survey.

The SPPG welcomed suggestions of topics it should be focusing on.

1. The Chair thanked the SPPG committee in particular Sue Hockaday who wasn’t able to attend. The audience supported the re-election of the committee nem con.
2. Anne Gee, SPPG Vice Chair, expressed the SPPG’s thanks to Bill for his ongoing chairing.

Bill Ross thanked speakers and support groups attending and closed the meeting at 830pm.

**Voluntary Group Details**

**As mentioned above, the following organisations were present and introduced themselves briefly as below.**

*[Details all as noted on the night; please do check direct with the organisation – or via the Mayfair Community Centre 01694 72207* [*information@mayfaircentre.org.uk*](mailto:information@mayfaircentre.org.uk) *- that the information is still accurate, should you wish to follow up.]*

**Arthritis Support Group**

Now in 2nd year, based at Stretton HWBC Friday afternoons. Two key academics nearby and involved – Prof Frank Hay and Prof Ascari. Covers Rheumatoid- and Osteo-arthritis. Sharing latest info’ with sufferers; mutual support role to help through operations. Supported by – and fundraising for – Arthritis Care and Arthritis Research UK

**Good Neighbours**

Running for 50 years, 3 key aims: 1. Free transport to hospital/GP etc for those who can’t drive (and this can include destinations outside Shropshire); 2. ‘Mayfair Wheels’ meals-on-wheels service every day all year; 3. Lunch clubs – weekly at Ley Gardens; monthly at café (for widows); ‘Good Neighbours’ lunches at pub too.

**Green Oak Foundation**

Founded 2012 in Shropshire to offer affordable counselling on donation basis – in Stretton Mondays and Thursdays. No long waiting list; self-referral possible;

**Macular Society Support Group**

Group launched in 2018 for those suffering from ‘Age-Related Macular Degeneration’, estimated about 90 patients in Stretton. Offering 4 meets over summer, alternate months (going out in winter not attractive for target group) – focusing on information sharing rather than social activities.

**Mayfair Community Centre** (also speaking about HWBC in main meeting)

Focused on helping people stay independent – particularly through range of meetings, social events, other activities to keep people connected, interacting. Team of 50 volunteers with new ‘Beacon’ centre; also Maysi led by Janet.

**Parkinson’s - Church Stretton Group**

Started about 10 years ago, now meeting monthly - 4th Monday. For sufferers and carers, meetings to stay abreast of developments. Also invite speakers/run events, and organise trips including poetry, theatre, Ludlow brewery. Packs available for newly diagnosed. Promoting mutual support/interaction between sufferers, keen to involve new supporters.

**Shropshire Mind**

Based in Shrewsbury, started support group at Mayfair in 2017 but no longer running, keen to restart. Offering eg a 12 week, 3 hours a week ‘Reconnect’ course for up to 8 people.

**Stretton Cancer Support Group**

Previously ‘Stretton Cancer Care’, supported by Macmillan; meets monthly - 2nd Monday – at Mayfair (also 4th Monday on ‘drop-in’ basis; special appointments possible too). Advice on signposting for care services in NHS. Social events incl Christmas lunch, garden party, etc.

**Stroke Group**

Launched 20 years ago, now meets monthly – 2nd Thursday – at Mayfair. Offering social events, outings, trips. Carers welcome as well as stroke victims.

**Walking for Health**

Combining healthy activity with social activity. Weekly programme from Mayfair/HWBC. Many regulars, making walking exercise routine, including those with chronic health issues , people who live on their own, etc

8.10.18

ENDS