

West Cheshire Patient Participation Group (PPG) Chairs meeting

Tuesday, October 9th 2018 – Vicar's Cross Golf Club

In attendance:

- Peter Folwell (Neston Surgery)
- Clive Jones (Boughton)
- Steve Telford (City Walls)
- Greg Yates (Heath Lane)
- Ken Salter (Hope Farm)
- Pat Clare (Neston Medical)
- Clare Marsh (Village Surgeries)
- Rachel Owen (Northgate Village)
- Anne O'Hare (Upton Village)
- John Gresty (Helsby and Elton)
- Tom Welsh (Handbridge)
- Humphrey Claxton (Kelsall)
- Sue Masterman (Tarporley – Adey)
- Cathy Reynolds (Laurel Bank)
- Neil Timperley (Bunbury)
- Liz Johnson (Tarporley – Campbell)
- Kate Reeves (Laurel Bank)
- Richard Avory (Handbridge)
- Jonathan Taylor (CCG Head of Communications and Engagement)
- Chris Amery (CCG Communications and Engagement Manager)
- Pam Smith (CCG Governing Body Lay Member for Patient and Public Involvement)

Apologies received from:

- Brendan Doyle (Western Avenue)
- Nick Dent (Park Medical)
- Paul Bujac (Tarporley – Campbell)
- John Woodrow (Willaston)

Learning from Frome – “the town that cured itself”: Dr Claire Baker (CB) – Kelsall Medical Centre GP and Clinical Lead for Primary Care, NHS West Cheshire Clinical Commissioning Group

Key messages included:

- 1) In Kelsall we've been working with our PPG to look at how to create a wellbeing hub. To support this work, I was tasked with visiting Frome in Somerset to understand how they've developed a “bottom up” approach.
- 2) In Frome they look at people who have small issues, people who have complex issues and people who have very complicated issues in a bid to improve patient care for all. They have achieved not only a reduction in hospital admissions, but a reduction in cost.
- 3) Loneliness and social isolation have a huge impact on people's health and wellbeing. In Frome the solution to this is not technology, it's people talking to other people.
- 4) They also talk to people about dying. By talking about it the number of people who die in their preferred place has nearly doubled. That's huge.
- 5) This is all being led, more or less, by one GP. When I asked whether their consultation rate had gone down, they said “no, but the quality of consultations has gone up”. That's just as important.
- 6) In Frome they've also gone back to the premise that not everything requires a pill. To think it does dehumanises healthcare. We need to look at other options too. That message can be particularly powerful when it comes from a clinician.
- 7) Their community teams have health connectors – similar to our Wellbeing Co-ordinators – who developed an online directory and run five talking cafés a week. They have also recruited and trained community connectors, people like hairdressers and taxi drivers who intuitively have conversations with people, to help signpost people to local support.
- 8) Financial support has been key in Frome but that money has gone into people – redeployment of staff or employing new staff.
- 9) Care planning is also key. In Frome they've developed a care plan, owned by each individual and supported by an admin team, which looks at what's important to that person – not just medically but as a whole.
- 10) My key “take home” message was to not try to reinvent Frome, but to look at what we have in West Cheshire and what we can build on. For example, one practice manager in Chester has set up Care Hub – a directory of local services designed to be used by GPs to signpost patients to non-medical support in the community. This has great potential.

Questions and comments from PPG Chairs:

- 1) Infrastructure is a critical stumbling block for some of this – particularly in Chester. I represent a very small GP practice and the cafés in our area are

small too. There's nowhere you can get people together. The bus services are hit and miss and there's nowhere to park. (*Tom Welsh – Handbridge*)

CB: How you move the Frome model around clearly depends on the population. Often the right resource is there, it's just not joined up. We need to make services easier to access. A lot of these initiatives don't need a defined space. Mental health issues could be tackled via a walking group or class in the park. People could meet in a church or a pub. It's about changing our collective mindset from "you can't do this because..." to "why can't we do this"?

- 2) Do people feel cheated when they don't get the pills they expect from their GP? (*Greg Yates – Heath Lane*)

CB: People are coming around to the idea that peer support is really valuable – learning from people who've been through a similar experience to you. This doesn't rule out medicine, either. For example, if someone is severely depressed they will probably need medication to get to the point where they even consider engaging with other options.

- 3) As PPGs even if we just take one thing from this, we've all got community centres, churches, village halls. People power is huge and I love the concept of community connectors. The NHS is under such pressure that there are people out there who are prepared to do their bit to help. I would love to have another meeting with other PPG Chairs who are prepared to take this forward in their area. PPGs have a voice. (*Clare Marsh – Village Surgeries*)
- 4) It's a very interesting concept. Community connectors may not be referred to as volunteers but that is what they are. People who volunteer do so on their terms. The worst thing you can do to address social isolation is set something up that only lasts 12 months. If you rely on volunteers there's a danger of that. You've got to focus on natural communities that people recognise. (*Cathy Reynolds – Laurel Bank*)

CB: The community connectors are not called volunteers because they are people that are more or less already doing it. They have these conversations daily already. Volunteering is not the premise behind the model. It does require funding but it also requires connecting things together.

- 5) One of our Rotary Club community projects is to liaise with Contact the Elderly. We've run tea parties for up to 10 guests – often people who are disabled or have a visual impairment. We already have contacts with the likes of Brightlife and Age UK. (*Ken Salter – Hope Farm*)
- 6) What about insurance? I can lead themed walks but can't get insurance most of the time. There's less and less protection for volunteers. I chair West Cheshire Access Group and we're still fighting a council that says we can't do this or can't do that. We need a revolution in the way Chester does things. (*Tom Welsh – Handbridge*)

CB: That's a really good example of why some of this is risky. I have a patient who wants to set up a mental health café. Part of me wants to

step in and manage that but another part is telling me I need to let go. There has to be an element of trust. Trust and curiosity are really key elements.

Primary Care update: Sarah Murray (SM) – Head of Primary Care, NHS West Cheshire Clinical Commissioning Group

Key messages included:

- 1) The latest Ipsos Mori GP Survey results were published in July 2018. Nationally, practice performance has been steadily decreasing since July 2012, although in West Cheshire, CCG-level attainment has improved.
- 2) PPGs have an opportunity to use this information to work with their practices to improve patient access. For example, how easy is the practice website to use and how can PPGs work with the practice to improve it?
- 3) We now have three clinical pharmacists in place in West Cheshire working in patient-facing roles on medication reviews and with those with long-term conditions across Great Sutton, Old Hall, York Road, Garden Lane, Lache, Handbridge and City Walls. Pharmacists are also training to become prescribers, which will make them even more valuable. There's also a senior pharmacist who works in Extended Hours who is working with care homes once a week.
- 4) Primary Care Network funding was recently made available by the Cheshire and Merseyside Health and Care Partnership to support practices to work more closely together. Three applications were successful in West Cheshire – Ellesmere Port, Fountains and Chester East. The aim is to do things differently to make things better for patients and staff in GP practices.
- 5) The majority of patient feedback around eConsult has been good although we would be keen to understand any further comments from PPGs.

Questions and comments from PPG Chairs:

- 1) I tried to use eConsult when I had a problem with my eye and it asked me how severe my chest pains were. (*Clare Marsh – Village Surgeries*)
- 2) We're aware of some negative feedback about eConsult at our practice. It can be quite convoluted to use. (*Sue Masterman – Tarporley Adey*)
SM: Please share all feedback with Chris Amery – chris.amery@nhs.net – so we can collate centrally and feed into improvements of the system.
- 3) It might be no coincidence that Malpas is top of the GP Survey for patients getting through on the phone and bottom of the list for eConsult. (*Kate Reeves – Laurel Bank*)
- 4) City Walls spent two years redeveloping the practice website so I'd love to know how we ended up in the lower set for that measure. (*Steve Telford – City Walls*)

- 5) The problem with the Ipsos Mori survey is that it depends entirely on the subjective response of patients – many of whom may not have visited to the practice for months, if not years. (*Tom Welsh – Handbridge*)

SM: It's true that they only survey a small percentage of each practice's patient population.

- 6) Could you give us an update on the new health centre in Tarporley? (*Sue Masterman – Tarporley Adey*)

SM: We are awaiting direction from the practices around progressing a cost-effective Tarporley plan. A bid was put in to NHS England's Estates and Technology Transformation Fund about 18 months ago. There is a lot to consider in terms of land, where it will be and which practices will go where. It is that sort of information that we now need in order for this to progress.

Joining up Care in Cheshire West: Alison Lee (AL) – Managing Director, Cheshire West Integrated Care Partnership

Key messages included:

- 1) Quite rightly, people tell us that care is better when communities come together. Technology should never get in the way of connecting people, but can be a really important supportive tool.
- 2) In Cheshire West we're not just looking to join up health and social care. We also want clinicians and staff at GP practices and hospitals to work together better – this can be sometimes be disjointed – and we need to reconnect health and care services with the people they serve.
- 3) Many of us are able to cite wonderful examples of how the local health and care system serves us, but also painful stories about how it can let us down. We're all part of the solution.
- 4) For a number of years GP practices have been working together in clusters, each serving about 30-50,000 people. Evidence shows that delivering initiatives on that size of footprint is most likely to succeed.
- 5) When we ask people what makes up their care community they talk about much more than just health and care services. They talk about local support networks, community groups, leisure centres, schools and libraries. We want to ensure there is a coherent, rounded offer to people in their local community.
- 6) Some GP practices are discussing mergers or becoming bigger practices as they work out what's right for their patients and what's right for them. We see GP practices as being at the heart of our care communities, supported by the rich tapestry of everything around them.
- 7) Integrated care teams predominantly consisting of staff from CWP – but also including social workers – are also central to what we're trying to do. Some of

those integrated teams are doing brilliant things and we need to make sure that is shared across the patch to ensure consistency.

- 8) What can you do to help? We know that 20-30 people a day attend A&E at the Countess when they don't need to be there. The national Help Us Help You campaign spells out simple things we can all do now to ensure that us, our families, friends and the local health and care system have a better winter. Current priorities are flu vaccinations, NHS 111 and Stay Well This Winter.

Questions and comments from PPG Chairs:

- 1) The council's Local Offer directory is dreadfully patchy. It looks good until you click on the options. My worry is that people with low-level mental health conditions won't get the help they need. (*Tom Welsh – Handbridge*)
- 2) In terms of the care communities, I think you will have difficulty splitting up Chester. (*Peter Folwell – Neston Surgery*)
AL: Yes – you're right and we might not it right just yet. We know, for example, that more people living in Blacon are registered with GP practices in Chester than in their local community. GPs are very important in getting this to work though. There are some things that we may look to do on a city basis.
- 3) Malpas, Tattenhall and Kelsall is not a community. It just fits with the GP practices. Kelsall is not local for people living in Malpas. It might be a convenient line to draw on a map, but it's not a community. For integrated care to work you need to consider what happens at the borders. In Malpas, for example, people are more likely to gravitate towards somewhere like Whitchurch. (*Cathy Reynolds – Laurel Bank*)
AL: Whatever map you draw will be artificial. The local authority footprint is artificial. We recognise that some things will have to be done on a larger footprint but are working to ensure that as much as possible is done as locally as possible.
- 4) We do get forgotten in the rural areas where there is less access to services. (*Kate Reeves – Laurel Bank*)
AL: That's the beauty of the Rural Alliance. It's not necessarily a natural geography but a coming together of communities which face similar issues. Some of the Neighbourhood Care work that's being done in and around Malpas is cutting edge.
- 5) To support the development of Care Hub, one thing PPGs can do is start to map what's available in their area. My patient group know everything that's going on in Neston. (*Peter Folwell – Neston Surgery*)
- 6) Our ALIVE project (see written updates) is aimed at creating a directory. This idea came from Frome. What's surprised us is how many groups are out there. We have a local school helping with the artwork but this resource can't be maintained indefinitely by the PPG. (*Neil Timperley – Bunbury*)

- 7) I know of one project aimed at targeting social isolation which started with three or four people in a small café. There are now 40 older people who attend every Friday morning. The café owner sells them all coffee at a reduced rate and the place is full. If the cafés in your area aren't big enough, what about local churches or community halls? (*Kate Reeves – Laurel Bank*)
- 8) What else are you tapping into to try to learn from? (Steve Telford – City Walls)
AL: One area we're looking at is Wigan, where they've developed a "Wigan Deal" for their population and also Ashton Hayes and Frimley Park. All three are doing something different.
- 9) In Tarporley we've learned a lot from Ashton Hayes – for example the Ashton time bank. We've also learnt from them about different approaches to transport issues. (*Sue Masterman – Tarporley Aday*)

Items for update

- 1) *John Gresty (Helsby & Elton)* – We're hoping to run a Keep Well in the Community event in the New Year.
- 2) *Clive Jones (Boughton)* – The four PPG Chairs in our cluster now meet together.
- 3) *Cathy Reynolds (Laurel Bank)* – We are waiting for information about a new premises for our practice in Malpas. Our PPG plans to meet again when the planning officer can provide a further update.
- 4) *Anne O'Hare (Upton)* – We're struggling for membership at the moment but have received funding from the practice to move our meetings into a local community hall.
- 5) *Tom Welsh (Handbridge)* – The basic issue for us is premises. Negotiations are ongoing and we hope to have an answer by Christmas.
- 6) *Ken Salter (Hope Farm)* – We've recruited three new members and we're planning a Sepsis Awareness evening.
- 7) *Pat Clare (Neston Medical)* – We held our first cluster meeting recently. Only two of the three practices were represented on that occasion but we plan to repeat it. We're also planning another newsletter.
- 8) *Clare Marsh (Village Surgeries)* – We're currently planning our Autumn newsletter. The PPG webinars run by NHS England proved really valuable. The practice is considering whether to invest in a text service to help prevent DNAs.

Next PPG Chairs meeting – January 2019 (Date and venue to be confirmed)