

**MINCHINHAMPTON SURGERY PATIENT PARTICIPATION GROUP (PPG)
COMMITTEE MEETING: TUESDAY 11 FEBRUARY 2020**

MINUTES

(Agenda topic) A1: Welcome, Attendance & Apologies: John Harrop (Chair) welcomed our guest speaker, Angela King (Gloucestershire Assistants), as Louise Ayliffe was unable to attend.

Attendance: Janet Biard, Rosemary Boon, John Cleever, Dot Cuthbert, Gerald Ford, Alison Gray, Gervase Hamilton, John Harrop, Eve Jackman, Angela King, Anne-Marie Marlow, Colin McCleery, Ian McPherson, Coralie Nurden, David Nurden, Doreen Raha, Graham Spencer, Brian Whitaker. (Quorate).

Apologies: Louise Ayliffe, Dr. Tristan Cooper, Jennifer Crook.

A2: Committee membership co-options: Eve Jackman and Doreen Raha were unanimously co-opted as members of the Committee. Their personal statements had been issued as D2 for the meeting and can be viewed also in the PPG online photo gallery, via the Surgery website. John Harrop welcomed them to the Committee.

A3: Presentation and discussion on Social Prescribing. In the absence of Louise Ayliffe, Angela King had kindly agreed to speak on the topic. Angela had previously been a Village Agent. The Village and Community Agents scheme, managed by Gloucestershire Rural Community Council, had worked across the county helping thousands of older people and communities gain better access to services, information and assistance. However, now the Village and Community Agents have combined with the GP Social Prescribing scheme to become a new service called Community Wellbeing Agents and many former Agents have transferred to the new scheme. There are various Community Wellbeing providers in Gloucestershire. In this area, The Independence Trust has been commissioned to offer the service in Stroud & Berkeley Vale and now in our local Primary Care Network (PCN), the Stroud Cotswold Network (SCN). The Social Prescribing scheme is free and confidential for anyone over the age of 16. The aim is to connect appropriate patients, when referred, to local services, organisations and groups that can help to improve individuals' general wellbeing and meet their wider social needs. Community Wellbeing Agents will help with referrals for concerns involving: mental health and wellbeing, long term health conditions, general health and fitness, social isolation, housing and environment, debt and finance.

Hundreds of activities are available, starting for example with walking and gardening, social contact and befriending the isolated, making grant applications, housing, women's refuges, men's sheds, story-telling, arts & crafts courses, and so on. At present the Independence Trust has six staff and more are needed. Initial evaluations of potential clients' needs can be held at a local surgery or other place allowing for confidentiality if needed. Room at the new surgery building might be provided for this. Gloucestershire CCG carried out its own evaluation of Social Prescribing, indicating various benefits, including reduction in outpatient attendance, in A&E presentations, and in urgent admissions. This showed that Social Prescribing more than paid for itself and could release resources for use in other areas. Social Prescribing is now being funded through Primary Care Networks (PCNs) and so through member surgeries.

Self-referrals to the Social Prescribing scheme can be made directly by patients, or through their NHS surgery, as well as referrals by GPs, health care professionals, voluntary and community groups. Website <http://www.independencetrust.co.uk> In discussion, it was pointed out that some carers who could benefit did not know that they were eligible for the carers' allowance and that this was not

means-tested. All this should be made better known. Social Prescribing could also encourage involvement in various roles with day centres (eg at Horsfall House) and residential homes; also with such groups as film clubs, art groups, etc. The role of surgery receptionists in referring or connecting people could be expanded. PPG drivers should be aware of such possibilities and could play a part in encouraging connections. Many areas of professional caring and support, including social work, were likely to overlap with Social Prescribing, so that high levels of awareness and communication should be encouraged as needed. Confidentiality and data protection in such activities would continue to be important.

A4: Minutes of previous Committee meeting on 10 October 2019: approved without amendment.
Matters Arising A4a – A4b(ii)

A4a: National Association for Patient Participation (NAPP). *NAPP ebulletins* are available online. Memo: The easiest way to access these is by pasting the following into one's browser <https://www.napp.org.uk/latestbulletins.html> Any Minchinhampton member can access the full range of NAPP's online resources, news and information, by using the following. Our NAPP username is: minchppg@gmail.com Our password is: [greenfinch49](#) NAPP monthly ebulletins are filed by NAPP under Resources on the home page. PPG members were encouraged to make use of these resources.

A4b: (A4 in October 2019 minutes) **(Dr Tristan Cooper & Janet Biard).**

(i) Progress on new Surgery building. Janet Biard reported that an agreement had now been reached between the Surgery Partners and Minchinhampton Parish Council about the site, including the terms of its use. The architects were working further on the plans, and more detailed costs were being developed in keeping with the financial model. When more detailed planning had been completed, the proposal would be ready for submission to Stroud District Planning Committee, aiming for approval in spring 2020. John Harrop asked about when the next stage of consultation with patients would be starting, and about how the PPG could contribute further to this process. Gerald Ford reminded the Committee of the need to continue monitoring the demand for PPG drivers, as the extent of the need for patient transport to the new building became clearer. He also drew attention to the Green Party's leaflet (*Green View Minchinhampton*, Feb. 2020) that had been distributed in the town. This included a section on the new Surgery building and the need for patient transport (side two), showing a disappointing lack of awareness of the PPG transport scheme, as well as of progress with the planning process and PPG involvement in this through appropriate consultation. The Committee asked the secretary for a PPG response to be sent to the Green Party, explaining the bigger picture, while appreciating their concern. Graham Spencer reminded the Committee of the importance of PPG representation in discussion with the architects, to take further account of patients' needs and interests, as well as the general need to meet high standards of sustainability and environmental accountability. There would be 100% funding of the new roles the Surgery would be able to take on, especially in the new building, as part of the Primary Care Network (PCN, aka the Stroud Cotswold Network, SCN) for our local cluster of surgeries. These five surgeries are Beeches Green, Stroud; Frithwood, Bussage/Chalford; Minchinhampton; Painswick; and Rowcroft, Stroud.

A4b(ii) Developments concerning the local Primary Care Network (PCN) There had been a launch meeting at Forest Green Rovers, Nailsworth, for all five surgeries involved in collaborative working in our PCN / SCN. The five PPGs for these surgeries were being represented by Tim Crouch (formerly GP at Frithwood Surgery, Bussage). (Post-meeting note: Tim reports back via the local PPG network meetings, where Minchinhampton PPG is represented by John Harrop and Ian McPherson).

A5: News from the Practice (Janet Biard). Request to fund purchase of specialist chair for the Surgery. Janet explained the need for a bariatric chair, to be used in treatment rooms. The Committee approved PPG payment to buy one chair. (Post-meeting note: cost including VAT £430.80). Dr. Pippa Xerri had returned from maternity leave. Other staff changes were noted in the online Surgery newsletter. Janet presented a detailed response to PPG questions about different kinds of patient records, their availability online, how records can be shared for personal health care and how patients can opt out of record sharing if they wish. (Post meeting note: In view of the importance and general interest of Janet's presentation, her detailed response is being added to these minutes as an independent paper, to assist wider circulation. Please feel free to copy her paper and share it with other patients who may learn and benefit from it. The paper can also be requested from minchppg@gmail.com). Janet was thanked for her presentation.

A6: Feedback on patients' compliments, comments and concerns (Surgery). Janet Biard distributed an anonymous summary of feedback from the *Friends & Family* form, and commented on significant elements. The Committee found this helpful for discussing (anonymously) some matters of concern and was encouraged by the constructive way the Surgery responded to these. Mostly patient feedback, written and oral, was very positive, and all feedback provided learning opportunities. An improved version of the *Friends & Family* form was being considered at national level and would be welcome. Janet collected back the summary sheets at the end of this item. The Committee appreciated the continuing outstanding level of care for patients. There was a general perception that patients with urgent needs were, and would always be, fitted in promptly.

A7: Patients' Transport Service (Rosemary Boon, Gerald Ford and Dot Cuthbert).

Organisers' report. Gerald reported that patients' calls for transport were recently in the region of 40 to 50 every two weeks, on average about 22 or 23 per week. All calls were met by drivers. One volunteer driver had finished and another had started. Patients were regularly highly appreciative of the excellent service and care from drivers. Alison Gray was also thanked for her continuing work on the checking of drivers. The Committee was delighted to learn that Coralie Nurden had volunteered to assist the current transport organisers by taking patients' phone requests and arranging for drivers. Ian McPherson reported that the patients' feedback form for hospitals etc continued to be used regularly, if not always. The Committee approved another social event for drivers, to be organised at Horsfall House by Gerald, since the previous gathering was twelve months ago. This was agreed to be a worthwhile way to celebrate the valuable service by all volunteer drivers, as well as enabling them to meet other drivers and the organisers. After discussion the Committee agreed that it was not possible to predict how the new Surgery site would affect the demand for patient transport and so for drivers. While the need was unlikely to reduce, it was harder to anticipate how far it might increase.

A8: Pharmacy compliments, concerns and news (John Cleever). John reported on his recent monitoring of, and communication with, Boots pharmacy, Minchinhampton. Some customers were continuing to experience a disappointing level of problems with regard to prescriptions. Some of these problems were attributable to systemic difficulties with computing, some to general pressures on staffing, some to additional customers after pharmacy closure elsewhere, and some to nationwide shortages of particular medicines. One case had been mentioned of a new member of staff who appeared to be lacking proper identification. Some customers found it helpful to ring in advance before calling to collect their prescriptions. Staff were continuing to do their best to meet customers' needs in testing circumstances, calling for customers' appreciation. John was thanked for his careful monitoring.

A9: Treasurer's Report (Brian Whitaker). Brian reported on a quiet period. He commented on the poor performance, due to low interest, of the Scottish Widows account, and on the case for transferring all this fund to current working capital. The Committee approved this and thanked Brian for his work.

A10: Any other business. None. The formal meeting ended at 8.50 pm.

Dates of following meetings: Committee: Wednesday 8 April 2020. **PPG AGM 2020:** Thursday 7 May, 2020. Committee: Tuesday 14 July 2020. Committee: Wednesday 7 October 2020.

Documents (D) issued in advance for this meeting, as email attachments:

D1. *Agenda* for this PPG Committee meeting.

D2. *Personal statements* for Eve Jackman and Doreen Raha.

D3. *Minutes* of previous PPG Committee meeting: 10th October 2019.

D4. Details of suggested special chair for Surgery.

Plus, after the meeting, an attachment to the above minutes: this is the following (below) paper by Janet Biard on patient records; also available on request from Ian McPherson, PPG secretary minchppg@gmail.com

HEALTH DATA SHARING, EXPLAINED BY JANET BIARD, PRACTICE MANAGER,

MINCHINHAMPTON SURGERY (February 2020).

Introduction by John Harrop: Minchinhampton PPG (Patient Participation Group) Committee asks you and all patients (all PPG members) to read and talk about this, as well as show it to others. You, and all adult patients, can see your full medical record on-line (as held by the Surgery) by letting the Surgery know you wish to do this. (NB Other Practices / Surgeries may have slightly different procedures or policies).

The Surgery staff just update access aspects of your medical record so your records are then available for you to view (possibly with some "redactions" of any third-party information). One helpful and recommended online source for understanding your lab test results is **Lab Tests Online UK**, to be found at <https://labtestsonline.org.uk>

A click-link for you to use is provided next to each of your lab results to the relevant page on this website.

If you would like a demonstration by a PPG Committee member on access to and viewing the full medical record then please contact us at minchppg@gmail.com

John Harrop, PPG chair.

Data Sharing (by Janet Biard, Practice Manager)

Data sharing is at the heart of good care. If all parts of the health care system, and in many cases the social care system, can see a fuller picture of a patient, then better decisions can be made.

There have been a variety of projects within the NHS to try and standardise the information available.

Summary Care record

- Can be accessed by health care staff anywhere, via the Spine
- Minimal information
 - current medication
 - allergies and details of any previous bad reactions to medicines
 - the name, address, date of birth and NHS number of the patient

Enhanced Summary Care record

- Additional consent needed
- More information available
 - significant medical history (past and present)
 - reason for medication
 - anticipatory care information (such as information about the management of long term conditions)
 - end of life care information
 - immunisations

Enhanced Data Sharing in System One

- Enables all the users of System One (our clinical system) to see data entered by other organisations. For instance District Nurses can see entries made by GP and Vice versa. ('System Online', is the version of this visible to patients on the Surgery website and accessible directly by signed-up patients for making appointments, reordering prescriptions, etc.)

JUYI – Joining Up Your Information

JUYI is Gloucestershire's shared care record system, which gives an overview of your health and social care information in one digital record.

JUYI is regularly updated with information from GP practice systems along with hospitals, the ambulance service and social care. This is a view only record.

If you were registered with a Gloucestershire GP before March 2016 you will have received a letter asking if you want to share your information using JUYI, and your preferences will have been recorded.

When new patients register with Minchinhampton Surgery, one of the forms that they are asked to complete asks for patients to give consent and this is coded in the patient record.

All of these systems are about improving patients care through enabling all those who provide care to see a fuller picture.

There are also National Data Extractions

These are not about individual patient care, but are extracts of data used for planning and research purposes. This data is anonymised in general.

All patients are automatically included in all these data sharing arrangements but for each one of them there are opt out arrangements available.

The questions raised by Minchinhampton PPG

1. Can patients now check at our Minchinhampton Surgery if they are opted into or opted out from having their medical records shared with other NHS centres (including other surgeries, hospitals, paramedical staff, etc)?

Patients can check on their on-line record or can ask if we have coded them to be excluded from data sharing agreements

2. Does the Surgery have a default position and policy on opting in or out? Have (some) patients already opted in or out, independently of JUYI ?

We would recommend data sharing as we believe this provides better care.

In 2017 patients will have received a letter explaining that JUYI would be going live across the county and it gave patients the option to opt out of their information being shared. Some patients have already opted out and all new patients are given the option to opt out when they register.

3. How confident can the PPG be that all (or almost all) patients appreciate the apparently strong case for opting in? Should we be assisting with spreading such a case?

There has been much negative coverage of the dangers of data sharing as a result of the care.data initiative. JUYI is a local system that is about supporting care and anything the PPG can do in supporting data sharing would be helpful.

4. How can the PPG and the Surgery do their best to ensure that all patients have the protection of being opted in, so long as they do not have some (we hope well-informed) objection to this?

Patients are included in data sharing unless they have chosen to opt out.

5. Is it correct that SystemOnline, as used by our Surgery, does not show patients the same personal information as is accessible to health professionals?

There are some entries held in SystemOne (the version we, Practice staff, see) that are not included in the SystemOnline view. Third party data will be made private, as will certain safeguarding information. Different practices have different approaches to making documents available – some only do this from the date requested some do it for all of the record.

6. If so, is it practicable for patients to be able to see and check for accuracy their full records held within SystemOnline?

Patients have always had the right to request to see their full clinical record and can do this on line – this is the simplest way. Apart from any safeguarding information this is the full record that can be seen by our staff.

However, this is not what is seen in JUYI as free text entries in diagnoses and problems are not visible.

7. If this is not practicable, is this a good enough reason for opting out, or should patients be advised that on balance it is still better to opt in?

This must be a question for each patient to answer. JUYI does not hold / include all data – this is explained on their website - <https://www.iuyigloucestershire.org/>

8. Might the appropriate answer depend on the severity of a patient's needs and the complexity of their medical history, or are there other factors that should also be taken into account? Might an administrative 'triage' system be needed for making progress with such a probably large task?

Each patient must make their own decision if they feel it is in their best interest to decide not to share their health data across the various health bodies in Gloucestershire.

Unless they opt out the data will be visible to users of JUYI.

My personal perspective is I would like information on me shared, If I was ever admitted to A & E unconscious I would like the clinicians there to be able to see recent blood tests I have had, the nature of my allergies etc, as I think this would help them in making good decisions on my care.

Janet Biard (Minchinhampton Practice Manager, February 2020).