ST LEONARD’S PATIENTS’ PARTICIPATION GROUP

Minutes of the meeting of the Steering Group held at 10.00 am on Thursday 8 September 2016 at the Practice, Athelstan Road, Exeter (Action in red)

40/16. Welcome and Apologies: Present: Norman Shiel (in the chair), Geoff Barr, Laura Bethune (part), Hazel Burrow (who was warmly welcomed back after her recovery), Felicity Hall, Helen Kingdon, Hilary Noakes, Gordon Read (minute taker) and Barry Robinson; **Apologies:** Mary Hurrell; and Margaret Turner (both indisposed|).

41/16. Minutes of 6 July 2016 meeting: agreed *nem con* and signed by the Chair.

42/16. Matters arising from the Minutes:

(a). Arising on 32/16 (a): Practice Gardens: the meeting expressed appreciation to Felicity and Malcolm for the hard work on the waiting room garden. Felicity indicated that more low growing plants would be very welcome (**Action**: **All**); Helen indicated that Barnfield Hill would welcome volunteer helpers on Saturdays from 2 pm (the supervisor there is Peter Hamilton).

(b). Arising on 23/16: Usefulness of a Display Stand: with Meg’s assistance Gordon had provided information on models (**Action: Gordon** would liaise with neighbouring Practice Managers to see if their PPGs had such a facility; if not check their interest and if that was forthcoming to order one for cross-Practice & PPG use).

(c). Arising on 29/16 (c): SG Meeting times: not proceeded with but agreed it was something for the Chair to keep an eye on;

(d). Arising on 35/16 – Volunteer Co-ordinator: Helen had learned that Southernhay House practice had a League of Friends who employed a volunteer coordinator for patient transport and carer groups (**Action**: it would be left to follow Niall McLeod’s progress in interesting primary care providers in having such roles available within practices);

(e). Arising on 38/16 (i): Family Tracking: Helen clarified that nine practices across Devon were to be selected to provide closer data reporting re the transfer of work from secondary care to primary care and what impact this was having on general practice. Sadly St Leonard’s was not selected;

(f). SG Officers Meeting with Partners: Geoff referred back to a previous arrangement whereby officers met with the partners to pick up issues. Following discussion it was agreed that the SG meetings were sufficient for this purpose with representation from the Partners and Management Team at each meeting. Gordon thought that the partners would be a great support in encouraging patients wanting to give something back to the practice to be more active in PPG work. Helen confirmed that following each SG meeting, she and Laura updated the Partners on discussions held and reminded them to encourage more patients to join.

43/16. Acting/Treasurer’s Report: Gordon indicated that he had paid £46.69p into the bank after that last meeting and the Chair had a cheque to sign for NAPP for £40.00p. (**Action**: agreed that we continue NAPP membership and the **Chair** would issue the cheque; **Gordon** will finalise the Treasurer’s Report for the AGM).

44/16. AGM Planning: Helen indicated everything was in hand: Speakers briefed and expected to liaise if they needed; (**Action**: **SG members** would be welcome to come in a bit before 9.30 am (when the doors open on Saturday 24 September to assist with coffee and

biscuits from 9.30 am); as to paper work, with the exception of the Acting Treasurer's report all paper work like agenda, 2015 minutes and Chair's report were ready for collation and posters/fliers had gone on screen, Facebook, and in waiting room as well as out to all patients with emails but (**Action**: **Helen** would double check distribution to PRG **and** put A6 fliers on Reception desk and waiting room tables). Gordon raised the question of a gift token each for speakers. The Chair thought that might be appropriate for voluntary organisation speakers but these were seeking patient engagement and therein would come their reward (agreed *nem con*).

45/16. CCG and Practice Issues:

(i). Likely impact of Success Regime: Laura indicated that local GPs had been worried by the lack of details or costings in the proposed changes and had told the regime operatives to provide more information. Gordon, who had been at the first public presentation on 2 September said he had been irritated with a lot of going over earlier ground but nothing was said of hospital closures etc. The one interesting item was a scheme being trialled for integrated care for the most vulnerable patients, but again no details or comparisons with previous care arrangements. Geoff indicated that leaked documents were coming out and we needed to keep a keen watch on what emerged (**Action**: **Steering Group** next meeting);

(ii). Patient record transfer crisis: Helen reported that Capita, a firm often used by government which is now running a 160,000 backlog nationally, 5,700 in Devon (see papers attached to email);

(iii). Health and Wellbeing scheme: Helen indicated that this scheme will continue via a link with St Thomas Practices under the Integrated Care Exeter (ICE) scheme.

46/16. Exeter Locality PPG meetings: Gordon indicated that this is changing its name to Exeter Patients' Panel but with have its own terms of reference in spite of the attempt by the CCG to advise when it should meet. The next meeting on 14 September is likely to focus on the outcomes of the Success Regime and what could be undertaken collectively to engage in any consultation. As reported on 6 July, Barry will accompany Gordon to this meeting to pick up the representative role.

47/16. Any Other Business:

(i). NAPP Request for information: Raising awareness for raised blood pressure or cardio-vascular disease: we received a request for a PPG return on this and, Helen offered the information attached below the minutes.

(ii). achieving more patient involvement (what the AGM is about): Gordon had discussed this with NAPP re our own patients' (non)involvement. It occurred to him, building on some of the co-operative events staged in the surgery for the three 'St Leonard's' practices, that if all three could employ a joint volunteer coordinator [think Niall McLeod], there might be more chance of improving patient engagement; could the SG look ahead to develop the notion of Cross-Practice working/study groups for various enterprises? (**Action**: **Steering Group** next meeting).

48/16. Dates of Future meetings:

(i). AGM: 9.30 am for refreshments prior to **AGM at 10.00 am** to be followed by **Open Meeting;**

(ii). SG at 10.00 am on Monday 14 November 2016;

(iii). SG at 10.00 am on Thursday 19 January 2017

gr/ppg/sg/14.8.16 (see attachments below)

Item <u>47/16 (i):</u>

<u>Raising awareness for raised blood pressure or cardio-vascular disease: St Leonard's response</u>

This is a very active research practice so have taken part in many research studies over the years including those relating to blood pressure.

Current blood pressure related studies include:

- **TIME**- the effectiveness of taking blood pressure medication in the morning or in the evening. Invitations to 429 patients were sent out in late April.
- **DASHER** - Understanding the barriers to successful treatment of newly diagnosed severe hypertension – We've applied to take part in this but it hasn't started yet.
- **PIC study** to refer patients with a new diagnosis of severe hypertension (systolic at least 170mmHg and no previous antihypertensive medication) to the research team based at the Diabetes & Vascular medicine NIHR clinical research facility, Royal Devon & Exeter hospital.

Inclusion criteria;

- ✓ New diagnosis of severe hypertension with systolic BP ≥170mmHg on screening and when repeated by the study team using the standard operating procedure (SOP) for BP measurement
- ✓ No present or previous anti-hypertensive agent prescription
- ✓ Aged 18-79
- ✓ Normal renal function (eGFR <60 ml/min/1.73m2)
- ✓ No condition, including hypertensive urgency or pregnancy, which requires more immediate BP lowering or tailored anti-hypertensive strategy at enrolment

The study team will see your patients very promptly (within 3 days of referral), provide all medications (and investigations) for the duration of the study and aim to get a high proportion to target BP on medications which work for each patient, before writing back to you with a clear on going plan. For patients the study will involve 10 visits approximately one visit every two weeks but visits 3-9 can be scheduled near the patient's home or work. Travel costs will be reimbursed and parking permits issued.

HK/St Leonards' 2/9/2016