

ST LEONARD'S PATIENTS' PARTICIPATION GROUP

Minutes of the meeting of the Steering Group held at 6.15pm on Thursday 19th May 2016 at the Practice, Athelstan Road, Exeter

20/16. Welcome, Introductions and Apologies: **Present:** Norman Shiel (in the chair), Geoff Barr, Hazel Burrow, Meg Cardy, Felicity Hall, Mary Hurrell, Gordon Read (minute taker) and Barry Robinson; **Apologies:** Laura Bethune, Carol Jordan, Helen Kingdon, Hilary Noakes and Margaret Turner; there had been no contact from two people who had expressed an earlier interest. **Guest:** Norman welcomed Niall Mcleod, the provisional chair of Barnfield Hill PPG

21/16. Guest speaker: Niall, a retiring GP, is keen to build on cooperation already in force between the three adjacent St Len's and Newtown practices. To this end he is encouraging the practices to collaborate in developing a scheme that could obtain funding for part-time workers to facilitate pathways and signposts for their patients by means of community involvement. To that end Barnfield Hill is creating a community garden which is likely to be opened on 11 June (**action: Felicity** agreed to attend if that date holds; **Gordon** to agenda the community involvement proposal in July).

22/16. Minutes of the last meeting held on 7 March 2016: agreed *nem con* and signed by the Chair.

23/16. Matters arising from the Minutes:

(i). **Arising on 13/16 (a) & 14/16: Date of AGM and speaker** (**action: Mary** to book the waiting Room for the AGM on Saturday 24 September for 9.30 am for a 10 am speaker slot prior to the formal meeting; **Geoff** to alert the medical researcher he had invited to speak. Failing that **Norman** would contact Denis Pereira Gray who has a speaker in mind);

(ii). **Arising on 13/16 (b): Information screen** – Mary indicated that the screen is now running according to plan and pointed out that, apart from the PPG noticeboard only special displays were carried on the other boards. Gordon wondered whether the Practice might benefit from a modern display stand for one-off events (**action: Mary** raise with the Partners);

(iii). **Arising on 13/16 (c): Mental Health:** it was not known whether Laura and Margaret had been able to meet on this subject but the latter had provided notes (appended) from two meetings she had been at. The focus had been on the message about damaging over-prescription of drugs because those are cheaper than therapeutic engagement;

(iv). **Arising on 18/16 (d) Car Park restriction:** Mary indicated that patients had been made aware that, other than those with disability passes, cars would only be able to set down or pick up. Patients seemed to have understood the need for that and had accommodated themselves to the limits.

24/16. Treasurer's Report: Meg reported that the balance at the bank is now £675.31p; this includes donated book sales over two months as well as the payment of one week's book sales of £14 towards the Dementia Awareness arrangements. There had been a hiccup on

changing bank signatories and Norman Shiel (Chair) and Gordon Read (provisional Secretary) signed a further signatory schedule.

Ending her report, Meg indicated that with an impending move out of the area, the PPG would need to be looking for another Treasurer. Geoff spoke for everyone in stressing the commitment Meg had made to the SG over the past ten years as Member, Chair and Treasurer and that was supported by applause to Meg.

25/16. Practice News:

Dementia Awareness Week: as Helen's report, which had been circulated indicates, this had been a most successful inter-practice occasion, including as it did the Dementia adviser and the manager of the three practices' Health and Well Being referral scheme.

26/16. The CCG's Success Regime's Case for Change: Geoff tabled a note (appended) of his sense of this Healthwatch provided CCG meeting as one where the CCGs of England and Wales were picking up the pieces and doing their best with an overall budget that – in spite of the huge additional demand for Health Services – had been £4 billion short over each of the past 4 years.

27/16. Athelstan Neighbourhood Event, 12th June: as there seems to have been a misunderstanding about the nature of this event and with few of our hands were on deck because committed to Exeter's Respect Festival, no further proposals were made for involvement.

28/16. Report from PPG Locality meeting on 18th May: Gordon had been at this meeting which was addressed by the EPC Ltd personnel and the need for practices to hold their own in service provision and the Community Involvement proposals made by Niall at 21/16 above. with ideas about CCG/Patient Involvement. CCG is proposing a structure built around the PPGs (see draft structure model appended).

29/16. Dates of Next Meetings:

July 4th at 10.00am

September 8th at 10.00 am to plan AGM (this followed discussion about the availability of Practice personnel and patients who had to work. However, the delayed time this evening had not led to attendance of any people at work; something to keep under review).

The meeting closed at 7.10 pm

Appendices:

Re 23/16 (iii) above:

Talk by **Prof Phil Thomas** 18th April 2016

Austerity, Government, Economic Policy and Recovery

<http://www.bridgecollective.org.uk/wp-content/uploads/2016/04/Austerity-government-economic-policy-recovery-Apr-2016.pdf>

Prof Thomas regarded it important to consider mental health and recovery in a social and political context. He showed how the UK is the 6th richest country in the world, and of these rich countries one of the most unequal. He cited *The Spirit Level* which demonstrates the strong link between a high level of inequality and a whole range of social ills including physical and mental health. Moving to the particular he showed the impact of austerity, giving the disturbing effect of sanctions imposed on disability claimants leading to deterioration in health, and in a number of cases to suicide.

He went on to criticise Neo-liberalism, the political ideology behind austerity, an ideology wherein personal success or failure is seen in individual terms, rather than in its wider social and systemic contexts. He particularly criticised ‘psychocompulsion’ whereby unemployment is construed as due to personal fault or deficiency to be corrected by psychological treatment, and he severely questioned the ethics of mental health professions being conscripted into this form of social control. He also showed how the concept of ‘Recovery’ had become debased by austerity. He concluded with showing the gatherings of Resistance, naming groups such as DPaC (Disabled People against the Cuts) Recovery in the Bin, and SWAN (Social Work Action Network). There was a very lively discussion afterwards with many people resolved to work together to press for and to create more humane help and support for those in mental distress.

All Party Parliamentary Group for Prescribed Drug Dependence. 11th May 2016.

The All-Party Parliamentary Group for Prescribed Drug Dependence met on 11 May at Westminster to discuss evidence of the link between the rise in disability claimants and the record level of antidepressant prescribing. In particular the question was posed as to how to respond to the research evidence linking the long-term use of psychiatric drugs with worse outcomes. The event was hosted by Paul Flynn MP, co-chair of the APPG. There were 7 speakers, including:

Robert Whitaker, health writer and Pulitzer finalist opened with a lucid exposition of how psychiatric drugs create abnormalities in brain function, so that although there may be initial improvement with antidepressants there is usually relapse, with episodic illness becoming chronic and unresponsive to treatment. By contrast 85% un-medicated patients are better by a year. With regard to antipsychotics patients not on medication are better off in all domains.

Dr Joanna Moncrieff, psychiatrist and lecturer, spoke of the myth of “the chemical imbalance” and of the problems of long-term medication use: the difficulty of coming off; the reduced motivation; the psychological effects of being made to think you have an illness for which drugs are the answer and there’s nothing you can do about it. She said doctors need to say no to drugs and look to alternatives. Participants applauded, and there was much feeling about the need for but lack of alternatives.

Re 26/1 above: Wed. 18th May 2016 – Healthwatch & Success Regime Meeting of NEW Devon CCG’s Success supremoes with stakeholders at Tiverton – Note by Geoff Barr of his impressions of the meeting.

The format was based on presentations by the leaders of the *Success Regime*. These were followed up by brief discussion from some of the 80 or so people present. Then we discussed in small groups. It ended with us reconvening for reports from the groups. The meeting seemed to be planned so as to give a sense of inclusiveness while being very top down. Only Sue’s intervention pushed them into opening general discussion on their presentations. The plan of the organisers was clearly that we would restrict ourselves to helping the regime with implementation.

Several of us tried to help the top table move away from this approach. It is not that the plan is all bad. Ideas like developing more mental health facilities for the young, integrating care across health and social services, encouraging people to look after their own health and many others are positive. The core problem relates to money. Behind each presentation was an anticipated deficit of £400 million. The plans are deemed to simultaneously eliminate the deficit over time and improve services. There was no Aladdin or a magic lamp on show. I am sure that some money can be saved by institutions working together and other steps to eliminate inefficiencies. But the plan aims to ensure care is closer to home, eliminate underspending in the west of Devon and invest in labour intensive services. These would seem to be expensive if they are done properly.

A peek at reality came when Angela Pedder (the new *Success* supremo) said that there would be tough decisions ahead. What could she mean? Clearly while the acute hospitals struggle to find beds the answer will be to close beds in other hospital. This seems to be an obsession with our commissioners. We were also told that Devon GPs refer 12% more patients for further assessment or help. They don’t know why but the plan seems to be to stop us being referred. I suggested in the meeting that it may be that the rest of the country is neglecting patients and perhaps Devon has it right.

I argued that the main problem was being ignored. That was the massive level of underfunding since 2010. It seems to me that without addressing this we are ignoring not an elephant in the room but a charging rhinoceros. Yet the top table refused to treat this seriously. Without this being corrected many of the grand schemes are fantasy.

It seems to me that we need to be ready to defend the gains that have been made over generations. This mess of a plan made up of good ideas, dreadful proposals and financial nightmares cannot be a clear way forward.

Re 28/16 above:

Draft Terms of Reference 18 May 2016

Exeter Group of Patient Participation Groups (Exeter Patient Panel?)

Purpose of Group: Comprising of representatives from Exeter Primary and Community Care Patient Groups, the group enables members and the NHS Primary and Community bodies to bring forward issues for discussion and action if appropriate. It provides NHS New Devon CCG and other commissioning bodies the opportunity to consider with patients proposals and developments and their possible effect.

Aims:

1. To be informed about the quality and impact of health and social care delivery in Exeter Primary and Community Care
2. Represent patient views to influential and decision making bodies such as Public Health, Exeter and New Devon CCG, other Commissioners and local and national politicians
3. Act as an advisory group to NHS bodies especially Primary Care
4. To be formally consulted in a timely manner about any proposed changes in the structure or delivery of community based health care in Exeter.
5. Help support the Exeter based Primary Care community in promoting the local health agenda and programmes

Membership

Quorum

Frequency of meetings

Review