

Patient Participation Group

Minutes of the Full Meeting on 20th October 2020 Meeting held by Zoom; at 7.00 pm

Leader: Joy Hall, **Minutes:** Graham Fothergill

- 1. Present:** Amanda Preedy, Rosie Chisnell, Graham Fothergill, Joy Hall, David Wilkinson, Ken Spooner, Barry Canterford (HFPT; in part), Barry Hall, Angela Dormer, Brenda Davies, Robert Sprigge, Sally Elliott, Chrissy Cobbold, Dave Bartlett, Gill Bartlett, Ros Sherry, Penny Berry, Tony Dollimore, Kay Loveless, Jan Burt, Dawn Wheatley, Margaret ??, Tina Torontes (in part),

Apologies: Sharon Smith, John Townend

- 2. Declarations of Interest:** None.

- 3. Minutes and Matters Arising from Meeting held on 22nd September**

Minutes: Agreed

Matters Arising: None

- 4. Presentation by Barry Canterford – Mental Health**

Barry, representing the Hertfordshire Partnership Foundation Trust, gave an excellent presentation entitled "Everything you ever wanted to know about Mental Health Services in Hertfordshire and were afraid to ask". His key message was that the Trust had a particularly good reputation for its mental health services.

In response to a question from Robert concerning the possible lack of beds locally, Barry explained that a patient may need to be accommodated in one of the highly specialized units in other parts of the country, such as the one in Glasgow for eating disorders. In this region there is a perinatal unit (6 beds) and a young people's unit (15 beds, in Radlett), and a further in-patient unit is planned for Stevenage.

Barry said that the HFPT School Project has given every school in the county access to a qualified psychiatric nurse. Also a dedicated psychiatric nurse is available one day per week in all local Practices through the GP Plus project. Ken said that he would look into how this is functioning for Knebworth and Marymead.

Finally, Barry said that he would be pleased to give his presentation to any local organizations who might be interested.

Joy thanked Barry for his excellent presentation and initiated a round of applause.

A summary of Barry's presentation is appended to these Minutes.

5. Practice Update

Ken reported that he was concerned about recent negative media publicity about the lack of face-to-face clinical consultations, because at Knebworth and Marymead during the last two weeks of September there were 530 face-to-face appointments. He confirmed that the present system of telephone triage appointments will continue for the foreseeable future and that face-to-face consultations will still be at the discretion of the doctor or nurse. Ken said that if a patient was dissatisfied that they had been unable to get a face-to-face appointment, they should discuss it with him. He felt that patients had generally reported good interaction with telephone appointments; the Practice hope to improve the system with the receptionist able to allocate a one hour time slot during which the GP or nurse would phone the patient.

Ken reported that the phlebotomy service was nearing pre-Covid (normal) level. It is currently only operational at Marymead but would also be at Knebworth from November when the main flu clinics were finished. Covid-secure phlebotomy appointments originally took ten minutes, this has now been reduced to five minutes and hence has effectively doubled the capacity.

Nurses are now conducting some of the routine surgical procedures and this service will be improved as time goes on. Joint injections, which require a nurse and GP to be present, are taking place in a Covid-secure environment. For minor surgery, patients still need to attend hospital. No ear-syringing is being done because there are nurse-capacity issues since this requires a twenty minute appointment. Clinics for dressing wounds, removing stitches, smear tests, contraception, diabetes, COPD and asthma have now been reinstated.

Ken reported that the flu vaccination campaign is going well and has so far involved a total of 1500 patients during a three week period. Ken said that he was unsure if there would be enough vaccine available during November for the whole of the 50-64 age group but that this was an NHS problem. There is a severe shortage of one of the vaccines for children; Ken reported that currently he was only able to order three per week and, unless this improved, some children would not be vaccinated until well into next year. Joy mentioned that there had been lots of very positive comments on how the flu vaccination programme had been handled by the Practice.

In response to an enquiry from Robert, Ken explained that the non-availability of "long-Covid" clinics was because these had not been commissioned by the CCG, but he said he would look further into the problem.

6. Patient Survey

Graham presented a brief overview of some of the year-on-year results of the annual NHS GP Patient Survey and drew attention to one or two of the parameters where the Practice appeared to have improved and others where the Practice had been less effective. Ken pointed out that since only 298 Survey Forms had been sent out to the 12,000 patients in the Practice, with only 98 being returned, the results had little statistical significance. Ken mentioned that his area of concern was that the survey showed a decreased use of the Practice website and that he would discuss this further with the Officers. Dave questioned the low figure (23%) relating to access to the patient's preferred GP. Ken accepted this criticism and said that he would try to educate the receptionists to check the preferred GP of patients before offering an appointment.

Graham's tabulation of some of the Patient Survey results is appended to these Minutes.

7. How to Engage Younger Patients

Joy explained that this was a continuing problem for the PPG and that Ken had suggested the possibility of a presentation from one of our nurses on a topic that would be more relevant to younger patients.

Angela felt that nowadays young adults tended to use Twitter and Instagram rather than Facebook and that this might be a better approach to engaging them with the PPG. Ken said that although the Practice had a Twitter account, he had been reluctant to use it. Graham said that he saw the problem being that while the use of social media allowed young people to communicate with the Practice, it did not encourage them to join in PPG Meetings.

Rosie reported that she had spoken to Carers in Herts and that they would discuss this with their Young Carers group to see if they could give us some idea of the subjects that would be of interest to young people or, indeed, whether one of the Young Carers might like to present a talk.

8. Relocation of the Defibrillator

Ken reported that the electrician had done a satisfactory survey of the electricity supply and that he was now awaiting a quote for the work to be done.

Joy explained that because of time constraints, the remaining Agenda items would be held over to the next PPG Meeting and that there would be no items of Any Other Business. Graham mentioned that information on Lloyds prescription delivery charges (Item 11) could be found in the PPG newsletter.

Joy mentioned that the next PPG Meetings would be on 17th November and 15th December. Unfortunately, because these would again be Zoom Meetings, it would not be possible for the Officers to provide the cake, mince pies and wine that normally accompanied the December Meeting!

Summary of Barry Canterford's Presentation

Welcome to HPFT

Everything you ever wanted to know about Mental Health Services in Hertfordshire and were afraid to ask **Barry Canterford, Engagement Governor: I wanted to give something back"**

I used to work for Rolls Royce, Aston Martin, Mini and Lotus. A dream job for a car fanatic it was. I have been involved with the charity Mind and helped to set up a charity called Safety Net. I have used the Trust's services and I wanted to give something back, so I applied to become a Governor. In 2016 I became the Engagement Governor.

It is an interesting and varied role. I attend Board Meetings, the Service User Council and various subgroups. The thing I most enjoy is engagement with the Trust's members and service users.

Our Mission

We help people of all ages live their lives to their full potential by supporting them to keep mentally and physically well.

Our vision

Delivering great care, achieving great outcomes – together.

Care Quality Commission: We have been rated 'Outstanding' by the CQC.

Our value

- We are welcoming so you feel valued as an individual
- We are professional so you can feel safe and confident
- We are respectful so you can feel listened to and heard
- We are kind so you feel cared for
- We are positive so you feel cared for and included.

Our Services

- Adult Mental Health
- Learning Disability
- CAMHS
- Older People Services
- Forensic Services
- Medium (Learning Disabilities) and low

Our services are delivered in:
Hertfordshire, Essex, Norfolk and
Buckinghamshire



Summary of activity for the year

 <p>1,146 Acute admissions</p>	 <p>27,851 new spells of secondary care</p>
 <p>406 inpatient beds (at end of the year)</p>	 <p>258,323 secondary mental health contacts</p>
 <p>2,957 people on CPA (at end of the year)</p>	 <p>28,343 discharged from secondary mental health services.</p>
 <p>617 new starters, 476 leavers</p>	

New Leaf College runs courses to give students confidence and greater independence. See: www.newleafcollege.co.uk

Spot the Signs is a suicide prevention campaign aimed to increase public awareness of depression and suicide and remove the stigma linked with suicide. See: spotthesigns@hpft.nhs.uk

The 2019 NHS National Staff Survey gave them a national 'best score' for their safety culture and the care given to service users.

The Mental Health Street Triage Scheme. This method of on street assessment by the police and HFPT professionals has greatly reduced the number of people detained under the Mental Health Act.

They face many challenges - the challenging external environment, workforce, demand pressures, tightening finances and always striving to provide quality care.

They are always looking out for more members and really value the support and insight they give. See the Get Involved section of their website: www.hpft.nhs.uk

NHS GP PATIENT SURVEY 2020

298 Survey Forms sent out; 98 Survey Forms returned (34%)

QUESTION	2020	2019	2018
Find it easy to get through to this GP practice by phone	<u>80%</u>	77%	72%
Find the receptionists at this GP practice helpful	<u>88%</u>	87%	82%
Were offered a choice of appointment when they last tried to make a general practice appointment	62%	67%	63%
Are satisfied with the general practice appointment times available	44% *	56%	48%
Usually get to see or speak to their preferred GP when they would like to	23% *	22%	36%
Waited 15 minutes or less after their appointment time to be seen at their last general practice appointment	64%	67%	63%
Waited more than 15 minutes after their appointment time to be seen at their last general practice appointment	36%	33%	37%
Say the healthcare professional they saw or spoke to was good at giving them enough time during their last general practice appointment	81%	81%	82%
Say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment	<u>85%</u>	79%	81%
Say the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment	83%	84%	80%
Had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment	87% *	97%	92%
Felt the healthcare professional recognised or understood any mental health needs during their last general practice appointment	77%	81%	76%
Say they have had enough support from local services or organisations in the last 12 months to help manage their long-term condition(s)	64% *	92%	77%
Describe their overall experience of this GP practice as good	80%	80%	74%
How easy is it to use your GP practice's website to look for information or access services?	60% *	77%	90%

Underline indicates generally better than previously.

Red asterisk indicates generally worse than previously.