**FRESSINGFIELD MEDICAL CENTRE**

**MINUTES**

Meeting held on Wednesday 30th May 2018 at 2.30pm

At Fressingfield medical Centre, New Street, Fressingfield, IP21 5PJ

**Present:**

Liz Stolls (Chairman), Dr Faisal Manto (Practice Partner),

Katie Civil (Practice Manager)

Jill Firth, Judith Lilley, Tom Lindsay,

Helen Long (Secretary), Dorothy Readman, Nick Stolls

and Bryan Threadgill

**Apologies for Absence**

Rick Steadman and John Alborough

1. **Welcome**

The Chairman introduced and thanked both Ben Jackson, Active Wellbeing Service (Suffolk Sport) and Louise Hardwick (Head of Operations Ipswich and East Suffolk CCG) who were attending to give presentations on their relevant schemes.

1. **Ben Jackson**

The Fressingfield Practice had been chosen as a pilot area to roll out a scheme to encourage older people to be more active physically and within their communities. The outcome would hopefully reduce patients reliance on the practice.

The Get Help to Get Active Service is an innovative, bespoke physical activity project which is integral to the OneLife integrated healthy lifestyle service. The Get Help to Get Active Service aims to support inactive adults with long term health conditions to become and stay more physically active. The hope is to improve quality of life; including physical, mental and social wellbeing.

To access the service the following criteria applied:

* Anyone doing less than 30 minutes of moderate physical activity a week with one or more of the following long term health conditions:
* Established cardiovascular disease who are stable including atrial fibrillation (irregular heart beat) and hypertension (high blood pressure). The service is suitable for those who have just finished Cardiac Rehabilitation (Phase 3) or who are taking part in a community Phase 4 Cardiac Rehabilitation class.
* Type 2 diabetes.
* Living with cancer or treated for cancer in the last 5 years.
* Fibromyalgia

Annie Groves, from One Suffolk has joined the team and would be the officer responsible for getting patients, on a one to one basis, assessed and signposting to appropriate services on a one to one basis. With the support of one of the schemes Get Help to Get Active Advisors, clients will be able to discuss their motivations to get active, different options that are available locally to them and overcome any barriers, issues or concerns they might have. The service is focused on the individual, and the Advisor will support clients over the period of a year through consultations, phone calls and on-going reviews to provide support, motivation and advice. Clients will be signposted to local physical activity opportunities which have been checked by our team to ensure they are safe and appropriate. These range from health walks to gentle exercise classes, falls prevention, Fit Villages projects, adapted sports, as well as health condition specific exercise programmes. The Advisors will help people to find the right option for them, taking into account their interests, location, transport issues, any additional needs, budget and other concerns. The aim of the scheme was not to develop new services for clients but to help them to access services that already exist. Ben wanted to empower people in the community so that when the 12 month pilot had finished patients would continue to access the services to which they had been signposted.

The target audience for the scheme is the lonely, socially isolated and inactive. The premise was to get these people more active and for those that are socially isolated it would give them the opportunity to meet others.

The project would run in Fressingfield for 12 months. During which time Ben and his team would be educating, communicating and marketing the scheme. The practice manager, Katie, would help to identify people who would benefit from the scheme. However it was recognised that there would be times when patients would still need clinical support.

The PPG felt there was a role for them in promoting the Get Active initiative and that they would consider ways in which to support Ben and his team. Several members of The PPG were already involved in the campaign and the chairman was part of the steering group.

1. **Louise Hardwick**

Louise outlined the “Social Prescribing” and how it would benefit the practice and its patients. Louise was also responsible for the CCG’s engagement with GP practices and the PPG.

Louise gave the group information on the new Social Prescribing scheme. She explained that there were 10 high impact actions that the scheme would support. The aim of the scheme, similar to the active lives scheme, was to reduce reliance on GP’s and on prescribing. This in turn would help to reduce DNA’s. It would also promote “self-care”.

Referrals to the service would be made by clinicians but patients could also self-refer. The scheme was aimed at 18+, due to the fact that offering it to children and young people would bring issues around child safeguarding. There would be a particular emphasis on patients with multiple needs, the vulnerable and “frequent flyers”.

The scheme had shown great results in other area. For example, in Shropshire, introduction of the scheme saw a reduction in GP consultations of 48%, 33% reduction in A& E attendances and a 58% reduction in unscheduled hospital admissions.

There were currently 3 schemes already operating in Suffolk: Leiston (led by Suffolk Coastal), Holbrook & Shotley (led by Suffolk County Council and Framlingham/ Peninsula (led by Suffolk Coastal).

The Framlingham scheme was working closely with the “coffee caravan” and it was hoped a link worker would go out with the caravan to promote the scheme and to assess clients for signposting.

GP Practices would be able to identify patients, “prescribe” and then signpost them to the relevant services. ‘

Louise then explained about the support the CCG was giving to PPG’s. Ipswich & East Suffolk CCG set aside £40,000 for each of its PPGs to apply for £1,000 each. (40 GP practices @ £1,000). This is known as the PPG £. This grants programme has been created by Ipswich & East Suffolk Clinical Commissioning Group to help support the growth and development of Patient Participation Groups and promote self-care and prevention for their practice population.

PPGs from practices within Ipswich and East Suffolk CCGs are invited to apply for up to £1,000 individually or may join together with other PPGs to submit a joint application, to pool funding to joint projects. Each PPG can only receive one payment from this fund of a maximum of £1,000 per PPG. Closing date for bids is 31.03.19.

In relation to supporting “Care Navigators” Louise reported that the CCG was currently developing an A3 sheet, split into sections, which would give practice staff the details of the various places to which they could navigate patients. She also outlined details of a directory of services that had been compiled by the practices in Aldeburgh, Leiston and Saxmundham both would be rolled out to all surgeries n the CCG. The CCG was also intending to do a newsletter specifically for Care Navigators, this would include various places to navigate too.

The issue of the Colchester/Ipswich hospital merger was raised and in particular the concerns about travel. Louise assured the group that treatment and clinics would still provided at Ipswich Hospital which would negate the need for patients to travel to Colchester hospital. A travel Working Party had been set up and there were 4 spaces left for people who wished to represent the Ipswich & Suffolk PPG. PPG members should contact the chairman if they are interested.

1. **Sharing of email addresses for PPG members**.

The Secretary circulated a form for PPG members to complete, with the agreement of each member she would compile a list and circulate it.

1. **Confidentiality Agreements**

The Practice Manager reminded everyone, if they had not already done so, to complete and return these to her. She also circulated forms to complete relating to the new GDPR regulations that came into force on 25th May.

1. PPG Chairman’s Items:
* The Chairman reported that the PPG Chairman’s meeting that had been planned for 29Th May had been postponed until 13th June.
* She explained that she wanted the PPG to focus on a couple of things where they could help the practice to improve services. One of the pressing issues at the practice was Do Not Attends (DNA) where patients failed to attend their appointments. This wasted considerable clinician time. One suggestion was that the Care Navigators contacted DNA’s to ask, in a supportive manner, why they had been unable to attend , explaining that they were trying to help patients who may be struggling to attend appointments for various reasons. This information could then be reviewed to see if there was a way to overcome this problem. The Chairman felt that it would be helpful to apply for the £1000 grant that Louise Hardwick had mentioned to support this.

Members of the PPG were asked to consider ways to reduce DNA’s and to find out how other practices deal with the problem.

* The Chairman felt a useful area for the PPG to get involved was the social prescribing and asked members to thing how the group might be able to help the practice to promote this service.
* To celebrate the 70th Anniversary of the NHS, every practice was n

Being invited to apply for a £200 grant this was a national initiative created by Dr Hilary Jones.

Members of the PPG were asked to consider how/whether the practice would get involved. The Chairman raised concerns as to how the general public would view this given the current considerable financial struggles within the NHS.

One suggestion was to link with a well-established organisation, such as the Women’s Institute, to help facilitate the event and it could be used to publicise the social prescribing project.

The “Tea Party” had to take place in July, which left little tie to organise it. The PPG would not be having another meeting before July so members were asked to forward any suggestions to the Chairman.

1. **Date of next meeting**

 The date of the next meeting would be on Wednesday 12th September at 2.30pm.

The Meeting ended at 3.45pm