

Feedback from Cheltenham Patient Participation Groups (PPG)

Introduction

PPGs routinely hear about patients' experiences: perspectives of existing services and about what developments the local community feel would be useful. In the light of this, the Cheltenham Locality Executive (CLE) sought PPG's thoughts on the priorities in the LDP along with any issues they would like to highlight and feedback from patients who may have benefitted from these schemes.

This report provides a brief overview of feedback from six practices who responded to the CLE communication regarding the Cheltenham Locality Development Plan (LDP) and overview of Social Prescribing which was circulated to all Cheltenham Patient Participation Groups via Practice Managers on the 7th January 2015.

The PPG feedback will be used to help the CLE with identifying priorities for 2015/17 LDP. Further information and responses to the questions raised by PPGs will be addressed in the near future.

Background to Papers

The CLE were especially interested in the PPGs thoughts on the Social Prescribing Scheme which has the potential to be very beneficial in addressing people's broader social needs. The Social Prescribing paper updated the PPGs on the progress being made to implement a social prescribing project in the Cheltenham Locality and to set the continued direction of travel for the Cheltenham Locality and its partner organisations in relation to developing this area of work.

All documents were subsequently reviewed by the CLE before being sent to the Practice Managers for onward circulation to the PPGs.

Feedback on the LDP

Three of the PPGs responded directly to each of the priorities identified within the LDP which are listed below, however, some PPGs have raised a few questions and this has been addressed under Next Steps. All PPGs kindly commented on Social Prescribing and this has been recorded separately:

Reducing Alcohol Related attendances at A&E

- Presumably this differentiates between binge-related attendances and those caused by long term abuse? Is a different approach adopted to these two categories?
- Include carers, family and friend where relevant
- Acknowledge this is a complex issue to address, I believe that the completion of a questionnaire about alcohol consumption while useful, would not successfully identify those likely to end up in A & E as many of these attendances include binge

drinkers who have gone overboard on a given night. This propensity may not be picked up on a questionnaire as it is random, but insofar as a pattern is established in that the same individuals repeatedly go to A & E then it could flag up that a particular individual might require additional support.

Integrated Community Teams Development

- Do we have any data that can be release on how many are benefitting from this?
- Ensure that unpaid Carers and families are part of this integrated team and are consulted.
- This proposal is excellent, the chief obstacle here would be to communicate to patients and the wider community that this plan is going forward. In particular the support of patients and carers to help them access the right services in the right way is critical.

Improving Use of Community Respiratory Services

- Was this a factor in the recent emergency situation?
- In relation to Yorkleigh Surgery COPD 179 patients, Asthma 585 patients, HF 70 patients. We have decided to run a patient event for respiratory patients and Carers
- When engaging with the patient ensure that the family and unpaid carer is included in the discussion as they will have expert knowledge of the patient's needs and experience.
- Those with respiratory problems are especially vulnerable and it is easy to see how experiencing these terrifying episodes would resort in emergency admission. If there is a substitute outpatient resource they could access it would have to be immediate and effective otherwise patients will revert to an emergency admission.

Aligning GP practices with Care Homes

- How is the effectiveness being measured?
- Is the impact on 'normal' surgery services also being monitored?
- Encourage Carers Groups and identify unpaid Carers who may be registered at a different GP Practice to the home. Carer workers do not have in depth knowledge of the patient's life and day-to-day ways.
- Carers do not stop being Carers when their loved one goes into a Residential Home in fact it is Carers who maintain good practice by contacting management and maybe the CQC.
- I would assume that certain aspects of aligning GP practices with Care Homes would already be in place but improving this further would be crucial and if executed properly could lead to better outcomes for those patients in care homes in terms of quality of care, protecting their interests and ensuring continuity and lack of duplication.

Suicide Awareness

- Does this include any measures to improve identification of those at risk?

- Is this particularly a problem among the young?
- With the ever-increasing incidence of suicides amongst young people and the great pressures that young people face today, intervention at an earlier stage could literally make the difference between life and death. The **Suicide Awareness** initiative is critical and I wonder if this could be further developed by using available social media tools to spread awareness of the services and support young people can access. I would imagine that it would be important to build relationships with local schools and possibly an alert system put into place, although I am aware this might present privacy and data protection issues.

Electronic Prescribing System

- Feedback on this is very positive.
- One point raised – if a prescription is due to be reviewed with the GP (I believe this I supposed to happen every 6 months?) the system should indicate this to the patient. I am aware of at least one patient who recently ran out of one prescription because he was not aware the review was due.
- This proposal was enthusiastically received by those attending the meeting so it goes without saying that we all look forward to using both this and the Online appointment system.

Reducing Falls in the Elderly

- Rather than adopting a medication-only based approach, can physiotherapy help in providing some simple and gentle exercises to help strengthen the muscles involved in maintaining balance. This could also help rebuild the confidence that is often lost after a fall.
- Personal experience: check hearing, balance and footwear
- Pleased to learn of this initiative and wonder if a general Fall-Prevention course might be a useful addition to this support and could be offered as a workshop. It seems like common sense but from my experience with my father I understand that attending this course was very beneficial to him.

Ensuring Best Use of Locality Orthopaedic Practitioner Service

- Rather than adopting a medication-only based approach, can physiotherapy help in providing some simple and gentle exercises to help strengthen the muscles involved in maintaining balance. This could also help rebuild the confidence that is often lost after a fall.
- Sensible in taking pressure off what I imagine is an already over-burdened Orthopaedic Outpatient Service.

General Comments

- It's difficult to move away from the major problem that all of us potentially face, is after care from hospital, particularly with regard to the elderly, vulnerable and sometimes frightened men and women, in recovery from illness some who may have previously lived on their own, who may no longer be able to. Apart from the funding

cost aspect and having to relocate to a new environment unless family can support them, this must be a tremendous burden for Social Care and GP's.

Feedback on Social Prescribing

Practice 1:

- 'Social Prescribing' in its full context could be of tremendous benefit, providing all non-medical support services are full integrated and co-ordinated and in particular are all pulling in the same direction, particularly in taking pressure off GP surgeries and our local hospital.
- Noted that there are a number of different delivery models being piloted locally in Gloucestershire, the challenge will be selecting the best benefit value from each model with full consensus from all to achieve the best all round process.
- Recently read of an example of what can be achieved using the 'Mrs. Smith' model, where health and Social care staff are working much closer together for joined up care, started some 10 years ago in Torbay in Devon, it may be that any liaison with Torbay may assist in helping to achieve your aims.

Practice 2:

- We suspect the success of this initiative will be dependent on the VCS having sufficient resources.

Practice 3:

- Pleased to hear this is already underway in all Cheltenham practices. It would be interesting to see an evaluation of all models to see how successful the outcomes are following the implementation phase. There will necessarily be overlaps between this and the **Suicide Awareness** initiative.
- I note your proposal for a 'courtesy' follow up call to patients following the receipt of referral form to provide an offer of support. This is crucial as many patients might be reluctant or anxious to make that call.

Practice 4:

- The scheme is a good idea but that it could be improved by having one contact number acting as a hub for all agencies involved - I think this happens elsewhere. The person at the hub could then contact the appropriate agency.
- The PPG thought that it was very important to maintain confidentiality and that mechanisms were in place to ensure that this happens.
- They also thought that any patient leaflets should have "crystal English", being easy for patients to understand as some may have literacy problems

Practice 5:

- Practitioners have for quite some time now, given our patients the benefit of every opportunity that is possible, to effectively and empathetically provide prescribed social support to patients.

Practice 6:

- By including Carers Gloucestershire in this list GP's need to be more pro-active in identifying Carers early on so that they can be provided with appropriate information. Early support can prevent anxiety, depression and physical injury. Courses are available to support Carers in their caring role and other caring issues e.g. Lifting of patients to prevent back injury, Positive Caring. Counselling Services, Short Breaks. Financial & Benefits Advice. Community Carers Groups & Forums across the county. Sharing of experience with other Carers can be rewarding & helpful.
- See "Why do Carers need support" on Carers Gloucestershire web site: www.carersgloucestershire.org.uk
- Prescribing Weight Loss/Slimming World /Diet. Walking Exercise
- One member of the PPG had attended Slimming World on a prescription and found that it helped in weight loss.

Potential Priorities for 2015-17

Circulation of the LDP and Social Prescribing papers gave the PPGs the opportunity to put forward any potential priorities for 2015-17. The responses to the work programmes currently underway or those completed, have been very positive.

Only one PPG suggested a potential work programme (priority) going forward and this was regarding the provision of additional support for Carers (parents, partners, friends, relatives) who are the people who experience the early signs of the potential suicide.

- **Target** information to this group in Community settings e.g., Work place, Schools, Universities, Prisons, Faith groups, Health Centre's, Media etc. Use the Strategy for Mental Well-being (Mental Health Promotion) to Educate and Promote
- **Identify carers** on data base at GP Practices. Clarifying the definition of carers so that it covers vulnerable families with a member becoming stressed and depressed.
- **Develop a network of carer support workers**, which link with GP's & GCCB and identify from data vulnerable groups.
- **The primary carer** is the key person who is on the receiving point of the important indicators but often does not know where to take that information or how to use it for the benefit of the distressed person.
- **Survivors of suicide** attempts and their carers and families require long term and intensive support to prevent further attempts and the consequential ripples which extend through the families and close contacts of the survivors.
- **The voluntary agencies** such as counselling services need to be linked to the surgeries and community settings. Contact charities eg SOBS Carers Gloucestershire have Counselling services for Carers.

Next Steps:

Cheltenham Locality Executive to:

- Produce 'end of year report' which addresses the questions raised by PPGs to be circulated via Practice Managers – potentially early May
- Provide update to PPGs on a 6 monthly basis (early May and early November)
- To share Locality Development Plan for 2015-17 with PPGs once signed-off by CLE and the CCG Governing Body.

Cheltenham Locality Executive

16th March 2015

With many thanks for the feedback received from:

- Berkeley Place Surgery
- Corinthian Surgery
- Royal Well Surgery
- Seven Posts Surgery
- Stoke Road Surgery
- Yorkleigh Surgery