

Minutes
Appletree PPG Meeting 71
27th Nov 2019
7.00pm – 8.30 pm at the Duffield Surgery

Attendees: George Newton (Chair), Elizabeth Reed, John Rowlands, Paul Wiggins, Margaret Raw, John Beavis, John Raw, Sue Morris, Marian Chesters, , David Greatorex, David Nove, Suzannah Macken-Mitchell, Roy Guildford
From Appletree: Dr Karl Anderson, Stephen Leather PM
Apologies: Jason Holdcroft-Long; Lizzie Paish; John Lound; Wendy Palmer, Judith Allen, Susan King

1. Opening and welcome: GN welcomed everyone and asked attendees to introduce themselves. In particular Dr Anderson, as new GP Partner, was asked to provide some background to his career to date and his hopes for the PPG.
2. Present and apologies: see above

Standing items:

3. Minutes of previous meeting (25th Sept 2019): Approved by JR; seconded by DG

4. Matters arising: not included elsewhere on agenda:

- **Little Eaton Carnival:** The plan is for the PPG to hold its meeting for May 2020 at a venue in Little Eaton (tbd). It is hoped that this could be an open meeting with a guest speaker and GP representation as per the similar meeting of Oct 2018 held in Duffield. SM-M will liaise with the carnival committee to secure a suitable venue – possible 40-50 capacity (Village Hall?). It is hoped that a PPG meeting in Little Eaton can become an annual event.

5. Action Plan

- **PPG Notice Board:** The board remains available to the PPG to use. It could be used to publicise the ongoing survey re. digital services (see 11 below) It was also suggested that the digital TV screens in the surgery and the next PPG/ Practice newsletter could also promote this message.
- **PPG Patient Survey** – working party update: see 11 **Survey Monkey Patient Survey results** below.

6. Carers' Forum report: ER reported that 13 people had attending the last meeting of the Forum with Age UK giving a talk on needs assessments and funding availability for care (see appendix 1). The Parish Council have kindly made the Weston Centre available at no charge for future meetings 4 Feb, 7 April and 2 June The next meeting is on 3rd Dec for mince pies and a general pre-Christmas catch-up.

7. Other patient representative bodies (as appropriate)

- **Good Neighbour Project:** JR reported that the GN Group is expanding with more people showing an interest. Current initiatives include Visitors on Emergency. Accessibility in Duffield and planning for a second Good Neighbours week in March 2020. It is hoped to hold the regular management meetings in venues around the village.
- **Citizens' Panel (GN):** GN highlighted the Citizens' Panel being set up by Karen Ritchie (see appendix 2) and encouraged PPG members to have a look and sign up if interested.

8. Appletree update – latest news from the Practice incl.

- **Flu campaign 2019-20:** This year's campaign is largely completed with yet again very good attendance at the main flu clinics. SWL thanked PPG members for their help

with “crowd management” and car parking, without which these clinics would not go so smoothly.

- **Appletree Business Manager - recruitment update:** SWL and the GP partners had carried out one round of advertising and interviews. The response, in terms of numbers of applicants, had been good but although 6 candidates had been interviewed and 3 brought back for second interview it had not proved possible to make a final selection which best suited the practice. A second round is currently underway with first interviews planned for week commencing Dec 8th.

Other items:

9. Belper Primary Care Network (PCN) – update: The PCN has recruited its first staff – two clinical pharmacists – who will be used across the 4 practices initially on project work designed to make prescribing and medicines management more efficient for patients. In time, as funding allows, it is envisaged that each practice will have its own allocated clinical pharmacist carrying out face to face medication reviews and freeing up GP time. Over the next 3-4 years central funding will be expanded to cover other clinical types – Physiotherapists, Paramedics, Social Prescribers.

10. Multi-skills Research Focus Group – feedback: The PPG had provided a user focus group for the researchers from University of Manchester in connection with the research they are carrying out into the use of multi-skilled clinical teams in GP Practices. It had been a very positive session with the general feedback that Appletree patients were now used to seeing a variety of clinician types dependent on their needs. SWL promised to share the resultant report as soon as it is available to the practice.

11. Survey Monkey Patient Survey results: Opportunity was taken to look at the early results of the PPG’s online survey into patients’ propensity to use digital forms of service delivery e.g. NHS App, online booking, ordering and consultation. Whilst these early results were generally positive it was recognised that the sample size is still very low and that we need to keep the survey going for some time to get a more representative sample size..

12. Digital Services: development of online access to GP services: The practice will be introducing an on-line triage system – eConsult – by 31st March 2020. This is an algorithm-based system which will allow patients to interact with the surgery at any time of day across a wider range of queries, ranging from medication queries, requests for advice on self-care and pharmacy services to matters requiring clinical responses and perhaps face to face appointments. It is envisaged that this new channel will divert patient queries from existing channels – phone and in person – thereby freeing those for easier use by patients less versed in using technology. The new on line system will probably be given a “soft” launch whilst the practice get used to the numbers using it.

13. Car Park Management: The Practice had recently marked off 8 parking spaces as “Doctors only” including 2 for “on call” clinicians. This is to ensure adequate safe parking is available for clinicians and staff. It also means that staff can double park in the knowledge that they are not blocking in patients’ cars. It does not represent a reduction in spaces available for patient use.

Car park management continues to be a problem and SWL is currently considering the installation of a number plate recognition scheme which would restrict car users to a fixed time in the practice car park and possible fines for those over staying. This would not be a money earning exercise for the practice. Concern was voiced at the intransigence of some commercial car parking management schemes and SWL undertook to carry out due diligence into the policy of the chosen provider before proceeding.

14. Any Other Business

15. Date of next meeting – 29th Jan 2020

Close

Appendix 1

REPORT ON AMP CARERS' FORUM HELD AT THE WESTON CENTRE, DUFFIELD – 1 October 2019

The meeting was attended by 13 people including: 6 Carers; June Mendham, Michaela Kirkman, Chloe Tabbenol Care Coordinators; Michelle Mellor and Janet Richardson Carers' Champions at Appletree; George Newton (PPG Chair), and Elizabeth. Apologies received from Barbara C, Margaret R, Mrs Carruthers and Mrs Harrison.

We welcomed Mariano Kaminski from Age UK for a talk about funding of care and issues related to selling up to fund care when somebody goes into a home. What follows is a very brief résumé of some of the key points made or terms used. I suggest you go to <https://www.ageuk.org.uk/information-advice/care/paying-for-care/paying-for-a-care-home/> for further reading as it is such a complex subject, or DCC's equivalent <https://www.derbyshire.gov.uk/social-health/adult-care-and-wellbeing/paying-for-care/paying-for-residential-care/paying-for-residential-care.aspx>

Mariano initially gave us the background to the formation of Age UK:

- an amalgamation of Help the Aged and Age Concern;
- each Age UK in the UK is totally autonomous;
- help and advice are free (at the moment);
- they provide footcare (Tootsies) and the "Strictly No falls service" (who came to talk to us in June and run local classes);
- Head Office is in Heanor, but the Derby Information and shop is at 15 The Moorledge Derby DE1 2AW. Tel: 01332 343232;
- Advisors can be allocated to help with Benefit checks, pension credits, Attendance Allowance (not Personal Independence Payment PIP);
- Individuals can self-refer to Age UK;
- Due to GDPR, consent from individuals is needed before Age UK can put any information on their computer systems.

Needs Assessments

- Everyone is entitled to one, and they should be done at home in familiar surroundings. Social Services are regulated by the Care Act 2014 so assessments are done in accordance with this Act.
- For Social Services, contact Call Derbyshire **01629 533190** and ask for the Duty Social Worker.

Power of attorney

- Best that this is set up as soon as possible, and that the power of attorney covers **both** Health and Welfare and Property and Finance;

Decision Support Tool (DST)

- This is a document which helps to record evidence of an individual's care needs to determine if they qualify for continuing healthcare funding. It measures the person's needs in 12 care domains:
 - Behaviour, cognition, psychological and emotional, communication, mobility, nutrition, continence, skin integrity, breathing, medication, altered states of consciousness, other needs.
 - Decisions are graded into: priority, severe, high, moderate, low, no needs.

June Mendham has added that a DST can only be carried out if a nursing assessment is requested **first**. Nursing assessments can only be carried out by a clinician – i.e. a Community Nurse or if the patient has a Dementia diagnosis, by the Discharge and Placement Team. Usually the assessments have to be requested through the surgery or via the Care Co-ordinator depending on who knows the patient. The assessment has a checklist and if the criteria on the checklist is met, then this will trigger a DST. If it is not met and a DST is not triggered, then it is deemed there are no nursing needs at this stage. After 3 months another nursing assessment can be done if the patient's health deteriorates.

Care decisions and procedures

- Need to deal with both the Health Authority and Local Authority for care decisions;
- There are Liaison Officers in the hospitals who work with the Authorities as well.
- The **Care Plan** includes various checklists. The outcomes are:
 - No funding;
 - Funded Nursing Care (FNC) – most people have this, although you can appeal if you think the award should be FFC – see below;
 - Fully Funded Care (FFC) for somebody who is very ill.
- A financial assessment will then be carried out.

Finance

- The approach is “blinkered” in that only the patient's needs are considered;
- Joint bank accounts are split, and only the savings of the patient are looked at;
- If the savings are above £23,250 no funding is given and Social Services will cease to be involved until/unless the savings drop to the £23,250 figure. *******Please see note below for difference between Derby City and Derbyshire.**
- Self-funders can raise funds by selling the patient's former home to pay for the care, unless the partner of the patient still lives there.
- If the partner/family do not wish to sell the home, they can request a deferred payment. If the Council agrees, it will pay the fees and charge interest on the payments. All fees and accrued interest will be payable back to Social Services once the patient has passed away/not require a care home any more.
- If the person is still in a care home and savings have reduced to £23,250, Social Services become involved again. If savings are between £23,250 and £14,250, for every £200 that is payable, the user only contributes £1.00. Once savings go below the £14,250, all fees are paid by Social Services.

If family members don't want to see assets stripped, or taken into account if the relative needs to be in care, they could, if they have the resources, pay the care home fees anyway. June has known this happen on several occasions, when siblings have contributed the amount between them when parents have gone into care, so that the family home etc. does not have to be sold.

*******in Derbyshire** care can be given in the home and the amount an individual can have in savings (property not included) is **£50,000**, not £23,250. This differs from Derby City where a persons' individual savings is only £23,500, the same as for a care home. So, a person can have up to £50,000 in savings (Derbyshire) and still have financial assistance for care in the home through Social Care. An assessment would still take place to determine how many care calls in the home per day are required (up to 4 daily) and with the person only contributing approximately the amount of the attendance allowance towards this, each week.

Contributions and top-up fees

- When working out weekly care home fees, the income of the patient (pension, Attendance Allowance, Income Support, etc) are taken into account. For every £100 that the patient has, the Local Authority will contribute £500;
- If the care home fees are more than the amount your council will pay, the patient can still move there as long as someone, such as another family member/friend agrees to pay the difference or 'top-up fee'. Legal contracts need to be set up for this, and people should be aware that should the top-up cease to be available in the future for any reason, the user will need to move into a cheaper home.

Deprivation of assets

- This term is used by local authorities when they believe someone has made a gift or transfer of assets to a third party, usually a relative, to avoid or reduce their liability to pay for care and increase the amount the authority pays.

Alternative to residential care

- Whilst Mariano was asked to talk to us about the issues on going into care, June subsequently pointed out that alternatively you can have a live-in carer. If the person is self-funding (and has in savings above £50,000 for Derbyshire CC residents and above 23,500 if in Derby City), it can be about the same price as being in residential care. Social Services will contribute if below those savings levels, depending on where you are resident, and following assessment, up to 4 x care calls daily, towards that care. The rest is self-funded, by the person or family members if they feel this is a good alternative for them to residential care.
- The **Brokerage Team** at Call Derbyshire are always happy to supply details of any agencies, etc. who can provide live-in carers. **Telephone:**01629 537763 or 01629 537758, or view the DCC website. You do not need to have had a social care assessment to be able to contact them.

I hope that you found the meeting informative and helpful, if somewhat daunting as there is so much information to take in. This is only a resumé, and thank you to June for some extra bits that Mariano did not touch on.

Hope you can join us again for our Christmas social which will be on **Tuesday 3 December at 1.00** at the Weston Centre. We will be having mince pies and other nibbles and a bit of a catch up.

If you wish to contact us you can contact Sarah at sarah.lakin@nhs.net or on 01332 843282, or Michelle and Janet the Carers' Champions on 01332 842288. You can email me at appletreepg@gmail.com

Elizabeth Reed 5 October 2019

Join us as a Citizens Panel Member

Have your say on health and care in Derbyshire

The NHS is one of Britain's proudest achievements and staff do a superb job treating record numbers of patients. But society's health and care needs are changing. People are living longer, new medicines and technologies are being discovered and more of us are living with long-term conditions such as diabetes and asthma.

To meet these challenges, local councils, care homes and different parts of the NHS – hospitals, family doctors, mental health teams and others – have come together to form partnerships, and are working together more closely than ever before. In Derbyshire this partnership is called Joined Up Care Derbyshire (JUCD), Derbyshire's Sustainability and Transformation Partnership (STP). The role of JUCD is to co-ordinate services better, keep people healthy and out of hospital and agree shared priorities for the future.

JUCD has developed the Citizens' Panel to ensure that we can listen to and learn from our local residents. By sharing your feedback and opinions on health and care services, you can help us to design services that take into account 'what matters to people', on a range of topics related to health and care services.

Frequently Asked Questions

What is involved if I join the Citizens' Panel?

Citizens' Panel members will be contacted throughout the year to provide their input and views on health and care services in Derbyshire. You'll be invited to take part in a range of surveys which you can fill in online or through the post, and you can also opt to attend focus groups, working groups or committees in person to talk about health and care in more detail.

Every aspect of the panel is entirely voluntary; we only ask that you interact with the panel at least once in every 6 month period, i.e. by filling in a questionnaire, or attending a focus group.

What's in it for me?

- You will be helping to ensure we provide better quality care in a way that matters the most to local residents.
- You will have the opportunity to have your views heard by local health and care decision makers.
- You will find out about new plans and ideas for Derbyshire.
- You will be reimbursed reasonable travel expenses for participation in face to face meetings such as focus groups.

Will my responses to surveys and other activities be kept confidential?

Yes, all personal information is kept confidential. For Joined Up Care Derbyshire's Privacy Notice see here: <https://www.derbyshirehealthcareft.nhs.uk/about-us/equality-and-diversity/using-website>

How do you choose which people can join the panel?

We will actively recruit people to join the Citizens' Panel that are representative of the local community so that it represents the views of people of different ages, backgrounds, and from different parts of Derbyshire. However, anyone can join the panel voluntarily, as long as they are registered with a GP in Derbyshire and are 16 years of age and over.

Will I receive feedback if I take part?

It will not be possible to reply to every comment individually because we will receive thousands of responses. But you will be contacted regularly to let you know the results of different surveys and activities.

Can I change my mind about how I want to be involved?

Yes, you can ask to be removed from the Citizens Panel at any time by contacting us by email, telephone, or via post.

Where can I get more information?

You can find more information about Joined Up Care Derbyshire on our website <https://www.joinedupcarederbyshire.co.uk/>

STP Office, Top Floor, Tollbar House

2 Derby Road, Ilkeston, DE7 5FH

0115 931 6242

joinedupcarederbyshire@nhs.net

If you require this leaflet in an alternative format please get in touch
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