

Rowan Tree Surgery Patient Participation Group

Meeting on Wednesday 2nd September 2015

Tony Colwell (Chair)(TC)
Hazel Nightingale (HN)
Susan Rose (SR)
Denise Watts (DW)
Graham Marshall
Jan Tan (JT)

In Attendance
Denise Netherton (Practice Manager)

Visiting speakers
Domestic Abuse Volunteer Support
Services (DAVSS):
Sue Dunn (SD)
Caroline Hornsby
Clinical Commissioning Group (CCG):
Keith Price (KP)

Apologies
Keven Brown
Charles Neve
Sandra Neve
Penny Hall

	Action
<p>1. Domestic Abuse Volunteer Support Services (presented by Sue Dunn and supported by Caroline Hornsby)</p> <p>a) Sue Dunn gave a revealing overview of how widespread domestic abuse is in communities. DAVSS, as a community based charity, work in partnership with agencies and stakeholders to help support and build confidence in victims to come forward for prevention and protection. DAVSS provide wrap around service for their clients with highly trained volunteer advisers who have signed independent confidentiality agreements.</p> <p>b) An information pack of DAVSS was distributed to all present. It was highlighted that domestic abuse could result from a variety of situations including mental health, drug and alcohol abuse. DAVSS would work with their partners to assess the risks in order to put in place a safety plan for their client.</p> <p>c) DAVSS work with other agencies and receive referrals from their agents in the public sectors such as the police, social services and at times self referrals. Support for victims include putting in place a safety plan, assisting with paperwork and literacy difficulties, free legal advice and support in court cases.</p> <p>d) Early intervention is the key to prevention of repeat victimisation and escalation which are real risks for domestic abuse victims and their children. Without such intervention situations may escalate to victims requiring a place of refuge which is limited in this area.</p> <p>e) DAVSS would like to work with Rowan Tree Surgery. This partnership would be the first in Kent. The surgery would help promote DAVSS by advertising the charity and its services. Denise Netherton to promote DAVSS in the surgery and investigate inserting an advertisement on the surgery's appointment card to promote awareness of the service.</p>	SD
<p>2. Care Plan Management System (CPMS) (presented by Keith Price)</p> <p>a) Keith Price explained CPMS is a computer system and infrastructure that allows health and social care providers involved in a person's care to electronically share and access information about the patient. The CPMS was started in May 2014. Stakeholders include many health care providers such as General Practitioners, the hospital, care homes, mental health providers and hospices. The range of stakeholders involved in sharing the health details of the patient can be wide involving the emergency services. The information shared under the CPMS is only under the patient's explicit consent or a person holding a legal power of attorney but emergency services can access the information in an emergency without explicit consent.</p>	

<ul style="list-style-type: none"> b) Information sharing on a patient is most needed by hospitals and emergency services. It is intended that with the development of the CPMS with stakeholder organisations, shared medical and health data on a patient would readily be available and accessible within the West Kent area. However, it is intended to extend the CPMS to the whole of Kent whilst working closely with adjoining counties with incompatible systems. c) The typical process involves a stakeholder identifying the most at risk and needing a care plan. A multidisciplinary team defines the needs and care team, involving family/lawyer with lasting power of attorney. A care plan is then created in CPMS using available information. This is only actively shared, managed/updated by the care team with the exception, in an emergency when this shared seal is broken for 72 hours for the emergency services to access the data. Data access by emergency services would be restricted to a level that is only needed for the purpose of successfully carrying out the specific service. d) The care team is managed and coordinated by a healthcare coordinator who does not have to be a care professional. The healthcare coordinator would be responsible in managing the team, data in the CPMS, and coordinating the care team. Concerns were raised by the PPG over the non requirement of the Care Plan Coordinator to be clinically trained. e) Care plan information visible under the CPMS consists of all the patient's medical conditions and medication history. The PPG were concerned as to how far back medical history would be relevant to the Care Plan and Care Team. f) Hazel enquired on the evidence collected that shows the benefit of the CPMS. Keith explained that where care planning has been put in place for end of life in London, it has significantly improved the achievement rates for patients receiving care and dying in their preferred location. The main purpose of the CPMS is 'not to reduce cost of care but to try to improve patient care'. It is a local initiative and not part of the national care data project. g) There were concerns that the shared data would be open to abuse/hacking with personal information leaked out. Keith explained that the Care Practitioner would be professionally trained to control the level of information access for each patient. Clinical staff would have data access but not the administrative staff. h) Although Health Watch has not been contacted in relation to the development of the CPMS, Keith indicated that he would be happy to talk to interested groups on the purpose and development of the CPMS. He has requested that the PPG reflect on his presentation of the CPMS and would welcome feedback and concerns so that his team can address and overcome the issues raised. Tony to compile a feedback note to Keith. i) The PPG unanimously voted to make the CPMS available at Rowan Tree Surgery for patients to opt in if required. 	<p>TC DN/KP</p>
<p>3. "Well Being Walks" – Future Planning</p> <ul style="list-style-type: none"> a) The walks have been well attended and were initially led by Kent High Weald Partnership but more recently by a volunteer leading a walk. Kent High Weald Partnership is leading a walk from Rowan Tree Surgery on 18 September at 1.30pm, but it is intended that a volunteer would continue to plan, organise and lead on the future "Well Being Walks". Denise Netherton and Jan suggested that this task could be shared by a few members of the walks with a rota established for each member to take responsibility for agreeing a date and time to lead a walk. b) Concerns were raised in relation to public liability. Tony Colwell indicated that voluntary groups have a global insurance for public liability but he would investigate this further. c) Denise Netherton would arrange for a First Aid kit to be available to take on the walk. 	<p>TC DN</p>
<p>4. Proposed talk by local Fire Officer on 21 October</p> <ul style="list-style-type: none"> a) Tony has spoken to Number One for the use of the Community Hall from 6.00pm to 8.00pm on 21 October. The talk will start at 6.30pm. Tony to confirm whether 	<p>TC</p>

refreshment at the cafe would be available.

- b) The talk will touch on fire safety in relation to dementia patients and domestic safety.
- c) Advertising the event should start in October.

5 Matters Arising and outstanding from previous meetings

- a) Denise Watts queried whether the community fete was worth it. The overall view was that it could be improved by having more stalls and music, perhaps considering a live band to attract more people to attend. Need to attract more young people to give feedback on what they want from the GP surgery. No response was received to an email sent to a youth worker who had indicated at the fete that he could help on this matter.
- b) Denise Netherton informed that she had seen an electrician inspecting the street light outside the surgery and assumed that the work is currently out for tender.
- c) Feedback on the newly introduced Nurse Practitioner system has been very good. Denise Netherton is reviewing the feedback.
- d) The surgery has signed the lease on the premises for a further 10 years.
- e) Denise Netherton is yet to arrange a radio license for the surgery reception.

DN

6 AOB

Graham handed out leaflets introducing a series of Tai Chi Open House sessions.

Next meeting: 4 November at 6.30pm

There being no further business, the meeting closed at 9.05pm