

# North Cotswold Primary Care Network (PCN)

## PCN Reference Group

### Notes of meeting held Tuesday, 10<sup>th</sup> December 2019 at Four Shires Medical Centre

#### Present:

Name	Abb.	Role	Organisation
Dr Hywel Furn Davies	HFD	PCN Clinical Director <b>(PCN Ref Group Chair)</b>	North Cotswold PCN
Amanda Goode	AG	Practice Manager	Chipping Campden Surgery
Angela Laver	AL	Practice Administrator	Mann Cottage Surgery
Bill Wragge	BW	Parish Councillor	Bourton on the Water Parish Council
Cheryl Ewing	CEw	Locality Manager (North & South Cotswold and TWNS)	NHS Glos Clinical Commissioning Group
Christine Rood	CR	PPG representative	Cotswold Medical Practice
David Harkness	DH	PPG representative	Cotswold Medical Practice
Geoff Benn (on behalf of Amanda Howard)	GB	Chair of Cotswold Friends	Cotswold Friends
Jacqui Wright	JW	Community Wellbeing Manager	Cotswold District Council
Jill Roper	JR	Practice Manager	Mann Cottage Surgery
Karen Price	KP	Social Prescriber	Gloucestershire Rural Community Council
Louise Westerman	KS	District Nurse Team Manager, North Cotswold	Gloucestershire Health & Care NHSFT
Rosemary Clarke (on behalf of Kate Pengilley)	RC	Clinical Nurse Manager	Hospice at Home
Sharon Clarke	SC	Community Nurse	Gloucestershire Health & Care NHSFT
Sue Pritchard	SP	PPG Chair	Chipping Campden Surgery
Suzie Compton	SC	Engagement Officer	Healthwatch Gloucestershire
Wendy Sterling	WS	PPG Representative <b>(PCN Ref Group Vice Chair)</b>	Chair of Moore Friends/ Little Rissington Parish Councillor
<b>Apologies:</b>			
Amanda Howard	AH	CEO	Cotswold Friends
Clair Lait	CL	Service Development Manager	Gloucestershire Health & Care NHSFT

Colin Edwin	CEd	Volunteer/Patient Representative	North Cotswold Hospital
Elin Tattersall	ET	Director of Operations (Community Wellbeing Service)	Gloucestershire Rural Community Council
Kate Dash (on behalf of Julie Ellery)	KD	Outpatient Manager	North Cotswold Hospital
Kate Pengilley	KP	CEO	Kate's Home Nursing
Sally Jones	SJ	Health & Social Care Commissioning Manager	NHS Glos Clinical Commissioning Group

		Action
<b>1.</b>	<b>Welcome and Introductions</b>	
	- WS to take the Chair on behalf of meeting	
	- Introductions round table followed	
<b>2.</b>	<b>Notes from Meeting held 24<sup>th</sup> July 2019</b>	
	- Notes of last meeting were approved	
<b>3.</b>	<b>Overview of Community Wellbeing Service</b>	
	<ul style="list-style-type: none"> <li>- KP commenced in post 29<sup>th</sup> April covering North Cotswold, predominantly working out of surgeries sharing responsibilities with Carol Stockman and Steve Whincup</li> <li>- KP presented data previously shared with the Cotswold Integrated Locality Partnership (ILP). Any particular issues/queries with regards to the data should be raised directly with Elin Tattersall, Director of Operations</li> <li>- GRCC rates per 1000 patients (ytd) are higher than other county providers</li> <li>- Referrals from all practices are steadily increasing, as well as from those who haven't utilised the service as much as other practices</li> <li>- Referrals mainly relate to low level mental health and wellbeing as well as loneliness and social isolation which often work together, although they are different</li> <li>- Now seeing referrals from younger people – young parents.</li> <li>- Self-referrals now increasing. Leaflets have been placed in strategic positions all around the Locality and in surgeries.</li> <li>- Patients can also look at 'Your Circle' which directs patients to services within the county via <a href="https://www.yourcircle.org.uk/">https://www.yourcircle.org.uk/</a> This is managed by Public Health. Public Health encouraging all organisations to sign-up to this, so there is a 'one stop' shop</li> <li>- Referral process into social prescribing is very simple – contact GRCC via email or telephone.</li> <li>- At present, KP works ½ day in each of the practices. In order to make best use of her time, home visits take place if not required to see patients and can offer 45-60 mins face-to-face.</li> <li>- KP to attend next meeting and feedback on anonymised case studies</li> </ul>	
<b>4.</b>	<b>Update on North Cots PCN</b>	

<p><b>4.1</b></p>	<ul style="list-style-type: none"> <li>- HFD, JR and AL joined meeting.</li> </ul> <p><b>Clinical Pharmacists: Dr Hywel Furn Davies</b></p> <ul style="list-style-type: none"> <li>- HFD informed meeting that the PCN are now employing a Clinical Pharmacist who will be supporting all practices.</li> <li>- The PCN have taken the decision not to employ a Social Prescribing Link Workers at this stage and are looking to employ a second Clinical Pharmacist.</li> <li>- With the success of the current social prescribing service it doesn't feel it needs to be bolstered at this stage</li> <li>- This role has multiple facets: helping to support prescribing queries, chronic disease management, de-prescribing (particularly for those patients on 10 or more tablets per day), management of side effects of medication – particularly with the elderly and medication reviews – they are the experts.</li> <li>- Clinical Pharmacists are supporting general practice at a time when it is proving problematic to recruit new GPs.</li> </ul>	
<p><b>4.2</b></p>	<p><b>First Contact Physiotherapists: Dr Hywel Furn Davies</b></p> <ul style="list-style-type: none"> <li>- Looking to employ First Contact Physio who will also support all practices</li> <li>- Conversations being had with Gloucestershire Health &amp; Care at the moment as do not want to destabilise current county service</li> </ul>	
<p><b>4.3</b></p>	<p><b>Improved Access (IA): Dr Hywel Furn Davies</b></p> <ul style="list-style-type: none"> <li>- The PCN continues to keep Improved Access under review which supports the current Extended Hours service</li> <li>- These two services are likely to be merged in the not too distance future and the PCN is looking at a way as to how we can provide full cover locally</li> <li>- Practices are challenged through personnel and doctors</li> <li>- In order to deliver IA effectively, patients may need to travel to another practice to see a GP/other healthcare professional</li> <li>- Patients in North Cots have always seen a doctor while in other parts of the county, patients do not always see a GP.</li> <li>- Patients can be seen by their local pharmacist for some mild conditions</li> <li>- Care Navigation plays a significant part to support this</li> </ul>	
<p><b>4.4</b></p>	<p><b>Care Navigation: Jill Roper/Angela Laver</b></p> <ul style="list-style-type: none"> <li>- JR has piloted Care Navigation and My Directory of Services known as MiDoS at Mann Cottage. Safeguarding element is included in process</li> <li>- AL has ensured that staff have been trained to broaden their knowledge of local services. It is hoped that patients will start to utilise.</li> <li>- Patients so far are happy to take up option</li> <li>- Need to ensure that patients understand this is aiming to ensure they see the right person/clinician at the right time, rather than this be seen as a barrier</li> <li>- HFD asked if the meeting thought it would work if practices had a PCN Network Care Navigation telephone number</li> </ul>	

	<ul style="list-style-type: none"> <li>- It was suggested that another option number was given when patient rang surgery. The main concern was for the very elderly</li> <li>- Proposed that Pharmacies could undertake a more clinical role i.e. blood pressure and urine samples</li> </ul>	
<p><b>5.</b></p>	<p><b>Overview of HealthWatch Gloucestershire: Suzie Compton</b></p> <ul style="list-style-type: none"> <li>- SC, Engagement Officer had been invited to meeting to give overview of HealthWatch</li> <li>- HealthWatch collate patients feedback on all services in Gloucestershire - feedback is completely anonymous</li> <li>- Looking for specific trends and will take back to commissioners any concerns raised</li> <li>- HealthWatch do not manage complaints –the organisation can signpost if required</li> <li>- Get involved in projects i.e. mental health provision in the county – massive amount of feedback from patients groups or where they set-up stands. Report is now on website</li> <li>- There is so much information in report, HealthWatch have now completed a second report around Carers (report comes out in January). Strong consensus that they feel unsupported. Some of the recommendations from the Carers report when it comes out should help the Carers. Already connected with PeoplePlus and Hannah Gorf.</li> <li>- HealthWatch are keen to attend any patient group. SC to be included in membership for this group</li> <li>- Only 4 HealthWatch members covering Gloucestershire based in Quedgeley. The organisation uses volunteers who go out into communities and support patient groups/boards.</li> <li>- The next upcoming major work programme is the transition from young people’s services to adult services</li> </ul>	
<p><b>6.</b></p>	<p><b>Feedback from ‘Better Care Together’ Event: Sue Pritchard</b></p> <ul style="list-style-type: none"> <li>- General outcome that Community Hospitals have better outcomes for patients</li> <li>- Event split into workshops:</li> <li>- <u>Workshop 1: Speech and Language Service</u> <ul style="list-style-type: none"> <li>o Have a team working across Gloucestershire</li> <li>o One member of team working in North Cotswold</li> <li>o Provide service within community and care homes</li> <li>o Have developed training package for staff in care homes to give basic support to residents. Will roll out across care homes in order that they can support their patients more effectively</li> <li>o Very happy to come to this group and feedback</li> </ul> </li> <li>- <u>Workshop 2: Tele-care Services</u> <ul style="list-style-type: none"> <li>o Happy to attend this group and inform about their offer</li> </ul> </li> <li>- <u>Workshop 3: National Diabetes Prevention Programme</u> <ul style="list-style-type: none"> <li>o There is a general lack of take-up in Gloucestershire</li> <li>o Pre-diabetes population in Gloucestershire is higher in North Cotswold and Forest of Dean than other parts of the county</li> <li>o Service is very keen to work more closely with practices</li> <li>o New course starting in January. February will offer evening and weekend sessions based in the Hospital</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>○ Need to identify venues, recognising that transport is an issue</li> <li>○ To date Stow Surgery hasn't referred any patients</li> <li>○ Service are prepared to set-up course for practice patients</li> <li>○ CE informed meeting that the ILP has picked this up and identified it as one of its priorities going forward along with social isolation</li> <li>○ Cotswold District Council is working with patients in BotW</li> <li>○ Mann Cottage Surgery have started their own pre-diabetes checks which have had dramatic results</li> <li>○ Chipping Campden patients are managed in-house</li> <li>- <u>Workshop 4: Stroke Service</u></li> <li>○ Patients are now required to travel to Dursley every day to access service</li> <li>○ Previous stroke unit was in GRH</li> </ul>	
<p><b>7.</b></p>	<p><b>Update on Cotswold Integrated Locality Partnership (ILP)</b></p> <ul style="list-style-type: none"> <li>- The development of Integrated Locality Partnerships (ILPs) and Primary Care Networks (PCNs) is the means through which place based care will be delivered.</li> <li>- The vision for General Practice is that it will continue to be the foundation of the health system, maintaining its position as the leaders of primary care, retaining its identity and registered list.</li> <li>- Primary Care will build on these strengths by practices working together groups and as part of wider primary, community and secondary care teams, across a range of sites delivering care with improved access, quality and outcomes, as close as possible to people's homes.</li> <li>- ILPs will hold strategic meetings on a quarterly basis, and operational meetings monthly in between designed to focus on and support the PCNs.</li> <li>- The ILP role will be to unlock issues for PCNs and share responsibility, and tackling issues which arise locally which can only be resolved together</li> <li>- At present the ILPs have strategic leads from local organisations i.e. GHC, GCC, CDC, GHT, CCG and the voluntary sector but it is planned to extend this further</li> </ul>	
<p><b>8.</b></p>	<p><b>Round Table Updates</b></p> <p>Christine Rood:</p> <ul style="list-style-type: none"> <li>- Retired Nurse</li> <li>- Carer for 10.5 years</li> <li>- Lots of experience to draw on</li> </ul> <p>Amanda Goode:</p> <ul style="list-style-type: none"> <li>- Need to identify more carers. Should be 10% of the population. Need to find new ways of identifying Carers.</li> <li>- Agreed to invite Hannah Gorf, CCG and Kim George, GCC to future meeting to discuss</li> </ul> <p>Louise Westerman:</p> <ul style="list-style-type: none"> <li>- Developing electronic referral template following feedback from practices rather than having to make telephone call. Currently awaiting approval from CCG</li> <li>- Senior Nurse vacancy now filled</li> </ul>	<p>CE</p>

	<ul style="list-style-type: none"> <li>- The Reablement Team have undergone proposed restructure and paper has now gone to board</li> <li>- OOH team struggle to find patients property at night. Proposed to trial 'What 3 Words'App. Could register with SWAST</li> </ul> <p>Bill Wragge: Dementia Friendly in BotW</p> <ul style="list-style-type: none"> <li>- 13 people have gone through training – 4 x 2 hour sessions</li> <li>- Hope to spread out to businesses</li> </ul> <p>Jacque Wright: Cotswold District Council</p> <ul style="list-style-type: none"> <li>- To give presentation/overview at next meeting</li> </ul> <p>Rosemary Clarke: Hospice at Home (HatH)</p> <ul style="list-style-type: none"> <li>- Have started new outreach service in North Cotswold</li> <li>- Visiting regularly surgeries, acute trust, care homes so patients are aware of who choose 'End of Life' at home</li> <li>- Happy to take all referrals, will refer back if inappropriate</li> <li>- Brand new website developed</li> <li>- Sue Ryder have completed extensive scoping into the traditional Day Hospice model and found it to be outdated</li> <li>- HatH reviewed plans to open a 'drop in' centre. Now concentrating on building on their bereavement support service until they have further knowledge on what is required in terms of day care and support for terminally ill people in North Cotswold</li> </ul>	
<p><b>9.</b></p>	<p><b>Date and Time of Next Meeting</b></p> <ul style="list-style-type: none"> <li>- Agreed Tuesday, 3<sup>rd</sup> March 2020</li> <li>- To be held from 1.00 pm to 2.30 pm approx. (light lunch at 12.45 pm)</li> <li>- At Four Shires Medical Centre</li> </ul>	

**Circulation:** Attendees  
All NCCU Practice Managers  
All Practice PPG Members via Practice Managers  
Emma Savage, Associate Director Self Care, Prevention & Diabetes re item 6