#### patient participation group December meeting – museum practice

# MINUTES PPG 14 / 12 / 15

APOLOGIES

Kevin Corbett, Catherine Matheson, Alan Spence, Mia Holman, ([midgerirar@yahoo.com](mailto:midgerirar@yahoo.com)?)

PRESENT

Teresa Fitzgerald (chair), Grace Dodds, Roy Trevelion, David Murray, David Ferris, Christopher Morgan, Anton Gill, Anne Garrigues (minutes)

* One of topics covered in CCG/CCPEG open meeting Monday 14 December 2015: Collaborative Care Plan for people with long term conditions (LTC)
* CCG has been given extra money by locally commissioned services
* The issue of Acronyms was raised once more.

There will be a list of acronyms with their meaning published on a website.

Martin Emery who is Deputy Head of Engagement / Community Ownership Manager at Camden CCG’s (Clinical Commissioning Group) will send details of which website and link where the list/meaning of acronyms will go. (Could be on the GPs or CCG website, tbc).

* New acronyms are coming all the time because of all the changes happening in the NHS. Also organisations and groups are all using different acronyms (eg. NHS England uses different acronyms from the Clinical Commissioning Groups, etc.)
* There are a lot of differences and gaps in equality (for example life expectancy) in health care between North and South locality Camden. The inequality can also be found in barriers to representation eg. for deaf or hard of hearing people, and language barriers in communicating with the GPs.
* South locality Camden is looking for people to be members of the CPPEG (Camden Public and Patient Engagement Group). Feel free to contact the group, or Martin Emery. (Roy T.)
* Health and social care act: There are no channels of communication between specialist services, primary care, secondary care, NHS England, CCGs, GPs: Open the channels of communication, and general social problems need addressing.
* Pathways of information have to be created.

EG, a Health and Social Care issue is an elderly person who needs an hernia done and will not have it done if there is to take them back home from the hospital.

Health and Social Care should arrange something.

(Christopher M.)

Suggestion: Why not come up with ideas to the local authority? Or write to counsellor?

UCH has a transport department. It is possible to discuss with the doctor and the hospital to arrange transport for patients.

InHealth (with quicker referrals) has no transport facilities for patients arranged.

TAP. Team around the practice.

There is a psychotherapy service that patients can access.

18 organisations in the borough provide the service.

One of them is iCope.

(Dr. Zahan)

There is a division between long term care and recovery services that need to be addressed. This is true for long term mental health difficulties. Transport is also a good example. (Christopher M.)

Example of Care Plan – For diabetes

* Blood test
* Results sent to patient
* 2 x weeks to be read (results)
* Individual Care Plan is made for the whole year with the Healthcare professional with the patient involvement
* See how it works
* Monitoring of the Care Plan

Comments:

20mns might not be enough.

Doctors need time.

Also Care Plan needs to be discussed with next of kin, and for people who have mobility difficulties a 20 mns appointment might not be enough.

No news on the bid / application for funding that Museum Practice made this summer.

Federations (group of GPs)

If there is something urgent the GP can call the federation for patient to be seen (within walking distance and during surgery hours).

The November pilot not started yet.

(Also software need to be adapted)

Flu vaccination have been done, no side effects reported by patients this year.

(Dr. Zahan)

Next meetings:

14 March 2016;

13 June 2016.

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