Re TADLEY PARTICIPATION GROUP (PPG)

Minutes of a Committee meeting held online on Wednesday 13th October.

Present : Heidi Williams, Dr Hogan, Alan Chambers, Graham Wright, Tony Wicks, Jean Chapman, Mary Cawley, Gill Tomlins, Claire Chambers, Kate Wright, Sheila Gunnell, Gill Herbert and Hazel Metcalfe.

Apologies: Robin Treadwell, Val Turnbull, and Linda Meade.

Minutes of the meeting held on Wednesday 18th August were agreed.

Presentation by Jo Potts-Rayner, Health and Well-being coach for TMP and Watership Down
Jo described her role (for NHS description see below) as being non-judgemental and person-centred, coaching people to make life-style changes in a safe and trusting environment. Initially five 1:1 sessions of 45 minute are offered following referral by a clinician, a pharmacist or a mental health worker. Self-referral is not possible currently. Most people know what they should be doing but are unable to reach that point without support.

She works with people on Zoom, by phone, or face to face which might mean meeting for coffee or going for a walk. Many of her clients need counselling before they are ready to work with her so she directs them towards other professionals.

Dr H said this is a developing service which works in a more holistic way. CC said it reminded her of the 'old' District Nurse role without the medical side. JC asked how success is measured. This is through a summary form completed by people at the end of their sessions though online tools offering more measured evidence are in development.

The Committee thanked Jo for the insight provided and for giving up her evening.

Matters arising
The proposed meeting with Hurst pupils has been delayed again because of Covid numbers there.
The discussion meeting offered for October 5th did not take place because of lack of interest. Two members were in favour while another preferred to receive written documents (via email) in advance.

Committee Matters
Discharge meeting - CC had met with a representative from the NHH Trust on August 26th to discuss the issues collected from TMP patients. The NHH are aware that communication is unreliable between Secondary and Primary care, specifically on discharge. They are looking into the specific situations and will report back on any possible changes. The end-of-life example will be taken particularly seriously**.**
Well-being group - had met on 12th October with additional community attendees. Nothing further to report.
Happiness Lab – a new series will start in St Paul's Church Hall on October 19th from 7.30 to 9 p.m. HW will ask for a poster to display.
Focus group A discussion was held as to how to engage with the group and CC, GW and HM will set up a Zoom meeting with the group to seek their views.

Online meetings A discussion was held as members would like to meet face to face again. Dr Hogan felt 'mix and match' would be a good option so that will be trialled in the first meeting of 2022. To be reviewed at the next meeting.
Meet the NHS CC and HM had attended this two-hour online meeting when a variety of clinical staff from the NHH described, firstly, the management of the pandemic and the vaccine programmes and, secondly, planning for a wide range of programmes, including the building of the new hospital. It was gratifying to learn that the oximetry at home programme where patients with Covid had their oxygen saturation levels measured and, if necessary, were given oxygen at home which prevented many hospital admissions was pioneered in Basingstoke.
Patient Information group Concerns expressed to CA Tadley made KW ask whether she should meet with this sub-group again. It was agreed to wait six months and hope the situation is more settled so any booklet will not need constant updating.

NHH CCG PPG (from JC) Notes in lieu of the Minutes which had not yet been received by JC were circulated prior to this meeting but discussions on various matters are ongoing so she will report back when there is anything finalised. MC cannot attend the next meeting so GW will attend instead.

Patient matters

- Patients are still concerned at the restricted opening hours of the dispensary though Dr Bhanot is keen to retain these for now. Dispensing patients can choose to change to non Dispensing and nominate a pharmacy to collect their medicines from as a permanent arrangement.
- On the annual patient review form you are asked to list your medications and why you take them. A patient had asked why this was the case when the information is all available on their notes. Dr Hogan thought it useful to have the patient view and HW pointed out that it is only an annual task so not too onerous. JC said there was mention some time ago at the CCG PPG for patients to query their meds, especially if they were unsure of their purpose.
- A representative of CA had attended a meeting of the Ambrose Allen Lunch Club recently and, when she offered to answer questions, was unexpectedly bombarded with questions regarding the service from TMP. KW asked for responses to take back to the Lunch Club. The main points were – the diabetic service is excellent, there are multiple problems with using the telephone system to access the Practice including one lady who had stood in Reception at Holmwood until she was given an appointment. Dr Hogan said patients are welcome to write a letter or note and hand or send it in if they find that easier. It is not possible to put appointments for Practice Nurses online as they are specialists in different fields and offer appointments of differing lengths according to need.
- TW pointed out that we have all heard the same complaints over time so there must be something we are discussing but have not yet found a solution to and we cannot allow this to continue. Dr Hogan said that regarding access to the Practice many systems have been tried. The Practice has changed with different practitioners in place but she was unsure as to their impact on medical matters. Committee members have been finding access acceptable but GW pointed out that we have greater understanding of how systems work so are not representative. It is difficult for the PPG to promote information when we cannot meet patients or hand out leaflets etc.

NHS survey of GP practices

GW summarised his analysis comparing TMP to nearby practices with similar characteristics. He reminded us that the survey questions were divided into three groups which were firstly, contacting the Practice, secondly, making an appointment and thirdly, the response to that appointment. TMP score highly for the last section with patients pleased with clinicians seen. It appears that 1% of patients (two hundred) think they are ill enough each day to telephone. Are all these calls essential or is educating patients a priority. GW said more data would be useful but Dr Hogan said it is difficult to produce stats from their IT system and time-consuming if HW does this manually. The consensus is that we need a 'can do' message using every opportunity. CC suggested flu jabs were a chance to collect contact information. HW said text messages are quick and easy so mobile phone numbers will be requested at every opportunity. MC asked about the specification for the new phone system. AC will work with TMP on this.

Practice Matters
Flu and booster vaccinations for those 65+ will be given at Jamieson House, Chineham. TMP now has supplies to offer flu jabs to under sixty-fives with two further clinics scheduled for Saturdays. These clinics are financially advantageous. Online booking is available.
Flu jabs administered elsewhere will be automatically added to patient records.
Two new full-time nurses and one sessional GP will join this month and two more doctors will have bookable appointments.
The Reception Manager is still trying to arrange a visit to Overton surgery to observe their methods.

The meeting finished at 20.48

Date of next meeting Wednesday 8th December online

H Metcalfe

21st October 2021

From Health Education England
Full document at
https://www.hee.nhs.uk/our-work/workforce-transformation/spread-adoption/hee-roles-explorer/system-priorities-primary-care/health-wellbeing-coach

Overview of the role Health and Wellbeing Coaches (HWBCs) will predominately use health coaching skills to support people with lower levels of patient activation to develop the knowledge, skills and confidence to become active participants in their care so that they can reach their self-identified health and wellbeing goals. Patient Activation refers to the spectrum of knowledge, skills and confidence in patients and the extent to which they feel engaged and confident in taking care of their condition. HWBCs may also provide access to self-management education, peer support and social prescribing. HWBCs will use a non-judgemental approach that supports the person to self-identify existing issues and encourages proactive prevention of new and existing illnesses. This approach is based on using strong communication and negotiation skills, supports personal choice and positive risk-taking, addresses potential consequences, and ensures people understand the accountability of their own decisions based on what matters to the person. They will work alongside people to coach

and motivate them through multiple sessions, supporting them to self-identify their needs, set goals, and help them to implement their personalised health and care plan

Activities Undertaken

- The role will require managing and prioritising a caseload, in accordance with the needs, priorities and any urgent support required by individuals in the caseload.
- To provide one-to-one health coaching support for people with one or more long term conditions, based on what is important to them, with the aim of improving peoples' levels of patient activation.
- Empowering people to improve their health outcomes and sense of wellbeing, preventing unnecessary reliance on clinical service.
- Providing interventions such as self-management education and peer support.
- Supporting people to establish and attain goals set by the person based on what is important to them, building on goals that are important to the individual.
- Working with the social prescribing service to support the triaging of referrals that connect people to the right intervention / community-based activities which support their health and wellbeing.
- To work as part of a multi-disciplinary, multi-agency team to promote health coaching and to be ambassadors for personalised care and supported self-management, modelling the coaching approach in their work.
- To support local health, social care and voluntary sector professionals to make appropriate referrals to the service.
- To promote and raise awareness of the health coaching service, particularly to groups and communities that experience barriers to access.
- To attend and contribute to team meetings and events as required by the service. To support the system, they work within to (sic) develop pathways that are relevant to the needs of people who receive health coaching.
- Provide support to local community groups and work with other health, social care, and voluntary sector providers to support the patients? (sic) health and well-being holistically.
- Ensure that all Primary Care Network (PCN) staff are made aware of health coaching and social prescribing services and support colleagues to improve their skills and understanding of personalised care, behavioural approaches and ensuring consistency in the follow up of peoples' goals where a multi-disciplinary team (MDT) is involved.
- Raise awareness within the PCN of shared decision-making conversations. Work with people with lower activation to understand their level of knowledge, skills, and confidence when engaging with their health and wellbeing.
- Explore and support access to a personal health budget, where appropriate, for their care and support.
- Utilise existing IT and MDT channels to screen patients, with an aim to identify those that would benefit from health coaching.
- To work flexibly, adapting to the needs of the service and client group while maintaining the integrity of the role.
- To collate service user experience and impact of health coaching as part of the delivery of personalised care.
- To participate and collect data that measures the impact of health coaching as an intervention that supports embedding personalised care into local health systems e.g., collect data entry (sic) relating to the health coaching activity in GP, LA and hospital clinical systems or other systems, as required.