

# Churchmere Medical Group Patient Group

Meeting

Date: 25 January 2024

Venue: Ellesmere Community Centre

## Present:

Practice Representative: Jenny Davies (JD), Managing Partner. Elaine Ashley (EA), Data & Quality Assurance Manager, Jemma New (JN), Community & Care Co-ordinator

**Whitchurch:** Peggy Mullock (PM), David Cooper (DC), Fay Barrow (FB),

**Ellesmere:** Sheila Stringer (SS)

Apologies: Dorothy Wright (DW), Carole D'Ammassa (CD), Bev Duffy (BD), Sarah Smith (SS), Terrie Hewitt (TH), Janet Howarth (JH), Chris Crowther (CC)

**Visitors:** Jayne Morris, Senior Engagement and Insight Officer, ICB and Sarah (?), Senior Engagement and Insight Officer, ICB

## 1 Welcome (meeting opened at 1400 hrs)

Meeting was opened by PM. Round table introductions made and apologies accepted.

## 2. Minutes of last meeting

Minutes of last meeting agreed and no matters arising.

## 3. People's Network

Sarah, Senior Engagement and Insight Officer, ICB discussed the People's Network and gave out flyers to the group. The People's Network is an online community of local residents where you can have your say about health and care services. Further information available at

[www.shropshiretelfordandwrekin.nhs.uk/peoplesnetwork](http://www.shropshiretelfordandwrekin.nhs.uk/peoplesnetwork)

#### 4. Presentation – Advance Care Planning

Jayne Morris, Senior Engagement and Insight Officer, ICB attended to deliver a presentation on the Advance Care Planning project.

**‘Information provided and information sharing prompted by discussions:**

Leaflet about Personalised Care and Support plans and how these feed into Advance Care Planning. Please contact Laura Casey [laura.casey@nhs.net](mailto:laura.casey@nhs.net) if you would like to feed into this project.

Advance Care Plans (ACP) current form which is being used and the link with RSEPECT forms

The current systems use of ACP with hospice, Shropshire Community Trust & Care homes, reference to the research into the use of ACP in STW and identified benefits.

Brief discussion of Primary Care pilot site with ACP developments

Our current ACP engagement project looking to enable Shropshire residents to be able to have discussions around death & dying with appropriate family/supporters and professionals to complete their own ACP, to live as healthily and well as possible .

Practices current method of receiving and recognising which patients have a completed ACP -these are currently completed by Shropshire Community Trust for people in nursing/care homes, sent to the practice and an identifying code recorded on patients.

**Concerns, questions and suggestions:**

- Impact of the project on Primary Care workload -concerns that patients will arrive and ask GP to complete a complex form, some of which is not medically based.
- Other practice staff without medical backgrounds being asked to help complete a heavily medical form.
- Language/format of the form is not suitable for the general patient population especially those who are not online or of an older age group. Consideration of the reading is required.
- Updating of information and digital sharing.- concerns about who and how records are held, and hard copy updating.
- Information about the current ACP project -need for primary care to be aware. It was felt that the practice bulletin article was not sufficient or best placed to convey the project.
- Further information about ACP in general, the project current ACP engagement project and the pilot medical practice was requested -Who would be best placed to be contacted for further details/discussions?
- Joint Health Overview and Scrutiny Committee -would it be possible to have a presentation about ACP and developments at HOSC and who is best placed to do this?
- Is ACP a national initiative and will it continue to be funded?

**Suggestions:**

- Re-wording of the form to be suitable for the general non-medical, older population -is it possible to modify the form and how much is the content governed by national directives?
- To make clear why ACPs are completed and what is hoped to be achieved.

- That the form is clearly sectioned into non-medical and medical sections so that someone understands what they can complete and where to go to for the sections they can't.
- Does the form need to have a medical section or just a link to medical notes? If someone is asking for help to discuss and complete this form, they may not want the person they are speaking with to know their medical details.
- Reformatting of the form - in the current form it may be off putting or frightening.
- To have a clear methodology of how this form and guidance booklet, when ready, will be accessed and distributed to our older communities: thinking creatively about this distribution and including non-NHS groups
- Exploring wider issues – if you find someone who has died who do you call and what do you do? What information is available and how might this be included in the ACP?
- General agreement that this was a good idea and required careful and thoughtful development.'

Concerns raised by the practice that this project was being shared with community groups, patient groups etc but that the practice was not aware that this project was being developed.

## 5. Actions from last meeting

- Help Yourself to Health Events – PM has yet to contact the Watergate Centre re availability on a Saturday. JN has received responses from 5 organisations to date who would be happy to attend on a Saturday. It was felt that holding an event on a Saturday would have increased footfall if tied in with the monthly Farmers market. For further discussion
- Communications Group – the communications strategy developed by the communications subgroup has not been shared at any point with the wider group. Since the introduction of the subgroup, the practice has installed a new telephone system which has improved call times. There is also an active Facebook page where information is shared and a monthly practice newsletter. This was discussed at length and a decision was made to draw a line under the unshared communication strategy and start afresh.

## 6. Update on new Health Centre in Whitchurch

EA reported that the Practice has not received any update from the project team since November other than work remains on schedule for completion Summer 2024.

We noted from social media that the crane left the site last week.

EA has received a response from the comms team at the ICB who are happy to work with the practice and patient group.

At the last meeting, we asked for ideas for the waiting room and received the following: virtual fish tank, bubble water wall and flat screen TV with aquarium features. EA commented that we cannot have a further flat screen TV due to power and data points but the practice would be keen to explore the other ideas.

The practice would like to develop a logo which would be used on signage, website and headed paper. A discussion was held on whether a design competition be launched to involve the local community.

DC commented that the practice would need to develop a detailed brief for people to work to. Once developed, the competition will be shared with the general public and schools.

In addition, a suggestion was made by PM that we ask the art/design students at the local schools to produce a piece of art which could be used in the communal area of the health centre.

**Actions:** Await update from project team  
Practice to develop brief for logo competition  
Practice to contact local schools re art work

## 7. Ellesmere Town Council Survey

JD shared information following the Ellesmere Town Council Survey on health provision in Ellesmere and local area. JD and Dr Mark Willis have since met with the Town Council to discuss the results of the survey.

As a result the latest patient newsletter addresses many of the concerns and queries raised by the survey. The newsletter is available on the practice website.

A question was raised on why the survey was felt necessary in the first instance in view of the costs incurred which prompted a discussion.

## 8. Newsletter

The current newsletter addresses concerns raised by the Ellesmere Town Council survey (see item 7).

The newsletter was received positively and discussions were held on what would be useful to have in future newsletters ie. 'what happens when you telephone the practice?', information on eConsults, information on Accurx, 'what to do in the event of a death'

SS is happy to be sent a link to the newsletter to put in the Welshampton Parish Council news

## 9. Any Other Business

Discussion on membership of the patient group as this meeting was held in an afternoon in Ellesmere to accommodate Ellesmere representatives and those who do not like to travel in the dark. However, despite this the attendance was lower than normal.

EA confirmed that all new patients are asked whether they would like to join the PPG. The practice does also promote the PPG on Facebook. EA asked whether we should consider moving to a virtual group in the future.

PM said she had a group of Mums that she could contact.

SS suggested asking the town council/rural centres to send a representative. We must remain aware that the patient group is not a political group and patients attend in their own right rather than as a representative of other groups.

### Actions:

- EA to contact existing group members that do not attend to confirm whether they would like to be removed from the group
- EA to put further information on Facebook page

### Date of next meeting

10 April – Pearl Yard Senior Citizens Club – 5.30 pm

The meeting closed at 4 pm