**St John’s Way Medical Centre**

**Patient Participation Group**

**Minutes of meeting on 24th October 2016**

**Chair** – Christina Sanchez de Beggs, SJW PPG Member

**Guest Speakers** – Cerdic Hall, Nurse Consultant in Mental Health; Valerie White, member of Side by Side Network; Sally Strange – member of Side by Side Network and service user researcher; Sylvia Lewin, Chair of N. London Dignity in Dying; Janet Home, N. London Dignity in Dying and SJW PPG Member

**SJW PPG Members** - L.Smith; B. Graham; T. Barnett; R. Silverman; M. Harley; T. Bleach; L. Pritchard; F. Jacobs; D. Boswell; J. Pollock; J. Digby

**Practice Staff** – Penny Borrow, SJW Development Director and Practice PPG Lead

1. **Introductions**

After general introductions, the Chair, CSdB, introduced Cerdic Hall, St John’s Way Medical Centre’s link Nurse Practitioner for Mental Health, Sally Strange, a volunteer member of Islington’s Side by Side Network and Valerie White, a PPG member and also a volunteer member of Side by Side Network, all of whom had kindly come to talk about a fantastic new mental health project.

1. **Topic 1 – Side by Side Network**

Cerdic gave an overview of his role in Camden & Islington Mental Health Services and explained that one of his priorities is to change the culture of people with mental health issues ‘being done to’. The Side by Side Network is doing just that by gathering the voices of local people and creating a large network of people linked together through a hub that will drive its work. The Network will include ‘patients by experience’; GPs, interested individuals and organisations will be able to tap into their expertise. The main focus of its work is to empower patients and help to make them be at the centre of decision making – this is a key NHS priority involving shared decision-making – “no decision about me without me”. Patients’ voices will be harnessed and links will be made possible between patients and organisations through the Side by Side Network. This will enable sharing of knowledge and learning about the ways that different communities and cultures experience and work with mental health. Valerie, a patient by experience, explained that she was a teacher before she her experience with mental health issues and she has been involved in a key area of work for the network – namely training. She has already been engaged in a training programme for GPs – staff at SJW have already had the opportunity of two training sessions on employment and housing. The Network helps to challenge popular conceptions of people with mental health problems and helps raise consciousness and motivate clinicians and staff in local health and social welfare organisations to change the management and experience of patients with such issues. The Side by Side Network is just starting out and really wants to hear the comments and views of people across Camden and Islington. One patient described his experience of being involved in a group with Camden MIND that helps patients to reduce reliance on benzodiazepines and suggested that a good way to spread the word could be via repeat prescriptions. PJB said that she would look into this at SJW. Camden MIND, which has strong connections with an organisation called Mental Health Rethink, could also be a member of the Side by Side Network. There was a general discussion and exchange of ideas, including things that SJW could to to raise awareness of the Side by Side Network, eg messages on repeat prescriptions; waiting room TV screen; notice board display; info in mailouts, SJW patient newsletter, face to face encounters during consultations. Cerdic, Valerie and Sally were thanked for joining the group and for their work on such an innovative and important project.

* **Action** - Cerdic handed out leaflets for the project to be distributed at the surgery; PJB will discuss these strategies above with the management team.

1. **Minutes from the Previous Meeting on 11.07.16 and Matters Arising**

* CSdB gave an overview of the previous minutes, previously circulated and handed out at this meeting. All agreed that the minutes were accurate.
* It was noted that the autumn Jazz ‘n Jabs and Health Fair had been a great success this year; several community based projects had attended to give out information and talk to patients eg Recovery College, Hillside Club, SHINE, Expert Patient Programme, AgeUK Navigator Service, Islington Stop Smoking Service. Also noted that there was a great turnout for flu jabs and more were given on the day than at Jazz &Jabs in previous years.
* PJB gave an update on the Transformation Projects discussed at the previous meeting. Announced that 3 out of 5 funding bids made by SJW have been approved as pilot projects in the 2016/17 financial year, with the possibility of extending them into 2017/18. The three projects are: to pilot on-site specialist musculo-skeletal and physiotherapy services; to embed patient self-management by employing an on-site health coach/navigator who will work alongside clinicians and reception staff offering signposting and health coaching directly to patients; to develop a series of wellbeing services from a second local site, eg from a local community centre. It was noted that she had been in touch with LBI Planning Dept and one of the local councillors to find out about the old Beaumont Rise Neighbourhood Centre site, which could be an ideal place to deliver a variety of health related and community services. FJ gave info about council plans to use that site for housing; a consultation is ongoing. More information on these pilot projects will be made available as project planning progresses; in the meantime, any PPG members wishing to be involved please contact PJB at the surgery.
* **Action** - PJB to contact the LBI project planners for the Beaumont Rise site.

1. **Open Forum**

* Reablement Team – RS mentioned her recent experiences with the Reablement Team and how she had noticed the stress that staff are under and how the service design doesn’t seem to take account of their voices. She also noticed that the nurses at St Pancras work so hard and on such heavy shift work that they have no time for a personal life. She said that she feels very lucky to have received her treatment “before the service cracks” and so wrote to the Chair of Social Services about this; she has received a reply assuring her that this will be taken into consideration.
* Islington Sustainability and Transformation Plans (STP) - TB gave an overview of NHS England’s (NHSE) STP – she qualified this saying that little is actually known about the detail. NHSE has split the country into footprints – Islington is part of the North Central London (NCL) group of 5 London boroughs (Camden, Islington, Haringey, Barnet and Enfield - those that were linked after the Primary Care Trust was ceased a few years ago). The STP, which has been worked on without public consultation, will map out plans to deliver cuts in health and social care spending of £876m. Islington’s books are currently balanced, however once they join with the other 4 boroughs this situation will change and they will inherit a large collective deficit. TB presented a paper on the STP at a Joint Health Overview and Scrutiny Committee on 30.09.16 on behalf of health campaigners in the 5 NCL boroughs. This paper has also gone to Jane Watts, Leader of Islington Council, Steve Hitchins, Chief Executive of Whittington Health and Jo Sauvage, Chair of Islington Clinical Commissioning Group. There was a general discussion about the future of the NHS and some of the issues that patients and organisations are currently facing in Islington. Please see more information in TB’s paper which is attached with these minutes.

1. **Topic 2 – Advance Directives and Assisted Dying**

CSdB introduced Sylvia Lewin, Chair of North London Dignity in Dying and Janet Home, SJW patient and PPG member, who had come to give a presentation to the group. SL and JH gave an overview of their organisation and explained that is able to give advice and support to people wishing to make advance decisions and is linked to Compassion in Dying – a sister organisation that can offer the same assistance. In this country, 82% of people say they want to say what will happen at the end of their life, however only 4% have set this out in an Advance Decision. The Advance Decision is a formal way that an individual can say “this is what I want if I reach a stage when I can’t speak for myself and can’t tell the doctor what my wishes are”. N London Dignity in Dying strongly believe that Advance Decision making is the way forward in the light of assisted dying not being available in the UK. An Advance Decision can only be put in place by someone with full mental capacity to sign the form; in it, you can stipulate the kinds of treatment you DO NOT want – you cannot say what you do want, eg a decision to die. A Power of Attorney can also perform this function on your behalf via a Lasting Power of Attorney that is registered with the Office of the Public Guardian. Copies of the official Advance Decision form were handed round with copies for the surgery. It was stressed that the more people who know about the fact that you have an Advance Decision in place, the more likely you are to have your wishes respected and adhered to. Ideas for ensuring that people know were discussed, eg letting your GP know and asking for a note to be put on your medical record; putting a message in a bottle in your frig; ensuring that all your family members know. There was a discussion about how best to highlight and promote the benefits of advance decision making throughout the practice population; PJB suggested that a noticeboard could be set aside specially for this on the curved wall of the GP corridor. DB mentioned that Age UK organises ‘death cafes’ as a way of getting people together to discuss their plans and wishes. There was a general question and answer and discussion about the issue of end of life wishes and care. Sylvia and Janet were thanked for coming to give such an interesting and important presentation to the group.

**Action** – PJB to ask JR, Practice Manager, if a noticeboard can be put up in the corridor.

1. **Agenda item suggestion for next meeting**

PJB informed the group that Dr Matteo Pizzo, SJW’s practice based Consultant Psychiatrist will be available to come to the next PPG meeting on Tuesday 6th December. Matteo has been involved in leading an excellent new project – SJW’s Practice Based Mental Health Service which supports patients with mental health issues. He works closely with clinicians to offer patients face to face consultations and joint consultations with GPs. He would be very interested to meet the group and has proposed running a session at the next meeting with a theme of patient engagement and empowerment. The group were enthusiastic about this and the date and theme of the next meeting were agreed.

**Action** – PJB to make arrangements for next mtg on 06.12.16 and discuss the agenda with Matteo.

1. **AOB**

There were no items for AOB.

1. **Date and Chair for next meeting**

* As above – next SJW PPG meeting will take place on **Tuesday 6th December at 6.30-8.00pm**. Agreed that Jan Pollock will be the Chair.
* Next Pan Islington PPG meeting is on **Tuesday 15th November at 2.00-4.00pm** – PJB circulated details from Emma Whitby at Health Watch at the meeting – these had also been circulated by email or post to all PPG members.