Minutes of a meeting of the Fairford Patients' Participation Group held on 27 April 2023 at 1.30pm

1. Those present

   John Read – Chair and Secretary
   Cllr Stephen Andrews – Patient
   Lindsey Bodman, Helen Ballinger and Debbie Williams – ICB
   Margaret Bishop – Patient
   Trevor Hing – Patient
   Emma Saxby – W4W Volunteer Coordinator
   Andrew Slucock – Practice Manager
   Alison Watkins-Nash - Patient
   Shelley Welsh – Chair of the Friends of Fairford and Lechlade

2. Apologies

   Judith Butler, Jennie Sanford, Carolyn Thrussell

3. Matters arising from the minutes of the meeting of 19 January 2023
   a. COVID boosters were now available for the elderly and vulnerable.
   b. There had been supply issues with B12 vaccine which had been resolved. Andrew was looking at annual recalls for vaccinations and was considering adding B12 to these.
   c. The Footfall company had been taken over so any upgrades to the system had been suspended.
   d. Warm and Well bags had been distributed by the nurses and no further supplies were needed at present.

4. EoL preparation and documentation – see also Appendix A
   a. Lindsey Bodman explained that the new Integrated Care Board(ICB) had replaced the Clinical Commissioning Group and was now responsible for an integrated approach to primary care, hospitals, district nurses, carers hubs and a range of other medical provision. Within this the ICB was working on the how end of life care and post bereavement support could best be provided within Gloucestershire. As more integrated systems information developed it would be easier to identify those nearing end of life.
   b. Helen Ballinger explained the purpose of the ReSPECT form which replaced the Do Not Resuscitate form and gave a more detailed approach to dealing with differing emergency medical conditions aimed at guiding responders, paramedics, hospitals and other care institutions in line with the wishes of the patient. Helen emphasised that the ReSPECT document should, where possible, be discussed with the family and the patient's doctor. This guidance was not legally binding. It needed to be kept up to date if the medical condition of the patient changed. The document was held by the patient. Helen drew attention to the One Gloucestershire NHS Personalised Care and Support Plan which included the ReSPECT document. The latter was available

in digital form on surgeries' websites. A video was available which explained the ReSPECT document would be sent to the PPG. **Action LB**

c. Andrew expressed concern that completing this document with a doctor would be a potentially lengthy process and was further concerned about any legal liability which might arise from clinicians signing it, which under the current contract they were not required to do.
d. Helen mentioned the Virtual Whiteboard for use by doctors which mirrored the information in ReSPECT and had a traffic light display which highlighted a patient's EoL situation.
e. Helen emphasised that other documents were needed to prepare patients and their families for EoL, in particular Powers of Attorney and wills.

5. Practice Manager's report
    a. Staff – It has not been possible to recruit another doctor, therefore patients will be referred to Advanced Clinical Practitioners wherever appropriate and the doctors' work will also be reallocated where possible. A nurse who left the practice has been replaced and the newly qualified full-time nurse will be completing her training and will be full time with effect from September. The surgery was advertising for a receptionist to work Tuesdays and Fridays. [The position has been filled, and a new starter will join in June.]
    b. Appointments System – Andrew had looked at the Rendcomb system and found it very similar to Hilary Cottage and felt that no change was required with the following exception – surgeries were now required not to ask patients to ring back. Rather receptionists would route calls to a duty doctor who would advise what action should be taken to care for the patient. This would avoid 'triage' by the receptionists but would increase the doctors' workload. Andrew was advised that very few if any appointments were available on the website and he undertook to look at this. **Action - AS**
    c. Prescriptions – Trevor stated that when Hyperion had not received their prescriptions they rang Stroud pharmacy and on occasion were told that the prescription had not been received from Hilary Cottage. Andrew undertook to examine this**. Action – AS**
    d. Abuse to staff – Andrew stated that, regrettably, there had been an increase of abusive behaviour towards staff. In future patients who were responsible for this would be issued with a letter detailing the nature of their offence and advised that if this recurred, they would be removed from the practice register.
    e. Shelley mentioned that the text messaging to patients by the practice regarding the bereavement café had resulted in additional attendance, and also some additional volunteers.
6. Friends of Fairford and Lechlade report
    a. Home nursing was now in place for 8 patients.
    b. A meeting had been held with the Prospect Hospice. Financial support for this had been suspended during COVID. This was now being resumed with an interim payment of £5k.
    c. Bereavement Café – this was well attended and the team had recently visited the W4W Talking Café to further advertise the service.

d. A trip to Windsor had been well attended by clients.
e. There were record numbers of patient transport drives and prescription collection and delivery.
f. Takings at the Lechlade shop had increased with the closure of the Fairford Cats and Dogs charity. Gift aided contributions were increasing.
g. The Lunch Club had restarted but another manager was required to extend the service by another day.
h. The house-to-house collection was in progress.
i. There was a full calendar of events.

7. Working for Wellbeing report
    a. John said that the Talking Café was well attended and a range of other activities were in place.
    b. He drew attention to a partnership with Cotswold Friends who would be setting up a social driving service to sit alongside the medical driving undertaken by the Friends.
    c. He also stated that the Memory Club , financially supported by the Friends of Fairford and Lechlade, was now up and running
8. Social Prescriber's report
    a. Carolyn had reported that since the last PPG meeting there have been 5 referrals to Social Prescribing from Hilary Cottage which have ranged from mental health and wellbeing, to cost of living and healthy living. Each referral has either been contacted via telephone or a by home visit. Some of the work with the clients is still ongoing and some cases have been resolved. Work with clients has been supported by People for You, Working 4 Wellbeing and Friends of Fairford and Lechlade and Carolyn thanked them for their invaluable input.
    b. Carolyn had arranged to visit the Talking Café in Fairford on Wednesday 17th May.
    c. The Cotswolds Wellbeing Service is keen to increase its referrals from the Fairford area and will be actively looking how to do this and would welcome any suggestions. **Action – CT/All**
9. Survey Tool
    a. Alison said that there were a large number of questions which had been incorporated and work was needed to decide which questions should be posed to patients. **Action AW-S/All**
10. Any other business – there was no other business.
11. Date of next meeting – to be arranged.

Appendix A – Detailed note from Lindsey Bodman on the ICB approach to EoL documentation

Lindsey Bodman explained that the new Integrated Care Board in Gloucestershire (or ICB) has replaced the Clinical Commissioning Group. The ICB is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in Gloucestershire. She also outlined that end of life care is a system wide approach, with a range of agencies often being involved at the end of a person's life these can include:

- Our community provider - Gloucestershire Health & Care, delivering services such as district nursing, and community hospitals
- Our acute provider – GHNHSFT- delivering specialist palliative care as well as generalist end of life care
- Our hospices – Friends of Fairford deliver hospice at-home care locally in people's homes. Our inpatient unit for the county for adults is delivered by Sue Ryder and is based in Cheltenham
- Primary care – your local GP practice
- Pharmacies
- Ambulance Trust
- Domiciliary care providers
- Care homes
- Local authority
- Bereavement services

Lindsey also outlined that it is critical to involve the individual and their family and friends. The pattern and scope of involvement will vary for every individual, but for people to have a 'good' death all the parts need to work together.

The 6 National Ambitions of Palliative and end of life care were also shared with the group, along with the strategic priorities for Gloucestershire.

1. Each person is seen as an individual.
2. Each person gets fair access to care.
3. Maximising comfort and wellbeing.
4. Care is coordinated.
5. All staff are prepared to care.
6. Each community is prepared to help.

Strategy 2021-2025 - key priorities:
• **Early Identification** of a person in their last 12 months of life. There is currently an ongoing project being delivered by the ICB called the 'personalised proactive whiteboard' which is aimed at supporting clinicians with early identification for the purposes of then providing a coordinated response.
• **Sharing information** – development of consistently utilised personalised care plan that is then digitised.
• **Access to 24/7 advice and support**

• **Enhanced pre and post bereavement support**. A workshop is being held on the 12th May as part of dying matters awareness week to listen to the public's views and experiences in relation to accessing bereavement care in Gloucestershire. It was requested that this workshop was promoted via the PPG network.

Lindsey shared some leaflets with the group. Some of these leaflets are made available by hospice UK https://www.hospiceuk.org/our-campaigns/dying-matters/dying-matters-resources#content-menu-14245, others are developed locally. Locally developed leaflets can be ordered (by GP practices) and will be printed and delivered free of charge.

Helen Ballinger explained the purpose of the ReSPECT plan.

ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices. Such emergencies may include death or cardiac arrest, but are not limited to those events. The process is intended to respect both patient preferences and clinical judgement. The agreed realistic clinical recommendations that are recorded include a recommendation on whether or not CPR should be attempted if the person's heart and breathing stop.

In Gloucestershire, the ReSPECT plan replaced the old Do Not Resuscitate form in October 2019 and aims to give a more detailed approach to dealing with differing emergency medical conditions aimed at guiding responders, paramedics, hospitals and other care institutions in line with the wishes of the patient as well as when a person is approaching the end of their life.

Helen emphasized that the ReSPECT plan is created through conversations between a person and one or more of the health care professionals who are involved with their care. The plan is not legally binding. It should stay with the person and be available immediately to health and care professionals faced with making immediate decisions in an emergency in which the person themselves has lost capacity to participate in making those decisions. The plan is used by clinicians as guidance for the care that person might want in an emergency situation or approaching the end of their life. It needs to be kept up to date and reviewed if the medical condition of the patient changes. The plan is held by the patient and should go with them if they go into hospital. Helen drew attention to the One Gloucestershire NHS Personalised Care programme around 'what matter's to me' and the 'orange folder' which holds support and care plans including the ReSPECT plan.

GP's have access to a digital plan on surgeries' clinical patient system. The form itself is usually purple, however if printed off from the GP clinical system, then is usually black/white, which is also perfectly acceptable. A video was available which explained the ReSPECT process will be sent to the PPG

Joe's story - https://www.resus.org.uk/respect/respect-patients-and-carers
Further information can be found: ReSPECT for Patients and Carers | Resuscitation Council UK

During the meeting Andrew expressed concern that completing this document with a doctor would be a potentially lengthy process and was further concerned about any legal liability which might arise from clinicians signing it, which under the current contract they were not required to do. Helen reiterated that the plan is not legally binding but is a shared decision making process between the patient, their families and other health care professionals involved in their care including their GP. That GP's are already involved in this process, this is not new. ReSPECT plans helps to provide good quality care for patient's and GP's countersign ReSPECT plans so they are aware of that person's preferences and recommendations in an emergency. The plan is still valid if it's not countersigned but it's good practice for the GP to be aware and agree with the clinical recommendations for their patient.