

Appendix F – Minutes of the Primary Care Patient Advisory Group – workshop on self care

NOTES:

Primary Care Patient Advisory Group

Monday 26 September 2016. 11.00 – 13.00
TheVenue@Cowley, 242B Barns Road, Oxford, OX4 3RQ

Present	Name	
	Julie Dandridge (JD)	Oxfordshire CCG
	Julia Stackhouse (JS)	South, Central and West CSU
	Chris Wardley - Chair (CW)	North
	Graham Shelton (GS)	West
	Elaine Cohen (EC)	City
	Michelle Evans (ME)	Carers Voice
	Jeremy Hutchins (JH)	SE
	Rosemary Wilson (RW)	North
	Andrew Colleran (AC)	Healthwatch Oxfordshire

Apologies	Name	
	Alasdair Lennon (AL)	University of Oxford Student Union
	Janet Waters (JW)	SELF
	Gene Webb (GW)	SWOLF
	Mary Braybrooke (MB)	South West
	Jan Cottle (JC)	Carers Voice
	Monica Waud (MW)	Age Uk Health and Social Care Panel
	Louise Wallace (LW)	Non-Executive Director
Eileen Turner (ET)	NE	

		Action
1.	<p>Welcome and Introductions</p> <p>CW welcomed everyone to the meeting and reminded members that the purpose of the PAG is to inform the patient input into the Oxfordshire Primary Care Commissioning Committee, which CW attends. CW confirmed that the feedback from this group informs the primary care workstream as CW is the patient representative on the workstream.</p> <p>Action: to provide a picture of the governance arrangements for the workstream and Transformation, to show where the patient involvement contributes.</p>	JD/SAD
2.	<p>Workshop on Self Care</p> <p>JD asked the members of the PAG to consider the following question? If Primary Care is to</p>	

	<p>be sustainable, how do we support patients to self-care?</p> <p>A lively discussion followed and the following points were raised:</p> <ul style="list-style-type: none"> ▪ Education in schools is surprisingly good. Perhaps children can guide their parents on how to be good ▪ Concern about the lack of funding for public health budgets. ▪ Emotional Health, children need this – how can we encourage parents/families to help each other? ▪ Top down and bottom up approach needed – education does need improvement ▪ GP social prescribing, carrot/stick ▪ What is the motivation –to do anything ▪ Link between mental health and physical wellbeing ▪ Stop smoking campaign was really hard hitting – promotional materials need to be more hard hitting ▪ How much does it cost in £s, express in money ▪ Need to be careful you don't put people off going to the doctors ▪ Trust the patients more to look after themselves ▪ Enable the IT systems to receive data from patients on themselves ▪ Support patients – see case study already shared ▪ Cans PPGs provide more support? ▪ Pharmacy advice can be shocking and poor ▪ Practice and Pharmacy don't talk to each other about patients ▪ Target supermarkets and shopping malls to promote healthy diet ▪ Link with voluntary organisations that represent long term conditions ▪ Buddy people with LTC across the age groups to encourage good behaviour models ▪ Do people actually know about services? ▪ Mini PPG surveys on self care ▪ Health apps ▪ Not being able to get appointments ▪ Lack of link between primary/secondary and social care ▪ Define what the self care information is that people need ▪ How do you get the patient to take the info ▪ How do you get the patient to act on it ▪ What does the patient want to know ▪ Allow the patient to take control ▪ Make it information relevant <p>CW summarised that people need to be supported either in the system or from family, messages need to be appropriate and relevant to what you are trying to achieve. However, negative messaging can be good.</p>	
3.	<p>Other Business</p> <ul style="list-style-type: none"> • It was noted that CQC inspections were felt to be counterproductive. CW will raise this at OPCCC. 	CW
4.	<p>Date of next meeting: Wednesday 30 November, 10 .30 – 12.30 - TBC</p>	