

LEYBURN MEDICAL PRACTICE

PATIENT PARTICIPATION GROUP COMMITTEE

Minutes of Meeting held on 9 December 2015 at 7:30pm

Ground rules

- This meeting is not a forum for individual complaints and single issues.
- We advocate open and honest communication and challenge between individuals.
- We will be flexible, listen, ask for help and support each other.
- We will demonstrate a commitment to delivering results, as a group.
- All views are valid and will be listened to, but must be put through the Chair.
- The Committee will respect one another and behave accordingly - anyone who behaves rudely or tries to bully other members will be ejected from the meeting.
- No phones or other disruptions.
- We will start and finish on time and stick to the agenda.

Present: Nigel Watson (Chairman) (NW), Geoffrey Linehan (GL) June Stancombe (JS), David Bolam (DB), Tom Crosier (TC), Mary Buglass (MB), Bill Wilson (BW)

In Attendance: Stephen Brown (Practice Managing Partner) (SB)

1 Welcome and Apologies

The Chairman welcomed everyone to the meeting.

2 Declarations of Interest

There were no declarations of interest. GL will circulate the Declarations of Interest template for annual completion.

3 Presentation (Tom Crosier)

Tom investigated the digital aspect of medicine, looking at the current state of play and the potential use of computers, tablets and phones in linking with all areas of medicine. He described how Ayrshire and Arran had networked to tablets for patients with chronic conditions such as diabetes, COPD and chronic heart disease and were able to avoid many hospital admissions, showing a saving of £100,000 and an 86% reduction in OOH doctors. Airedale NHS Trust have used a combination of remote sensing equipment in prisons, care homes and other medical settings, again for COPD, diabetes, CHD and end of life care and had greatly reduced admissions in A&E admissions, bed days and length of stay. They were also trialling telehealth care with 238 practices again achieving reductions and savings. Tom also visited a private healthcare provider which was enabling up to 115 email appointments in a 12 hour day. He also referred to the NHS plans for IT as set out in The Way Forward for Healthcare to 2020 which identified common

aims for the health service and which appeared to show digital information as the key way forward. Discussion took place about the potential for e-consultations as well as the possibility of using the Friarage as a hub similar to the Airedale hub. SB said that part of the recent grant of £1.4 million was to be used as a six-month pilot for e-consultations and then the CCG would have to decide if there was a business case to fund it. Initially e-consultations were planned for chronic disease reviews within the practice. It was noted that the CCG had developed a digital road map but had yet to specifically apply it.

Tom left the meeting at this point to respond to an emergency call-out.

4 Minutes of the last meeting and Matters Arising

DB requested a correction on age 2, Item 4 to change CCG to PPG, this was agreed. A question was raised about CQC inspections but SB had no information at the present time. The minutes of the previous meetings were agreed and accepted.

5 Correspondence received/Meetings attended

JS reported that she had attended the Patient Congress in November at Tennants. The meeting had been most informative and included updates on seventeen items that covered buildings, staffing, clinical pathways, new wheelchair services, urgent care, transport reviews, autism diagnosis, winter planning and consultations about 'Stop Before the Op' initiatives regarding smoking cessation.

DB reported that he had attended ambulance meetings the main topics of which were the CQC report last January regarding cleanliness of ambulances which has been addressed by extra staff and response times to Red 1 and 2 calls which have improved but were down in October. He also reported that the ambulance trust is trialling an urgent care system in West Yorkshire which was aimed at keeping patients out of hospital and involved using nursing staff with paramedics to see and treat patients. This appeared to be working well but it is in a metropolitan area with a high population. DB said that this pilot was for the whole country and NHS England was watching it closely.

6 Raising Awareness

NW apologised for not putting an item on the agenda specifically relating to the workplan for 2015-16 but said that all the topics discussed under items 6-8 would make up the plan.

a Newsletter

It had been agreed at the AGM that the newsletter should be published on the website. MB will forward a copy to SB. SB reported that the website needs refreshing but is waiting for system one to update patient online and after that

he will go ahead with the update. NW agreed to review the PPG part of the website and liaise with SB about any changes.

b Noticeboard

It was agreed to continue with the PPG noticeboard. SB had added a copy the patient comments received.

c AGM

It was agreed that the AGM had been well attended but in future any member of the public speaking should be asked to give their name and details about any interest group they were representing. It was felt that both the AGM and the Open Evening were a good vehicle for promoting the PPG. NW felt asked SB if the PPG could assist in promoting Dr Wild's vision of shared care and that it could be included in the workplan for next year.

d Future speakers/members presentations

NW will contact Jonathan Langhorne about the date of the next meeting and DB will speak about the Ambulance Trust at the subsequent meeting.

7 Monitoring Practice Performance

SB had added a copy the patient comments received to the noticeboard. This item will be an ongoing part of the PPG workplan.

a Extended hours

Evening surgeries are continuing.

b Friends and Family Test

This is an ongoing system.

c Outpatient Clinics

As reported at the AGM, these clinics are gradually being utilised.

d Vitrucare

SB reported that this is currently being tested with a small number of patients prior to a re-launch in the New Year.

e Dales Project

SB reported that there is a slight hiatus with this due to the retirement of Vicky Pleydell. JS said that at the Patient Congress, Vicky Pleydell had said that

there was a problem with recruitment of District Nurses which was contributing to issues with this project.

8 Patient Choice

It was agreed that this topic was nebulous in that patients do have choice but rarely exercise it.

9 Practice/CCG/Heartbeat Alliance Update and News

SB reported that the recently published report in the Darlington and Stockton Times about the AGM was incorrect when it stated that an extension to the current building was inevitable whereas it should have stated that the population growth in Leyburn was inevitable. However, SB said that NHS property services and Assura were currently negotiating with Yorvik about the possibility of purchasing some of the land to provide for dentistry, podiatry and physiotherapy services to be located on the same site as the practice together with additional parking.

Staffing changes that are taking place include Rachel Flintoff leaving, an advertisement for a medical secretary/admin assistant is currently running, Liv the Phlebotomist is taking maternity leave and a temporary six month replacement is being sought and Sarah Wetherall is currently helping out as a bank member of staff and is shared with the Central Dales Practice.

10 Any Other Business

The Workplan for 2016

As noted above, it was agreed that all the items in 6, 7 and 8 should form the workplan for our next year.

11 Next Meeting

The next Committee meeting will be held on Wednesday 10 February 2016 at 7.30 pm. Members should forward any agenda items to the Chairman at least two weeks in advance of that date.