

LEYBURN MEDICAL PRACTICE

PATIENT PARTICIPATION GROUP COMMITTEE

Minutes of Meeting held on 15 December 2016 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), Geoffrey Linehan (GL), David Bolam (DB), June Stancombe (JS), Sue Medley (SM), Margaret Moffatt (MM), Stephen Brown (SB) (Margaret Moffatt was in attendance as an observer with a view to joining the committee for 2017)

Apologies

Apologies were received from Bill Wilson.

1 Welcome

The Chairman welcomed everyone to the meeting.

2 Declarations Of Interest

There were no declarations of interest.

3 Louise Robertson-Rennard (Practice Website)

This item was postponed.

4 Minutes Of The Last Meeting And Matters Arising

The minutes of the last meeting were agreed.

5 Correspondence Received/Meetings Attended

- a Approval of renewal of NAPP subscription for 2017/18

SB kindly agreed that the Practice would fund the subscription for a further year. It was noted that the NAPP PPG awareness week for 2017 will be week commencing 19 June and it was agreed that the Open Evening should take place during that week if possible.

The recent NAPP newsletters raised several questions:

The My Medication Passport was discussed and it was agreed our local system was similar and equally effective. The 'Pot In The Fridge' was available from the local pharmacy and the Ambulance Service was aware of its existence.

The Choosing Wisely Campaign was noted and it was suggested that the five key questions mentioned were worth highlighting and NW would set them out in a poster for the notice board.

6 NAPP – Review of PPG Performance

NW produced a document based on building better participation in our PPG. This was discussed at some length.

A form produced as a sign up form by another PPG was looked at and it was agreed that we should adopt this on our website.

Another option of a members forum was suggested and it was agreed to keep this item for our next meeting with the website designer.

The question of Patient Champions was discussed, particularly a Young Person's Champion and a Carer's Champion and it was agreed to invite Mandy Dargue, who is also looking at this, to a future meeting.

It was noted that liaison with the Carers Association (Northallerton) would be a good idea and GL and SM would investigate the Young People's representative on the local councils.

It was noted that our practice is working so well (backed by the recent CQC outstanding grade) that the perceived lack of interest in the PPG could possibly be attributed to that fact.

It was agreed that a four year term for office holders and committee members should be effective from the next AGM.

SM agreed to draw up documents, one for new PPG members, another for new committee members, describing the roles of the PPG and the committee.

It was also agreed to reaffirm the ground rules at every AGM.

It was felt that the committee did have links in other areas such as the HEN, the NY Ambulance Trust and local councils, and all PPG meetings were well advertised by all parish councils, local pharmacy, library and Leyburn Life.

In terms of knowing and working with patients we have held open evenings and an annual meeting.

It was agreed with SB that he would discuss with us local census and health data. SB commented that Public Health did not appear to have a plan for local priorities. SB explained that the practice has a five year business plan which is reviewed formally annually and we agreed to discuss this on an annual basis as well.

This gave rise to a discussion about the future of the challenge facing the area with regard to the planned huge expansion of Catterick Garrison rising to 12,000 with five to six years. The problem of patients from the Colburn practice regarding the lack of availability of appointments was noted.

It was felt that we had already had many surveys of patients including the Friends and Family Test, the GPAC questionnaires, the CQC inspection and another survey by Dr Wild, and this could be left to settle down before any more surveys are conducted

GL agreed to undertake a regular perusal of the internet for items pertinent to the NHS and our PPG and bring them back to the committee.

7 Sustainability and Transformation Plan

DB attended a meeting in Northallerton which had a presentation and discussion of the Sustainability and Transformation Plan. He was sufficiently concerned to write to Janet Probert regarding worrying issues. He has received no response to date but is aware that the letter has been given a wide circulation. One item was about stroke patients from Darlington being sent to Durham. Other concerns were about maternity services at Darlington possibly being downgraded with no regard for the expansion of Catterick Garrison, and the concern over the area being covered by two ambulance services, including the potential delays that may be caused by North Yorkshire Ambulances being held up in Stockton. It was also pointed out that the new air ambulance still is not operating at night. North Yorkshire County Council are against any downgrading but it was noted that our CCG has a very small presence in the system.

The Jim Reaper blog was also discussed which mirrored many of our concerns. SB reported that there had been no consultation with Primary Care about the STP but the GP Federations are now working together and a meeting has been planned. Another concern was about hospital trusts 'dumping' work onto primary care which was already struggling. It was felt that until Primary Care was sustainable no transformation would be successful. It was also noted that Primary Care despite any mitigation was already at capacity red. The STP has produced a vague summary document with no mention of resources, funding being predicated on savings. It was agreed that no change is not an option. It was agreed to keep this item on the agenda for the next meeting.

8 Raising Awareness

a Newsletter/Notice board/Website

It was agreed to temporarily suspend the newsletter and consider it again as an item when discussing the website with Louise Robertson-Rennard.

The noticeboard is now being checked on a monthly rota, all posters being dated and removed when no longer appropriate. A new rota will be needed from March 2017.

b AGM

The AGM was fairly well attended and considered as successful.

c Future Speakers/Members Presentations

It was agreed that we should invite Louise Robertson-Rennard to the February meeting, followed by Mandy Dargue to speak about Patient Champions, and then NW with Patient Choice.

d Shared Care

There was nothing further to report on this item at present.

e Patient Transport

The patient transport information is held by Reception and is updated monthly by NW.

f Breast Screening

Following an issue raised at the AGM, new posters about the Breast Screening Service have been placed on the noticeboard and on the surgery wall.

9 Monitoring Practice Performance

a Online Access To Health Records

SB reported that many patients have registered to access their records and their appear to be no problems with this. It is still only read-coded entries that are available.

b Extended Hours

SB reported that the extended hours services are still being fully utilised. A question was raised about seven day access and SB responded that Heartbeat Alliance had been funded for this and several initiatives were in

place but this funding ends in March 2017 and passes to being a CCG responsibility. It was noted that NHS England has become quite liberal in their interpretation of this and may include a hub based option to include mental health services and physiotherapy.

c Friends and Family Test

There have been no responses to the Friends and Family Test.

d Vitrucare

SB reported that he had received no further communication from Vitrucare and this item will be removed from the agenda.

10 Other Practice/CCG/Heartbeat Alliance/Update and News

a Practice Extension

There has been no further news about this item.

b Other

A question was raised regarding the future of the Harewood site. There is a plan for a hub based scheme which is supported by Primary Care but they are currently exploring alternative funding for a multi-agency scheme which has drawn national level interest from NHS England. The MOD will be publishing a letter of intent in January 2017 for a civilian and defence health care system.

A further question was raised about whether the practice was losing staff to Harewood. SB gave reassurances that this was not the case, and said that the practice and Harewood had a joined telephone and IT system to enable staff contact on either site. It was also proposing to add to employment contracts for possible working on either site. Dr Wild is the Clinical Lead at Harewood and spends one and a half days there. However, five new GP's have been recruited for Harewood and it seems to be working well.

It was noted that there was an Open Day at Kirkwood Hall on 16 December 2016.

10 Date Of Next Meeting

The date of the next meeting will be Thursday 23 February 2017 at 7.30pm.