

LEYBURN MEDICAL PRACTICE

PATIENT PARTICIPATION GROUP COMMITTEE

Minutes of Meeting held on 4 January 2018 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), June Stancombe (JS), David Bolam (DB), Geoffrey Linehan (GL), Sue Medley (SM), Margaret Moffatt (MM), Eileen Clarkson (EC).

Apologies

Apologies were received from 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.

3 Presentation on Comparative Primary Care in Europe

NW produced a paper with statistics and information about healthcare in England, Europe and specifically three countries, France, Germany and Sweden. Healthcare spending as a proportion of GDP showed that the UK was spending less than most of the original EU countries. The number of doctors per head of population also did not compare well, neither did the percentage of patients denied access to care because of cost, distance or waiting time. Similarly the percentage of patients unable to obtain same/next day primary care appointment was again not good – UK 41% compared with 19% in the Netherlands.

It was noted that there was a trend towards larger practices in the UK and that most GP's in Europe were self-employed. All countries are experiencing

similar problems with recruitment. The UK had much longer opening hours than those practices in Europe. Some European countries allowed direct access to specialists. It was interesting to note that in most European countries there were costs involved for the patient for drugs or visits to a GP, not all reimbursable.

The three countries selected for more detailed investigation, France, Sweden and Germany showed that fees for services figured largely with France paying the full fee and claiming reimbursement under state health insurance, for the poorest patients, the state pays directly for consultations. The average GP income in France was 82K (euros), 94% of which came from fees. In Germany there was no compulsion for a patient to register with a GP. Most GP's being sole practitioners. The Swedish healthcare system showed to be highly integrated with team based practices and most public and private physicians, nurses and other health care staff are salaried employees.

The presentation provided a basis for much discussion comparing our own healthcare system with that experienced in other European countries.

4 Minutes of The Last Meeting, AGM and Matters Arising

The minutes of the last meetings were agreed.

5 Correspondence Received/Meetings Attended

a NAPP subscription

SB confirmed that this has been paid by the Practice.

b NAPP Newsletters

The November and December issues had been received. SB confirmed that all the Practice Nurses performed ear care.

c Bowel Cancer Screening

NW had received information about a survey of this service and SB agreed that the forms and information leaflets could be placed in the surgery with the completed forms being collected in the Friends and Family box. It was noted that this service is not administered by the practice but is co-ordinated in Gateshead.

d Mowbrary House Surgery: Sustaining Services at the Friarage

NW had previously circulated a letter received from the Mowbrary House surgery PPG that suggested that our PPG joined with them to protest against changes at the Friarage. After much discussion it was decided to await the outcome of the recent CCG consultation exercise about the Friarage. DB noted that the meeting he attended was very well supported and that there was a presentation by the Chief Executive but that the following discussion

groups were poorly organised. He noted that one attendee commented that she had been worried about the Friarage closing but by the end of the meeting that her fears had been allayed. It was agreed that the A & E department at the Friarage was not fit for purpose and that the services at the Friarage will change. It was also noted that there are capacity problems at James Cook and the beds at the Friarage will certainly be required. It was also noted that there is a shortage of anaesthetists.

e Other

DB reported that he had attended a board meeting of the Ambulance Trust in November. A clinical update was given on front line clinicians in urban areas but he felt that this would not work in rural areas. He also felt that a paramedic should be on every ambulance in the rural areas to enable much more immediate treatment could be given to patients before the long journey to hospital. He was also concerned about the Trust's ability to alter the algorithms on Red 1 calls which should be attended in 8 minutes. DB said the Trust was unaware of how much money specifically they would receive from the extra funding being given to the NHS. He reported that the Trust had experienced a 30% increase in demand and there was a problem with turnaround time at hospitals.

6 Sustainability and Transformation Plan

SB reported that he had no further information available and he understood that it was a work in progress. DB noted that the last meeting had been cancelled.

7 Raising Awareness

a Feedback from the AGM

All the committee members agreed that there was a very poor attendance at the meeting. SM felt disappointed with Janet Probert agreement to proceed with a new mental health system and pressing ahead with closures before the new system was in place.

SB reported that the letter circulated to patient attending the practice during December had triggered a number of responses including the local MP who queried SB's report of a real terms cut in funding suffered by the practice. SB had used BMA statistics for the letter, but on doing more research was able to state that the figure came out at a 19% cut in real funding and the increase in costs of 22% actually came to a 40% increase and more in some areas. He also noted that over the given period there had been a doubling of the number of appointments dealt with.

b PPG involvement

Signposting

SB reported he had not made any progress with this item.

c Rota

Committee members confirmed that they had all received the new rota for the noticeboard.

d Future speakers/member presentations

NW asked all the committee members to think of a topic on which to base a presentation. It was suggested that the next speaker should be from the new dementia clinic which is starting work and will be based in Kirkwood Hall.

e Patient Transport

NW confirmed that the details were currently up to date.

f Other

EC asked about the level of aggression being experienced by the Receptionists. SB reported that although it is a minority of patients, the problem is growing.

8 Monitoring Practice Performance

a Pressure on GPs and their team

SB reported that the situation is not good and the Dr Layborne is off sick following a knee injury. The appointment of a second registrar did not happen and that the Locum, Dr Leger, has taken a full-time position at Bedale. However, two locums have been appointed to start next week working on Monday and Tuesday until mid-March. Dr Iona Macintyre will then be starting with two full days and two half days, progressing to three full days. SB was asked about the approach to recruitment and responded that the clinical side of the work was the primary part of advertising. He also said that an additional Nurse Practitioner post was under consideration as one of the Harewood GP's had given up one session which had freed the budget a little.

b Scheduling review of business plan/discussion of local census and health data

SB reported that this will be starting soon and will concentrate on the two challenges of current pressures and succession planning for both practices.

c Other

Mandy Dargue has retired as a partner but will continue to do some work from home relating to QoF and claims income. Harriet Manning is now Assistant Practice Manager and her new counterpart at Harewood, Carly Bamford has just started work.

9 Other Practice/CCG/Heartbeat Alliance Update and News

a Practice Extension

SB had little to report on any progress but mentioned that Broadacres were keen to start work on the Brentwood Lodge site but this is currently being held up by a rent issue.

b Other

There was no other news.

10 Next Meeting

The next Committee meeting will be held on Wednesday 21 March.