

**LEYBURN MEDICAL PRACTICE**  
**PATIENT PARTICIPATION GROUP COMMITTEE**  
**Minutes of Meeting held on 23 May 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), Sue Medley (SM), Geoff Linehan (GL) and Margaret Moffatt (MM).

**Apologies**

Apologies were received from June Stancombe (JS), Eileen Clarkson (EC), David Bolam (DB), and 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 Minutes of The Last Meeting, AGM and Matters Arising**

The minutes of the last meetings were agreed. NW would email Harriet Manning to establish if the practice had the new patient referral leaflets.

**4 Correspondence Received/Meetings Attended**

a NAPP Newsletters

No issues were raised.

b CCG Newsletters

The message from briefing on the report into the CCG capacity and capability review was essentially that the CCG was too small and needed to work with other CCGs, employing a single executive team across all the relevant CCGs.

## **5 Sustainability and Transformation Plan**

No progress.

## **6 Raising Awareness**

### **a Rota**

NW reminded members that the rota encompassed reviewing the website as well as the posters, and that any old posters taken down should be added to the files on the tables in the waiting room. Stephen Brown (SB) asked for any feedback on the website since this would shortly be under review.

### **b Information in foyer**

There was general approval for this information and SM was thanked for her work. Any suggestions on making further improvements would be welcome.

### **b Future Speakers**

It was agreed to invite Mick Rayner and Sue Buck to talk to the committee about generic drugs and their variations. SM agreed to consider a topic for the future.

### **c Open Evening**

GL agreed to send out posters to the parishes. There had been some positive responses from the people interested in the PPG identified in the Town Plan survey.

## **7 Monitoring Practice Performance**

### **a Pressure on GPs and their team**

Pressure on GPs and other staff remained high. Measures were being considered on how best to relieve this pressure and free up capacity, including the recruitment of a nurse, nurse practitioner and GP (the latter would be split between Leyburn and Harewood). GPs were particularly anxious to secure additional protected time for work arising from appointments. Some appointments are not listed online to give GPs greater control over capacity. Dr Laybourne would be absent during September for an operation. SB noted that very few appointments are missed by patients.

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

Autumn seemed the most likely time for a discussion on the above. SB noted that the practice had achieved its targets for QOF and the pharmacy.

## **8 Other Practice/CCG/Heartbeat Alliance Update and News**

a Practice Extension

SB had little to report on any progress.

b Other

SB reported that the online messaging app would be on-stream and available to patients from late June.

The CCG was part of a north-east online consultation pilot which would be trialled in Leyburn from September. It is intended to supplement the telephone triage and would comprise an online form on which patients would give more details about symptoms prior to triage.

SB reported that the CCG, and the practice area, had a very low dementia detection rate compared with national figures. This related not to detection once patients present themselves but probably the failure of patients to present themselves at the onset of symptoms. Culture may play a part as may more practical factors such as the fear of losing driving licences in a remote rural area.

## **9 Next Meeting**

The next Committee meeting will be held on Wednesday 25 July.