

LEYBURN MEDICAL PRACTICE

PATIENT PARTICIPATION GROUP COMMITTEE

Minutes of Meeting held on 30 January 2019 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), Eileen Clarkson (EC), Pat Lee (PL) and Tom Scriven (TS)

In Attendance: Stephen Brown (Practice Managing Partner) (SB) and Sue Buck (Dispensary)

1 Welcome and Apologies

NW welcomed everyone to the meeting, especially Sue Buck. Apologies were received from Sue Medley.

2 Declarations of Interest

There were no declarations of interest.

3 Presentation on generic drugs by Sue Buck

Sue started her presentation by explaining the absence of Mick Rayner who will attend a further meeting later in the year. She went on to clarify the difference between brand and generic drugs which are chemically identical and why they are used. One of the main reasons was due to cost, the amount spent on drugs between 1976 and 2013 has increased four-fold and if brand name drugs had been used this would have been an eight-fold increase. The NHS has no control over the cost of branded drugs. One advantage of using generic drugs is that patients are aware of the chemical name of their drug and there is less chance of confusion. One of the benefits to the dispensary is that they can shop around for the best prices. The dispensary has to provide what it says on the prescription. Patients can experience anxiety due to different size, shape or colour of their medication if they had previously had a branded drug or if the generic drugs came from a different maker but are easily reassured. Some drugs must be the same specific brand, for example Lithium or Sodium Valproate. A few patients

request specific brands possibly due to adverse reactions. A cost example was given for Rosuvastatin which generically costs £1.50 whereas the branded version was currently costing £18.00 so a patient could cost £19.08 per year generically versus £216.00 for the branded version. Sue explained that all prescriptions are sent off monthly to the PPA in Newcastle. Great care is taken with stock levels as the price reimbursement varies from month to month. She agreed that there have always been difficulties with supplies, sometimes due to recalls or repackaging. There are concerns about unscrupulous wholesalers stockpiling due to Brexit but NHS England has specifically warned against stockpiling. One of the most expensive drugs the surgery supplies costs £400.00 per month. Specialist cancer drugs and biomedicines are supplied and funded by hospitals. Cannabis medication has been supplied in the past. The proportion of the practice budget taken up by drugs is more than one-third. Patients are encouraged to buy their own supplies of Aspirin or Paracetamol rather than have a prescription but certain patients who need more per week than is practical to buy will still have these drugs supplied with a prescription. Sue confirmed that there have been issues with the supply of Naproxen. NW thanked Sue for her very informative presentation.

4 Minutes of The Last Meeting, AGM and Matters Arising

The minutes of the last meeting were agreed as correct.

5 Correspondence Received/Meetings Attended

a NAPP Newsletters

The NAPP newsletters raised several issues including Primary Care Networks. SB explained that our practice has been part of the local PCN since 2014. There is only one local practice that has not joined but NHS England have insisted that all practices must be part of a network by June 2019.

Missed appointments are very low in our practice. On-line consultations at the practice have the fastest growing uptake in our CCG area. SB reported that this seems to be working well.

b CCG Newsletters

There was nothing to report.

c Other

DB reported that he had attended the latest meeting of the Ambulance Trust in late November 2018. He said that there were complaints about response times, category one targets are seven minutes and their response time was on average seven minutes ten seconds. There is an emphasis on 111 calls and there has been an increase in clinical staff in call centres. There are continuing threats to the system with cost saving but DB continues to

emphasise the need to retain the station at Bainbridge and paramedic Pete Shaw. The Ambulance Trust is continuing to provide training for use of defibrillators but DB felt that training for CPR would be more beneficial. It was noted that CPR is very hard work. There is a cost to the ambulance service for providing training.

A further issue was raised regarding the patient transport system which has recently had eligibility rules changed and was part of the Chief Executive's report. It was noted that these changes were driven by the CCG and were a cost saving issue. The ambulance trust has to work with the contract they are given by the CCG. GL reported that this issue has been taken up by Richmondshire District Council. Harriet Manning had informed NW that these changes have had a knock-on effect on the local volunteer driver schemes and they are desperate for more drivers. NW will be updating the transport information leaflet and will include the appeals procedure for patients requesting hospital transport. It was noted that all of the twenty appeals have been upheld. It was agreed that there is a need for a new poster about this and GL and NW will organise this.

6 Sustainability and Transformation Partnership/Plan/Programme

SB pointed out that the STP's have now transformed into ICS's (Integrated Care System). Converting STP's into ICS's is a core part of the long-term plan. The purchaser/provider split is being broken down and the results looks similar to the old Area Health Authorities. NHS Trusts will be part of the ICS's. Ours is part of an area north of us and there will be one CCG for every ICS. Worryingly ours is currently spread over several areas with services being provided from NYCC and Harrogate in addition to the area covered by our CCG and there is not an ICS for North Yorkshire

7 Raising Awareness

a Rota

It was agreed that we should work in pairs when dealing with the noticeboards and NW will issue a revised rota. There was some discussion about what was appropriate to place on the noticeboards. The question of racks for the leaflets was raised and PL and EC will research what is available and look at costs. It was noticed that posters in the toilets should be laminated to prevent infection.

b Future Speakers

Mick Rayner was offered to speak at one of our meetings and we still aim to ask James Dunbar to our AGM.

c Open Evening Review/Arrangements for the AGM

It was agreed to hold the AGM on 12 June 2019. Committee members were asked to confirm that they are willing to serve for a further year. NW and JS a

wish to stand down from their positions and it was agreed we needed to plan for succession. EC agreed to approach Alison Binks with a view to joining the committee. We agreed we would be happy for TS to stay until he goes to university.

c Other ways of communicating with patients

It was noted that patient satisfaction levels have slipped slightly and also that committee members have been accosted when out and about by patients with concerns or complaints rather than approaching the committee. It was agreed that often patients had often been misinformed about something but NW requested the committee think about how we can address this issue and suggested a drop-in session to register concerns. TS suggested that whatever mechanism is agreed could then be conveyed to patients at the AGM.

NW said he had contacted the website managers who have agreed to update the website with PPG minutes and committee names.

8 Monitoring Practice Performance

a Pressure on GP's and their team

SB reported that the situation was still very tough although the practice now has a full complement of staff. They have moved to having two people answering the phone for the whole morning. A new diabetic specialist nurse will start on 11 February doing one day at Leyburn and one day at Harewood which will relieve the pressure on Dr Brown and Sandra. SB reported that the pressure is still huge and they have had to inform the Wensleydale Show that the practice will not be able to provide cover for the day of the show. It was noted that over 50% of the telephone triage calls were successfully dealt with over the phone. It was noted that some patients are referred to the surgery by the pharmacy but this was dependent on which pharmacist was on duty. A short survey of calls requesting an urgent appointment received by the receptionists were found to be not actually urgent by the GP. The GP's try to educate those patients who were doing this.

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

SB reported that the final partners meeting will be next Saturday and then he hoped to be in a position to share a draft of the business plan with the committee and staff by the end of March.

c Other

There was no other business.

9 Other Practice/CCG/Heartbeat Alliance Update and News

a Practice Extension

No further information is available.

b Other

GL said that the moving of the practice defibrillator to outside the practice building doors was under consideration.

PL asked whether the test result messaging system could include the date of the test which is being reported on as some patients who have had several tests possibly on different days were sometimes confused about which test result is being referred to.

9 Next Meeting

The next Committee meeting will be held on Wednesday 27 February 2019 specifically to discuss arrangements for the Open Evening, patient communication and posters. A subsequent meeting will be held on Wednesday 27 March 2019.