

LEYBURN MEDICAL PRACTICE

PATIENT PARTICIPATION GROUP COMMITTEE

Minutes of Meeting held on 7 February 2023 at 4.30pm

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: Sue Medley (SM), June Stancombe (JS), David Bolam (DB), Geoffrey Linehan (GL) Denise Houghton (DH), Eva Stone (ES) and Judy Metcalfe (JM).

In Attendance: Alison Binks AB (Managing Partner), Dr L Fox

1 Welcome and Apologies

SM welcomed all present and had received apologies from Nigel Watson. Eileen Clarkson had tendered her resignation due to other commitments.

2 Declarations of interest

There were no declarations of interest.

3 Matters arising from previous minutes

There were no matters arising.

4 Correspondence Received/Meetings Attended

SM had circulated the latest NAPP newsletter and it was noted that three members of our committee were or had been councillors. AB said that she had received two queries from outside areas about our PPG as other practices have problems forming a committee. Harewood had only one patient on their PPG.

DB reported on the latest ambulance trust meeting. It was noted that two out of three A&E attendances were avoidable. The trust was aiming for Category 2 calls to receive a 30 minute response time which was an improvement on the current situation but the target was an 18 minute response time. They were also increasing community response for falls and hoping to reduce

handover times and develop new working models. It was noted that the figures for York and Scarborough were worse than our area. The number of category 1 calls has increased, the response time was now between 11 and 19 minutes with a target time of 7 minutes. There are 650 community responders and 4388 defibrillators with 5000 activations. Not all defibrillators are registered with the ambulance trust. JM said that East Witton had used their defibrillator three times recently with the air ambulance responding twice. DB said that there are now 3 mental health vehicles in the area but more are needed. The stroke pathway means that patients will be directed to North Tees or Durham. AB said that paramedic Pete is now back in Leyburn.

SM had shadowed Jan in Reception and said how impressed she was by the calm and efficient manner everything was dealt with and how busy everything was.

5 Coronavirus

AB reported that she had no further information about coronavirus other than the fact that vaccinations were ending this month. The 'flu vaccines have already been ordered for this year.

6 ICS

AB reported that the Integrated Care System is now functioning and is now called the Integrated Care Board. There has been no significant action and she was concerned about how any planned funding was going to happen.

7 Monitoring Practice Performance

Dr Fox spoke at the beginning of the meeting and spoke about recent projects within the surgery covering long term medication of patients on opiates and gabapentinoids. There were 716 patients on these long-term medications and all received an approach from a GP. These medications lose effectiveness after 12 weeks and are addictive. The patients are then dealt with by Mick Rayner to help them over a long period to move to other therapies.

(The overview of Dr Fox's talk is attached at the end)

They had also looked at patients with learning disabilities to ensure that they were not being disadvantaged due to the changes during covid, particularly if they needed face-to face appointments or a problem with technology for other types of appointments or communication. These patients will receive an annual review with Caroline Blackburn.

Dr Fox said that following the retirement of Dr Brown, two applications had been received for the vacancy and that Dr Laybourne will take on the role of senior partner.

AB said that two new registrars, Dr Jack/John Hobbs and Dr Dave Tibbet are now in place and appointments will be available with them for patients with

new conditions initially. It was encouraging that Dr Ben Ryan, the previous registrar had expressed an interest in returning to the practice once he had completed his training.

GL asked about phlebotomy appointments but AB said that these would not be online to prevent patients booking slots when they thought they needed a blood test and arriving without any request forms. She hoped the general appointment system would start improving as the new registrars start work.

8 Raising Awareness

- a Rota
- b Future speakers/members presentations

SM asked AB if Jan from Reception could be asked to attend one of our meetings.

The new mental health practitioner Gill Schofield, who was unable to attend this meeting, will attend next meeting.

- c Facebook
- d Website/Online/Posters

AB said the new website was still in progress but that it is worth looking at the Richmondshire Primary Care Network website which featured Central Dales and Scorton practices that have already been branded. It was speculated that as our website was quite good already it may be that it may be left until later.

SM had checked and tidied the leaflets in reception. There haven't been any new ones and it is suspected that few will be received in future as so many people now look online for information.

9 Other News

10 Date of next meeting

Tuesday 18th April at 4:30pm

QoF Quality Improvement: Dependence Forming Medication (DFM)

Background/overview.

Overview of the QI module. The overarching aim of this QI module is to lead to improvements in relation to the following aspects of prescribing safety:

- Use of non-pharmacological alternatives rather than initiation of DFMs in line with best evidence and guidance;
- Structured medication reviews of patients taking 120mg oral morphine equivalent (OME) or more for chronic pain;
- Structured medication reviews where there is polypharmacy or inappropriate use of dependence forming medications.

The outcomes listed below will be used at a national level to assess the impact of the module; this assessment will extend beyond 2022/23, in recognition that some QI activities will take some time to translate into measurable improvements. Practices should consider how their work can contribute to improvements when choosing practice-based aims for their projects.

1. Reduced initiation of the prescribing of medicines that may cause dependence.
2. Reduced duration of courses of medicines that may cause dependence.
3. Increased take-up of non-pharmacological support and interventions.
4. Improved patient understanding of the potential benefits and harm of treatment options to enable informed participation in shared decision making.
5. Non initiation of other groups of drugs at risk of dependence and misuse – e.g. ketamine / quetiapine.

Work undertaken

- Analysis of practice prescribing of Dependence Forming Medication e.g. opioids, gabapentinoids, benzodiazepine,
- Comparison of prescribing against national & local PCN data.
- Identify patients are greatest risk (oral morphine equivalent dose of 120mg or more. \$ patients (fentanyl patch). Structured Medication Review, risk v benefit, trial taper to lowest effective dose.
- Restrict prescription issues to encourage more frequent review of pain, indication, side-effects e.g. maximum 3 or 6 issues
- Pharmacist support with gradual tapering to minimise withdrawal symptoms e.g. anxiety, agitation, mood changes, poor sleep.
- Documentation of risk v benefit
- Reduce initiation of dependence forming medication.

Summary

- Initial findings presented for peer review at PCN meeting January 2023. Leyburn Medical Practice were the only practice to have address this QoF requirement so far.
- We are below the national average for prescribing of gabapentinoids

Nationally: Increased from 0.2% to 2.1% of patients from 2000 to 2015 (LMP 2022 1.8%, LMP 2023 1.7%)

PCN prescribing: Benzodiazepines.

PCN 1.96% of patients Leyburn Medical Practice 1.01%

PCN prescribing: Opioids

PCN 9.39% Leyburn Medical Practice 8.76%

Within our PCN of 8 practices; we have the lowest level of prescribing of benzodiazepines & second lowest level for the prescribing of opioids.

Conclusion

Leyburn Medical Practice performs well in this area compared to national & local data.

The practice has protocols in place to further reduce the continued prescribing & initiation of dependence forming medication.