



NORTH DURHAM PATIENT REFERENCE GROUP
Tuesday, 4th April, 2017
5.30pm - 7.30pm
North Road Methodist Hall, Durham
ACTION NOTES

Present:

(KH) Keith Holyman, Chastleton (Chair), (AM) Ann Maughan, Great Lumley
 (BJ) Brian Jackson, The Medical Group, (DH) Denise Harris, Coxhoe
 (ID) Ian Doyle, Cestria, (JM) Jean McCormick, (JG) John Goodwill, Cheveley Park
 (JK), The Medical Group, (MM) Marian Morrison, Lanchester Medical Centre
 (PR) Pat Rafferty, The Medical Group
 (RC) Robin Chapman, Dunelm, (SH) Stephen Hann, Pelton and Fellrose

Support and Notes:

CCG - Mike Brierley (MB)

DCA - Kate Burrows (KB), Julie Bailey (JB) Mins

No.	Note	Action
1.	Welcome KH welcomed all to the meeting.	
2.	Apologies for absence Betty Gibson, Carole Lattin, Jennifer Mole, John Kelley, Nanyce Carr, and Daniel Blagdon.	
3.	Declarations of Interest No declarations.	
4.	Previous Minutes and Matters Arising Agreed as accurate record – JB to circulate to Practice Managers. RC shared optician lists passed on from the Dunelm Practice and KH and DH also confirmed the same list was available by request from Chastleton and Coxhoe. KH confirmed he met with KB to discuss the remaining PRG budget held with DCA. PR has compared the ToR for the PRG and PPCE and one part should not be within the PRG. RC highlighted he was unable to raise the ToR at the Dunelm Practice. DH requested an overview for the development day. RC highlighted the same via email. Further information circulated by DB via email on 8/3/17.	JB to circulate March Minutes All to check email KB to raise with DB

5.	<p>Schedule of Actions</p> <p>See separate table.</p>	
6.	<p>CCG Update Primary Care Update from MB</p> <p>Key points/priorities:</p> <ul style="list-style-type: none"> • Workforce and GP Career Start to attract GPs has started. MB confirmed 5 GPs employed so far with 2 more showing interest – target is 10/12 for 2017/18. JM asked about marketing and MB confirmed across LMC, Federations, BMJ with a national marketing campaign. MB to confirm appointment locations of GPs. • Easter GP cover over the BHs – plan for 3 hubs to be up and running. Further details to follow. <p>PR highlighted the importance of pharmacy services during Easter near hubs. MB to check if this was happening.</p> <p>Patient Online</p> <p>National target for practices is 10% of all patients to register. MB confirmed all ND practices are above, and some significantly above the target.</p> <p>NHS England</p> <p>The CCG bid for resilience funding to support struggling GPs which would offer a menu of support e.g. coaching, back office, cover/strategies for staff on long-term sick. Help to be immediate before critical status.</p> <p>RC highlighted demise of small practices if unable to cope. MB highlighted direction of travel is large practices but should support each other.</p> <p>ID asked how quick is the decision to intervene? MB confirmed if critical i.e. financial/quality issues then the CCG would intervene initially. ID asked who would provide this support and MB confirmed a variety of sources both internal and external.</p> <p>GP Extended Access</p> <p>Extended access during the week and at weekends is ongoing. The Primary Care Hubs, specification has been written to reflect the GP contract, this will be live by 1/9/17. How and who is to be confirmed – may be a procurement option. JM asked if procurement would be an expensive option – MB confirmed the budget available was set. MM asked how information was being circulated to patients. MB confirmed once the specification has been agreed with the PC Federation then an engagement plan would follow. MB confirmed opening times to be 6.30-8.00 pm.</p>	<p>MB to confirm location of GPs</p> <p>CCG to share info</p> <p>MB to check pharmacy openings</p>

	<p>PR highlighted the media have stated NHS England plan to have a GP in every A&E. MB confirmed this was a different initiative and planned for October. This resource is following a successful service in Luton. There is now a dictat for a nurse at the door, streamed to PC provision operating within the 4 hour rule conditions as A&E. The aim is to reduce ED traffic.</p> <p>JM concerned patients will go straight to A&E. MB agreed this is one initiative to work alongside education and providing information to patients.</p> <p>MM asked if there will be a GP at 999 within the Clinical Hub and MB confirmed there would.</p> <p>RC highlighted walk in centre is now appointment system. PR confirmed out of hours at Shotley bridge had asked patients if they had been through 111. They had not but still received treatment.</p>	
<p>7.</p>	<p>DDES Mail Drop</p> <p>DH has received a second letter from Durham Dales Easington and Sedgefield CCG which could be confusing for patients. MB confirmed postcodes on the boundary receive information from both authorities and action has been taken.</p> <p>RC receives a twice-yearly letter inviting him to engage with an optician to visit his home. The letter has a NHS logo on the envelope and letterhead but is from a private company. KH highlighted that a leaflet about pharmacy services looked as though it was endorsed by Chastleton surgery because its name was printed on it, it was not endorsed by them. MB confirmed private providers of health services can use the logo and they may be from NHS England. MB encouraged members to bring in copies for them to be checked.</p>	
<p>8.</p>	<p>PPCE</p> <p>KH give overview of recent meeting:</p> <ul style="list-style-type: none"> • Lesley Jeavons gave a presentation to members regarding the community hubs, TAPS and team around the hubs. • Gill Smith gave overview of extra GPs and hours. • Joan Sutherland highlighted £1,107,005 savings could be made from implementation of the do not prescribe plan, many painkillers are on the list. The grey list highlights medication which may be appropriate in some circumstances e.g. sun cream for patients with photosensitivity. JG highlighted GPs can prescribe up to 150 paracetamols in the grey category for chronic pain. KH highlighted the initiative was addressing prescriptions which are usually for less numbers and patients are then paying more for medications available cheaper over the counter. MB confirmed this was in line with national guidance and not coming from NDCCG. MB to clarify what is on the grey list. 	<p>Presentation to be circulated</p> <p>MB to confirm grey list</p>

	<p>Further points raised:</p> <ul style="list-style-type: none"> • ID asked if information should be shared automatically. • MB confirmed PPCE mins were public documents and could be circulated. • PPCEs occur monthly (3 members in attendance) and 6 members attend a development meeting. • Members agreed it was difficult to feedback a 2 hour meeting in 10 minutes. • JG asked if the DDES have a PPCE – KH confirmed not but 3 PRG members meet within this group. 	<p>PPCE mins to be circulated</p>
<p>9.</p>	<p>Patient Issues and Items of Good Practise</p> <p>JM confirmed within the Medical Group a patient with mental health problems was directed to A&E where a Consultant Psychiatrist would be available. MB confirmed an on call service is available at UHND and at Darlington for anyone who presents and mental health issues are identified. They are also available as a last resort if the crisis team is not available.</p> <p>JM highlighted patient issues were addressed monthly at practice meetings.</p> <p>KB asked if would be useful for a framework to be in place for the meetings in practices. Members agreed each practice meeting was managed differently e.g. some patient led, some led by practice manager so a framework would be difficult to fit all.</p>	
<p>10.</p>	<p>DCA Support</p> <p>KB confirmed DCA have restructured and the relationship with the PRG will change. The CCG grant funded patient engagement project with DCA came to an end on 31/3/17. DCA will be working with the CCG as part of the integrated Health and Social Care VCS engagement as led by Lesley Jeavons,</p> <p>KB confirmed DCA's administrative support of the PRG will end in July 2017.</p> <p>DCA are happy to support the group to find a replacement. DH asked if the group still had the same budget. KB confirmed £6000 was received in September 2014 and £6,000 in September 2016.</p> <p>KH has made enquiries with Healthwatch and the Pioneering Care Partnership (an independent charity) and KB confirmed support would be available from DCA to facilitate this should the group wish.</p> <p>KH highlighted admin support could be provided by the CCG. MB to find out further information</p> <p>KB confirmed the current admin support allocates per meeting:</p> <ul style="list-style-type: none"> • Circulating agendas/taking minutes (2 hours per meeting) • Writing up/circulating minutes (2 hours per meeting) 	<p>All to consider budget</p> <p>MB to confirm CCG admin availability</p>

	<ul style="list-style-type: none"> • PRG Agenda setting meeting liaison (1 hour per meeting) • Follow up, ongoing communication/feedback, staff management (4 hours per meeting) • Travel Costs to/from PRG meetings for two members of staff <p>Key points:</p> <ul style="list-style-type: none"> • Agenda setting with the CCG. • Minute taking and record keeping. • Distribution of agenda and papers. <p>Members agreed to table admin support at the next meeting from 6.30-7.30.</p>	
11.	<p>Any Other Business:</p> <ul style="list-style-type: none"> • KH and SH attended a meeting with the Durham Residents Association to give overview of group. • DH requested MB keep the group informed about the new service for Stroke patients following withdrawal of funding at the end of June. 	MB to update on Stroke Patient Service
12.	<p>Date & Time of Next Meeting Tuesday 2nd May, 2017 5.30 – 7.30 pm North Road Methodist Church Hall, Durham</p>	

Agreed as correct:

Date: 2/5/17

Signed:



Print: Keith Holyman