

NORTH DURHAM PATIENT REFERENCE GROUP
Tuesday, 6th June, 2017
5.30pm - 7.30pm
North Road Methodist Hall, Durham
ACTION NOTES

Present:

Carole Lattin, Claypath
 Denise Harris, Coxhoe
 Ian Doyle, Cestria
 Jean McCormick, The Medical Group, Esh Winning
 John Goodwill, Cheveley Park
 Keith Holyman, Chastleton
 Marian Morrison, Lanchester Medical Centre
 Robin Chapman, Dunelm Surgery
 Stephen Hann, Pelton Medical Group

Support and Notes:

CCG – Mike Brierley

DCA – Kate Burrows, Julie Bailey (mins)

No.	Note	Action
1.	<p>Welcome KH welcomed all to the meeting.</p>	
	<p>Apologies for absence</p> <p>Ann Maughan, Great Lumley Betty Gibson, Browney House Surgery Brian Jackson, The Medical Group, Langley Park Jennifer Mole, The Medical Group, Ushaw Moor John Kelley, The Medical Group, Esh Winning Nanyce Carr, Lanchester Medical Centre Pat Rafferty, The Medical Group, Langley Park Daniel Blagdon, CCG</p>	
	<p>Declarations of Interest No declarations.</p>	
2.	<p>Previous Minutes and Matters Arising Agreed as an accurate record – JB to circulate to Practice Managers.</p> <p><i>Bridgend Surgery</i></p> <p>ID and KH met with Paul Dodds, Practice Manager at Bridgend Surgery. Paul wanted to highlight travel vaccinations but did not want to offer further involvement with the group. Paul explained maintaining training and the cost of drugs, up to £130 should be raised. Bridgend</p>	<p>JB to circulate</p>

	<p>have decided not to offer vaccinations to patients and instead produced a leaflet referring to 3-4 other places.</p> <p>Members expressed concern that they had to be a financial return/need to cover cost. From an occupational health perspective – vaccinations needed to work abroad could be deemed as abuse of health services. Vaccinations have a limited shelf life and if a patient does not attend then up to £130 of drugs are wasted. The Practice also highlighted patients were presenting with short notice.</p> <p>ID offered to attend the patient reference group within the practice.</p> <p>Patient Access System</p> <p>All to continue to highlight the patient access system and how it can benefit both practice and patients. CL confirmed Claypath had identified online champions.</p> <p>Research</p> <p>ID highlighted supporting research projects and the benefits to practices, patients and subject area. Opportunities are generally funded. All to raise at practices and feedback likeliness of participation.</p> <p>Federations PRG</p> <p>KH confirmed Chastleton would refer to the PRG. The Medical Group are at the development stage with no confirmed decisions being made. Members discussed having different people on different groups but raised having the same people might be beneficial.</p> <p>The Dunelm meeting was cancelled at short notice. JM raised the issue of it bringing in another layer.</p> <p>Members highlighted difficulties raising agenda items at the practice e.g. only given 5 mins at the end of the meeting or issues taken off the agenda.</p> <p>KH attended the DDES meeting.</p>	<p>All to raise research with practices and feedback</p>
<p>3.</p>	<p>Schedule of Actions</p> <p>See separate table – Appendix A.</p>	
<p>4.</p>	<p>CCG Update – Mike Brierley</p> <p>PPCE update</p> <p>MB gave the update on behalf of the CCG. Key points raised:</p> <ul style="list-style-type: none"> • New website being developed with STP information being updated. 	

<ul style="list-style-type: none"> • CCG noticeboards will be used at the event to Develop the NHS in North Durham. Those involved in this event to speak to DB for further information. • Members highlighted the PPCE update and the Young Adult Support Café at Waddington Street – All to feedback to practices. • The Group highlighted Emotional Wellbeing Peer Mentor workers and asked to identify the 4 locations covered. • DH highlighted the Teddy Bears initiative at Coxhoe for Sick Children and said she would raise at the practice as she was unaware. • JM highlighted Bowel Cancer Screening – Health Watch identified tests sent out to over 60s in Durham had the lowest return. The Medical Group PPG attended surgeries and encouraged patients to complete the Health Watch questionnaire. There was a general consensus with those who didn't return their bowel cancer screen test "I'm alright, there's nothing wrong, so I don't bother". JG highlighted the age at which testing starts and this should be lower. The upper age limit of 70 was also highlighted – why was there an upper limit? KH to look at getting someone to come to the group. <p>Sara Blight, Diabetes Service</p> <p>Sara Blight explained a new model for type 2 diabetics in force around June/July 16, changed from secondary to primary care saving money to go back into the pot.</p> <p>Joint clinics for Type 2 – clinician/consultant from hospital within Secondary Care to Dietetic Care/Practice Nurse. Looking at upskilling staff to take on care of patients, looking to get same care at practice as Secondary Care.</p> <p>Sara will be going out to practices – 2 bids awarded by Public Health and NHS England.</p> <ul style="list-style-type: none"> • Structured education will be offered to new Type 2 patients • Desmond programme offered • One Day course (considering 2 hour slots over 6 weeks) • 50 courses over 17/18 (50% increase next year) • Within the hub patients will be referred to a Health Coordinator (HC) who will ask what they need then refer to appropriate service/specialist/programme in order to take pressure off GPs. • HC contact will be a phone conversation. GP will refer to HC. • Online options will be available, e.g. sign post to resources/might be a group, wellbeing for life service. • 6-8 week sessions are offered currently they are willing to do group sessions. • The service does not include existing type 2 patients. • Service for over 50s. <p>Sara would like to form a patient group of Type 2 patients, contact Sara if you would like further information, time limited group.</p>	<p>DB Coordinating</p> <p>DB Location of Workers to be confirmed</p> <p>KH to arrange speaker</p> <p>All to consider patient group</p>
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Sara.blight@nhs.net

- Monthly meetings currently with Practice Managers and Practice Nurses.
- Type 1 Service is different.
- Voluntary support for Type 2 held at UHND – 2nd Tuesday – DB to supply full details.

Cyber Attacks

MB explained the regional response was to close off the network as a preventative measure. No incidences of attack being successful in Durham.

The lessons learnt include how they can get information when not on the network. The IT department checked PCs and added security patches where needed. By 4pm on Tuesday all PCs were checked and switched back on. It was identified that practices were unable to access pathology information, blood results etc. The group discussed information should be backed up locally but it had been identified that practice have limited server capacity.

MB explained there were practical implications for practices but patients were still able to get a consultation. It was also identified many locations could not update computer systems as medical devices only worked on old systems.

MB explained the CCG merger is being worked between DDES and CCG in order to share processes/practical support, improve joint working and Directors. The aim is to standardise work, governance, next step is sign off by members and then apply to NHS England. Consultations have been undertaken with practices. Timetable for completion is end/mid July.

CL asked how this timetable works with STPs. MB explained STPs were being considered as part of national programme and wrapping up into one NE & Cumbria STP.

SH asked for clarification on population numbers in relation to the rest of the country. MB estimated this at £3+million. Discussion about process improving governance and potential efficiencies which could be put back into transformation. ID highlighted the merge would be 31 + 44 (DDES).

Maternity Services

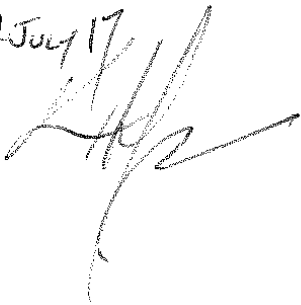
This service has been in the press recently due to workforce issues – mainly Mid Grade Paediatrician being able to cover 24/7.

DB to check details

<p>Stroke Services</p> <p>MB explained the outcome of a review highlighted a lot of duplication from social care and health. The decision has been taken to decommission the Stroke Service – this is not a saving money exercise. Any savings will be reinvested via TAPS with a new Clinical Model for Stroke Services. A final decision will be given in August.</p> <p>BJ and JM highlighted the savings of £170k being made available for staff to run stroke services (e.g. stroke association) together with voluntary services to support patients in their own homes. DH further explained community support was needed and less medical support for stroke patients. Concerns expressed that other support services are not available and social care services are slow to respond.</p> <p>MB explained the review was looking at voluntary sector engagement in other ways. The report is ready to go to scrutiny which includes many statistics with recommendations to shift the budget and reinvest in services. DH concerned money from the community will be reinvested into medical side and highlighted social care support to be very important.</p> <p>JM highlighted the review is a downgrade of services e.g. similar to speech and language services.</p> <p>MB stressed the importance of reducing duplication across services.</p> <p>DH asked if patients/families involved with the stroke association were consulted as part of the report?</p> <p>ID asked that the process is clear and support for patients is clear and for all not to forgot staff have been made redundant who have been working directly with patients.</p> <p>CL asked if there is an impact following the Naylor report and asked for further information on duplication.</p> <p>MM highlighted upskilling for clinicians isn't always applicable for clinicians from online courses.</p> <p>MB confirmed he will circulate the report to members.</p> <p>MB will email a link to the Naylor report.</p> <p>JB, KB and MB left the meeting.</p>	<p>MB to circulate Stroke Services report MB to email link to Naylor report</p>
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5.	PPCE DB to circulate summary of notes from latest meeting.	DB to provide summary
6.	Patient Issues and Items of Good Practise Covered in MB updated.	
7.	PRG Support The decision of the committee was that administration should be undertaken by the CCG.	
8.	Date & Time of Next Meeting Tuesday, 4th July, 2017 North Road Methodist Church Hall, Durham	

Agreed as correct:

Date: 4 July 17
Signed: 

Keith Holyman, Chair

Appendix A

SCHEDULE OF ACTIONS						
Current						
Topic Raised	Date Raised	Action Required	By Whom	Review Date	Progress to Date	Date Action Completed
Development meetings	07/02/2017	Ongoing	DB	04/04/2017	Meeting arranged for 26/4/17	Info to be circulated
ToR	04/04/2017	CCG response	CCG	26/04/2017	Agreed to discuss at development meeting 26/4/17 - deferred	
PRG Budget	04/04/2017	Review	All	02/05/2017	Ongoing	
Federation Update	02/05/2017	Update	CCG	06/06/2017	Monthly review needed	
Promotional Video	02/05/2017	All	DB	06/06/2017	Contact DB if interested	
Practice engagement – ideas needed to engage	02/05/2017	All	All	06/06/2017	Review after summer	
Supporting research within practices	6/6/17	All	All	4/7/17		
Emotional Wellbeing Peer Mentor locations	6/6/17	DB	DB	4/7/17		
Bowel Cancer Screening - Speaker	6/6/17	DB	DB	4/7/17		
Patient group – Type 2 diabetic patients (time limited)	6/6/17	SB/All	All	4/7/17		
Voluntary Support for Type 2 diabetic patients (UHND)	6/6/17	SB/MB	DB	4/7/17		
Stroke Services report – circulate	6/6/17	MB	MB	4/7/17		
Naylor report – circulate link	6/6/17	MB	MB	4/7/17		

Items Complete since previous meeting

Areas of interest/experience	02/05/2017	Response	All	06/06/2017	Responses received	Complete
Terms/acronyms/abbreviations	02/05/2017	Response	All	06/06/2017	Responses received	Complete
Patient Congress Invitation	02/05/2017	All	DB	20/06/2017	Poster circulated, MM, PR & BJ attending	Complete
'Do not prescribe' - grey list	04/04/2017	Circulate	MB	02/05/2017	MB/DB seeking info	Complete
Bridgend Surgery Contact	02/05/2017	Visit	KH/ID	06/06/2017	Meeting took place	Complete
PRG Admin via CCG	04/04/2017	Availability	MB	02/05/2017	Covered as agenda item	Complete

