

**NORTH DURHAM PATIENT REFERENCE GROUP**  
**Tuesday 5 September 2017**  
**5.30pm - 7.30pm**  
**North Road Methodist Hall, Durham**  
**ACTION NOTES**

**Present:**

Keith Holyman, Chastleton Medical Group (**Chair**)  
 Ian Doyle, Cestria Health Centre  
 John Goodwill, Cheveley Park Medical Centre  
 Carole Lattin, Claypath and University Medical Group  
 Ann Maughan, Great Lumley Surgery  
 Jean McCormick, the Medical Group, Esh Winning  
 Marian Morrison, Lanchester Medical Centre  
 Pat Rafferty, The Medical Group, Langley Park

**Support and Notes:**

**North Durham CCG** – Daniel Blagdon, Lisa West (minutes)

No.	Note	Action
1.	<p><b>Welcome</b></p> <p>KH welcomed all to the meeting.</p>	
	<p><b>Apologies for absence</b></p> <p>Mike Brierley, NHS North Durham CCG            Nanyce Carr, Lanchester Medical Centre            Robin Chapman, Dunelm Surgery            Betty Gibson, Browney House Surgery            Stephen Hann, Pelton and Fellrose Medical Group            Denise Harris, Coxhoe Medical Practice            Brian Jackson, The Medical Group, Langley Park/Esh Winning            John Kelley, The Medical Group, Esh Winning            Jennifer Mole, The Medical Group, Ushaw Moor</p>	
	<p><b>Declarations of interest</b></p> <p>No declarations of interest were declared during the meeting.</p>	
2.	<p><b>Previous minutes and matters arising</b></p> <p>It was queried if the meeting was quorate. It was determined that the</p>	

	<p>group was quorate as there were eight members in attendance and one third of the group in attendance is classed as quorate.</p> <p>The minutes were not agreed as an accurate record. JG asked that the word 'demanded' be removed on page three: LW to change the word to 'requested'. LW is to circulate to Practice Managers once amendments are made and agreed.</p> <p>AM asked about clarification about Summary Care Records which DB outlined.</p>	
<p>3.</p>	<p><b>Action log</b></p> <p>See separate table – <u>Appendix A</u>.</p> <p>Additional information from the action log:</p> <p>DB queried if the first item of 'development meetings' should still be left on the action log.</p> <p>Terms of reference – this was last looked at in October 2016 and still need to be signed off. It was suggested that a development meeting could be arranged about this. The induction pack was discussed as this could be something that could be improved. There is some defunct information in it. MM suggested that a 'mentor' style approach could be used rather than an induction pack. A checklist could be useful during this process. It was agreed to add 'induction checklist' and ToR to the next agenda. KH suggested that he send the latest induction pack around. PR concurred with this - <b>ACTION</b>.</p> <p>PRG budget – KH has spoken to Russell and a sum of £6505.38 has been passed from Durham Community Action to NHS NDCCG. DB followed on to say that the CCG is holding the money as part of the engagement budget. The figure for the PRG is not usually spent each year, the amount used by the group is usually around £1500 maximum per year.</p> <p>GP Federation update – DB asked if members wanted information around this. It was agreed that this would be a positive move should anything be appropriate or useful for the group. DB outlined what GP Federations were: Federations covering each of the three areas which cover collections of GP practices and organisations. The Federations can tender for contracts to deliver, such as the recent weekend cover tender which the GP Federations won. JM thought that an outline on paper regarding the GP Federations could be useful. It was decided that these updates would now be 'as and when' (when useful/appropriate) rather than 'monthly'. Information around GP Federations is used in the PPCE update which would also be useful.</p> <p>Promotional video – DB has done video clips with a few volunteers. He can email to people to look at these as a file transfer if members would be interested as he was concerned that background noise could be an</p>	<p>KH</p>

issue. He also did a few video clips with a Young People's Group.

Practice engagement – PR and MM went to the PLT along with DB. They got a couple of names of people who may be interested in the PRG from Clinicians. A thought was that some GP Practices had PPGs but were not necessarily pressing for patient members to attend the PRG itself. CL added that it could be useful if contracts could be mandated that GP Practices should have a member attending the PRG meetings. DB confirmed that there is a standard NHS contract for delivering Primary Care contracts albeit with some local variations and it is only mandated for a GP Practice to have some form of engagement with their patients. JM asked if having a PRG would be looked at if the CCG had a similar CQC visit. KH added that it would be useful to have more PRG members and to engage further.

Further to discussions around audiology and hearing aids/hearing aid batteries, DB informed the group that he had an update; there is a meeting planned on 26 September to pick up the issues raised by the PRG with Provider Management and the Manager of the Service.

MRI scans – progress is being made with funding now being agreed and the final contractual and activity details being confirmed. Member of CCG staff still overseeing to be completed as soon as possible.

Transport issue – DB had spoken to Barry Lewis from NEAS. BL had said that some private providers are used, mainly through 'Thames' in Durham. Different areas have different processes. Some teams assist in other areas if there are issues in that area around sickness or staff shortage. Some teams go for 'relief' to different patches for a week to cover demand and need.

Vulnerable children (.BJ) – DB said that he looked into this and there is no universal system for identifying children should two appointments in the same service be missed: it can be relatively easy to pick up on if it is the same service but not if it is different services. It is on the radar of the local Safeguarding Board but it often goes back to Primary Care, e.g. a Physiotherapy appointment that is not attended goes back to the GP Practice. This is classically classed as a DNA (Did Not Attend) but it is considered being re classified as 'not brought' to the appointment when it relates to children. Currently missing Immunisation appointments is more of an area that is focussed on. CL asked that it be kept on the action log and would like an update in three months' time.

RSO report – this has been circulated. CL asks if there could be discussion around what the report fully means, e.g. survey results on the impact on patients and also a fuller report, e.g. what happened to the 13% who were referred back to their GP. PR queried some of the statistics, e.g. what happened to the people who did not have referrals? CL added that financial information could be helpful. There were some concerns around the delay in progress, as the project had rolled out in the area last October. Some Group members will go to their PPG and


	ask if group members had any issues with it.	
4.	<p><b>PPCE update – Pat Rafferty and Ian Doyle</b></p> <p>KH said that PR and CL are up for re-election as PRG representatives to the PPCE (representing the Durham constituency area) and were both willing to carry out their duties again next year. JG queried if group members who were not able to attend the meeting should be asked if they would be interested in the roles. PR was again voted Lead and CL was again voted Deputy Lead. It was clarified that next year a different constituency area will be looked at in terms of re-election.</p> <p><b>ACTION:</b> Election of nominees in August 2018 in the Derwentside constituency area to be added to the action log.</p> <p>Key points raised from the PPCE formal meeting on 16 August:</p> <p>ID gave a summary on Extended Access: which involves giving extra appointments over and above what is currently offered. ID shared a handout from Michael Thewlis who was leading the project and had given the presentation in the meeting. Extended Access is operated from a hub with a 30 minute consulting time per 1000 patients per week. Hours offered increase from November to March as this period is classed as Winter. The project is outside core hours: Monday to Friday from 6.30 to 8.30pm and on weekends and Bank Holidays for a minimum of four hours per day. Appointments are bookable through a patient's GP Practice and some can be made available through 111 if not used. This could include a home visiting service but this is not mandatory. An aim of the project is to help people who work but it is not exclusive to people who work. PR said that one of the Medical Group's Practices in Meadowfield is being used as a hub and she would see how this was working out as she is due to go to the Practice next week.</p> <p>TAPs – Team Around Patients was discussed. ID outlined that this surrounds the different people who surround a patient, e.g. Physiotherapist, Social Worker, Occupational Therapist working as a team with one person at the centre of the care, who will have responsibility for the health of the patient. This will target the most frail 2% of the population within a residential area, this group was recently determined and figures obtained in the relatively recent Frail Elderly project. PR followed on to say that TAPS has taken place due to an increasingly elderly population and increasing long term conditions which 70% of NHS spend goes on.</p> <p>Also discussed in the meeting was the allocation of more time for patients who need extra time, e.g. patients with Learning Disabilities. Healthwatch are carrying out surveys, e.g. there is a breast cancer survey in October and are also carrying out targeted work around women's health services, such as feeding babies and smoking in</p>	LW

	<p>pregnancy.</p>	
<p>5.</p>	<p><b>CCG Update – Daniel Blagdon</b></p> <p>DB gave the update on behalf of the CCG, in the absence of MB. Key points raised:</p> <p>DB talked about the Patient Congress which is scheduled for Thursday 19 October 2017 from 1-3pm at Bowburn Community Centre. The focus is on Mental Health. DB added that it is likely that Mike Brierley will cover the ACP - Accountable Care Partnership at the meeting. DB would welcome a PRG stall or PRG presence at the meeting. DB added that it is helpful to gauge numbers if people can confirm that they are going to attend the meeting but people can just turn up.</p> <p>DB went on to say that, as discussed in previous meetings, North Durham and DDES CCGs are collaborative working, in part, to save time and resources and in this spirit, MB will not be the Director of Engagement: going forward it will be Joseph Chandy for both CCGs. MB will attend the October meeting and hopefully JC will attend from October onwards.</p> <p>Joint Governing Body – DB shared that the first joint public meeting between ND and DDES CCGs is in two weeks' time.</p> <p>DB added that a lot of work around stroke is ongoing. DB and CCG colleagues are looking for recent experience around discharges, etc. in the last few years. Staff have attended meetings with stroke groups. There is six to eight weeks remaining to give comments. DB and his Engagement colleagues have contacted GP Practices to find appropriate people.</p> <p>DB also mentioned that Prescribing questions are coming out from NHS England: information will be shared once available.</p>	
<p>6.</p>	<p><b>Patient issues and items of good practice:</b></p> <ul style="list-style-type: none"> <li>• <b>Palliative Care Feedback</b></li> </ul> <p>MM gave a quick update: St. Cuthbert's Hospice had made a bid for money and had been successful. The money was around a rethink about how to communicate with different people due to the number of layers of communication. The event was aimed at people who go to PPGs, etc. Communication was looked at and it was highlighted that not all people who go to the Hospice have cancer, e.g. some people have terminal respiratory failure. The course leaders had said that they would get back to the attendees about the results of the event by the end of November.</p>	

7.	<p><b>Any other business</b></p> <p>Lancashire patients - CL said that she had recently read that in Lancashire that a trial of triaging would be carried out by non-clinical staff members, e.g. a Receptionist, to assess why patients would like to see a GP. CL would like to know from DB if this is likely to happen in this area. DB added that some Practices in the area already check if a patient is able to see a Nurse Practitioner instead of a GP. The general concern was that it non-medical people could be making clinical judgements. Group members would ask if their GP Practices were considering this trial.</p> <p>AM said that she had gone on a behind the scenes tour of UHND. This was very interesting and she would pass the information around if she hears of another similar event. One learning outcome was that information link up appears to be a distance away still.</p>	
8.	<p><b>Date and time of next meeting:</b></p> <p><b>Tuesday 3 October 2017 5.30-7.30pm</b>  <b>North Road Methodist Church Hall, Durham.</b></p>	

Agreed as correct:

Date: 3 Oct 2017

Signed: 

Print: Keith Holyman

CONFIRMED

Appendix A

<b>SCHEDULE OF ACTIONS</b>							
<b>Current</b>							
<b>Topic Raised</b>	<b>Date Raised</b>	<b>Action Required</b>	<b>By Whom</b>	<b>Review Date</b>	<b>Progress to Date</b>	<b>Date Action Completed</b>	
Development meetings	07/02/17	Ongoing	DB	03/10/17	Meeting arranged for 26/4/17.	Info to be circulated	
ToR	04/04/17	Ongoing/ CCG response	CCG/ all	03/10/17	KH to circulate induction pack.		
PRG Budget	04/04/17	Review	All	03/10/17	Ongoing.		
Federation Update	02/05/17	Update	CCG	05/09/17	Decided to be classed as 'as and when rather than monthly.'	05/09/17	
Promotional Video	02/05/17	All	DB	06/06/17	DB had made video clips with some Group members.	05/09/17	
Practice engagement – ideas needed to engage	02/05/17	All	All	03/10/17	Review after summer.		
Supporting research within practices	06/06/17	All	All	03/10/17			
Emotional Wellbeing Peer Mentor locations	06/06/17	DB	DB	04/07/17	Complete.	04/07/17.	
Bowel Cancer Screening - Speaker	06/06/17	DB	DB	03/10/17	Ongoing as Healthwatch survey results are not known yet.		
Patient group – Type 2	06/06/17	SB/All	All	03/10/17	DB added this this		

diabetic patients (time limited)								action was not progressing.	
Voluntary Support for Type 2 diabetic patients (UHND)	06/06/17	<b>SB/MB</b>	<b>DB</b>		03/10/17		DB added this this action was not progressing.		
Stroke Services report – circulate	06/06/17	<b>MB</b>	<b>MB</b>		05/09/17		The report has been circulated.	05/09/17	
Naylor report – circulate link	06/06/17	<b>MB</b>	<b>MB</b>		04/07/17		This action has not been carried out but it was asked if interested members could 'Google' the report which was readily available.	05/09/17	
DB to give LW words to add to the minutes around Sexual Health (to go to Claypath and University Medical Group).	01/08/17	<b>DB</b>	<b>DB</b>		05/09/17		LW had added words to the draft minutes.	05/09/17	
DB to take back members' feedback about Audiology experiences.	01/08/17	<b>DB</b>	<b>DB</b>		05/09/17		DB had took back members' feedback.	05/09/17	
DB to give DH feedback about an action from January about Tier 2 Physios not being able to make referrals for MRIs to UHND.	01/08/17	<b>DB</b>	<b>DB</b>		03/10/17		This is still ongoing.		
Palliative Care feedback. MM to feedback at next meeting.	01/08/17	<b>MM</b>	<b>MM</b>		05/09/17		MM gave feedback at meeting.	05/09/17	
DB to look into the issue of reported private providers and out of area providers working in the area.	01/08/17	<b>DB</b>	<b>DB</b>		05/09/17		DB gave a transport issue update during the meeting.	05/09/17	
BJ expressed an interest in	01/08/17	<b>DB</b>	<b>DB</b>		05/12/17		CL asked that this		



receiving more information about the flagging of vulnerable children/ Safeguarding process around it.					action be kept on the action log, with an update to be given in three months' time.	
MB to bring RSO review to next meeting and email it to the group.	01/08/17	<b>MB</b>	<b>MB</b>	03/10/17	RSO review was brought to the meeting on 05/09/17 and was emailed around the group. CL would like further information/discussion on this.	
KH to email around the Group's induction pack for members to look at.	05/09/17	<b>KH to circulate document</b>	<b>KH</b>	03/10/17		
Election of nominees in August 2018 in the Derwentside constituency area to be added to the action log.	05/09/17	<b>LW</b>	<b>LW</b>	03/07/18	To be on action log for info nearer the time.	

