

Heart of Harrogate Primary Care Network Patient Participation Group

Minutes meeting 16th January 29th – St Roberts Centre, Harrogate.

Meeting opened at 18:30

Present:

Dr Moss & Ptns

Tricia Smith TS
Malcolm Bottomley MB
Mike Harris MH (minutes)
Helen Meechan HM
Freda Roach FR
Paul Mancey PM
Nicola Good NG
Nick Taylor NT

Leeds Road

Andrew King AK
Malcolm Wailes MW **CHAIR**
Patricia Bickerton PBT
Brenda Sutcliffe BS

Church Ave

Richard Eastoe RE
Jayne Gotting JG
Karen Russell KR

Kingswood

Apologies : Philippa Bogle, Kings Road, Sylvia Fox, Liz Walker, Kingswood.

Item A. Malcolm Wailes, (Leeds Road Surgery) volunteered to undertake the role of Chair for the meeting

Item1 Welcome and introductions

MW opened the meeting and welcomed everyone to the meeting of the PPG for the Heart of Harrogate PCN.

MW expressed a wish that we would be able to share information on the PPG's that were represented and see how we could work together. This would hopefully support all the PPGs in improving the experience the patient has at our surgeries

and to the sharing of best practise and ideas for the benefit of patients across all the surgeries.

Item 2 Minutes of meeting held on 30.10.19

MW asked if there were any corrections or alterations needed to the minutes issued. Other than incorrect spelling of names they were accepted as a true record of the meeting.

Item 3 Matters arising from minutes

A. (Action: AK to make presentation available for PPG members to review).

AK agreed to issue the presentation from the previous meeting to members

B (Action: All around the table felt this was a really good outcome and worth exploring in their own surgeries. Feedback will be sought from all surgeries at the next joint PPG meeting.).

This related to patients being updated if there were problems experienced in the Surgery whilst the patient was kept waiting – members felt that there had not been enough time to evaluate – put on next meetings agenda.

C (Action: all at the meeting to further consider how selected parts of the NAPP information might be identified and shared in the future).

As there are a number of Practices that are members of NAPP it made sense to have one central point of contact for the HoH PPG. This would enable information to be circulated effectively from NAPP. It was proposed by PM and seconded by MW that MH could fill this role. Those present agreed.

D. (Meeting of HARA November 2019)

MB gave a brief description of the outcomes of this event and how one of the major challenges for the patient was communication both from and to the patient. Work was being done currently to organise another meeting of interested parties. This is a challenge to the HoH PPG and needs working on. HoH PPG would benefit from

attending so, once a date has been fixed for the next meeting, members of the HoH will be advised and if possible attend.

Item 4 Meeting of the HoH PPG should be twice a year with ad hoc meetings

MH explained that Dr Moss & Ptns PPG is undertaking a survey with its members as to how often meetings are held. We appreciate the demand made on staff of the Practice to come to out of hours meetings, much as they want to, so thought was being given to this. This would impact on the HoH PPG so this question was raised. A very lively debate followed from those present. This generated other questions that needed further exploration before a decision could be arrived at and this lead into item 5 on the Agenda.

Item 5 Report from PCN re their progress

AK gave a very detailed vision of what the HoH should be working towards, **(Action - will be issued by AK for time to reflect)**, that lead to many topics being discussed, the following only covering a small sample:

patient surveys, Practice requirements, patient involvement, quality of conversations to patient, perception of PCN, staff appointments, services required, staff appreciation of what the PCN means, potential misunderstanding of PCN, visiting surgeries for expert help other than the patient's own, how to get this message across to the body of the patients.

(Actions under item 5:

- 1. PM to create a communication plan for the HoH to consider implementing with the support of the HoH for the next meeting**
- 2. MH to explore the possibility of local radio and the introduction of the PCN and report back**
- 3. AK to supply to PM the review of the last Patient Survey carried out overt the four Surgeries in the HoH PCN)**

There followed a period of open discussion on what various PPGs had been doing in their respective surgeries to increase the number of patients being made aware of the PPG. Examples being: MW discussing with RE and KR attendance at the

Surgery and TS talking with AK re the opportunity of College involvement in computing/digital/social media work. It was obvious that there was much work being done by various practices that would benefit the others and we need to harness this for the benefit of all. JG suggested that by formalising the HoH PPG we could create a better support structure for all the PPGs. Does this need to be an agenda item for future agendas? **(Action: ALL at the next meeting see how we can do this effectively).**

PB asked about sharing of information re PPG activities within the HoH Practices. PB asked if the other PPGs could inform other PPGs of their work by issuing their minutes of meetings to the other Groups. This was thought to be a good way to circulate what was going on and what could be used to support the other PPGs. **(Action: send minutes of PPG meetings to MH for forwarding to all HoH).**

Item 6 Ad hoc meetings

Absorbed in item 5.

Item 7 Future plans for 2020 timetable

After much discussion by all it was agreed to hold three number HoH meetings for the 2020 period. Future dates need to be circulated and agreed. This does not impact on the individual Practice PPG as they can meet to suit their requirements. Suggested months would be June and November and Thursdays seemed satisfactory for all present. This would not preclude holding ad hoc meetings to progress and specific item. **(Action: MH to circulate dates for approval.)**

Item 9 AOB

1. MH asked if there was a need to develop our own questionnaire to determine the perception the patient body has of PCN/Practice. PM thought that the existing Patient Questionnaire would do this but was advised by JG that this was a year old and, although the four Practices were very similar in the last survey, it may give us a starting point to answering this going forward. **See Action point 3 under Item 5.**

2. PBT advised that she had got in touch with Rachel Binks, Nurse Consultant, Digital & Acute Care, Airedale Digital Care Hub, at Airedale General Hospital, who gave a very interesting and enlightening presentation about proposed care in the home and in Care Homes using technology, thereby reducing visits to Surgeries. Would the HoH be interested in listening to her presentation? This was warmly supported by the members and PB was asked to proceed with the invitation once our future dates are determined. **(Action: PB to liaise with Rachel Binks to organise.)**
3. FR asked if there was any possibility of advising the change of medicines on the repeat section/part of the prescription, so patients were advised and made aware that prescribed medicines would be equal to those previously issued. This section could also be used to make patients aware of PPG activities? Some discussion as to the longevity of this as they were to be phased out but this would be looked into. **(Action: JG to liaise with other Practice Managers to determine if possible and report back.)**
4. Some members of HoH PPG are patient partners at CCG and as such attend meetings of CCG. Relevant feedback from these meetings which they attend would be helpful especially if this will impact on direction and future services being offered by GP practices. **(Action: It would be appreciated if HoH Members of other DHS bodies who attend other meetings bring relevant information back to HoH for dissemination to all).**
5. KR asked the important question – What do we do now?

MW thanked all for their attendance and valued contribution.

Meeting closed at 20:00

Date, venue and time of next meeting to be advised.