# Derby Road Health Centre Patient Participation Group

## **MINUTES**

## Meeting – Tuesday 10th September 2019 – 2.00pm to 3.30pm

1. **Present** Rob Kirkwood(Chair), Jane Ward (Assistant Practice Manager), Jordan Paraskevopoulos (Administration Support), Ajanta Biswas, Margaret Gotheridge, Stephen Hyde, Keith Morris, Darshan Nunwa, Harbajhan Nunwa, Liz Lemon **Guest:** Michelle Tilling, Locality Director, Primary Care Networks (PCN) - Integrated Care Providers/Partners (ICP)
2. **Apologies** Nikki Wood (Practice Manager), Karen Hambleton (Senior Partner) Dave Ward
3. **Minutes of Last Meeting (14.05.19)** Approved
4. **Actions -** deferred to end of this meeting as they relate to PCN (Primary Care Networks)
5. **Primary Care Networks**

**Michelle Tilling** guest speaker, outlined in general **PCNs and ICP** in redesigning services for the better care of Patients. The programme will bring together all agencies; clinical and care groups, social, including housing, with the aim of providing better and enhanced services in the care of patients. Groups and relationships will be formed within populations in PCNs in the different Council Wards.

**January 2019** was the start of discussions in developing a long term integrated care system programme.

**PCNs - 8** are being created across Nottingham City. A map (already circulated) has been forwarded by Michelle to all PPG members. It maps the PCNs onto the different Council Wards (Nottingham County will develop its separate programme of ICP’s and PCNs).

**PCN7** includes 4 GP Practices at **DRHC,** Deer Park, Grange Farm and Wollaton Park.

(NB. University of Nottingham has been separated out and will have a separate PCN – it is unclear yet if this includes Nottingham Trent University. As student numbers continue to increase in the City the inclusion in our PCN would disproportionately impact the management of these long term changes.)

**Clinical Director -** Each **PCN** will have an externally funded (two sessions/week) CD**.**

**PCN7 Director** has been appointed (Katherine O Connor from Wollaton Park) and all PCN Clinical Directors are in post. The CD will assess the needs of their population, and make recommendations for implementation e.g if there was a need for Diabetes clinic/support groups at local level.

**Each PCN is already legally signed up**.

PPG group present requested information on the contract that DRHC had signed up to.

Jane (DRHC) explained the contract was not currently available as there were still some decisions and agreements to be made. The PPG group felt uneasy at not being party to this information and felt that PPG needed to understand the context of our role within the PCN Agreement; and our advisory role in influencing decision making within our GP practice. Agreement was reached that… **Action** Jane would make available the contract to the members of PPG for information.

There was discussion and clarification around the **differences between IC Providers and IC Partners.** Michelle explained that the partnership (under an Alliance Contract) is a working model to provide care. There is still fluidity in the discussions and decision making, regarding how this programme will practically work.

Questions were raised about the **impact on the autonomy of GP’s** and **how Social Care would be integrated at local level.** Michelle reassured the group that GPs are involved in any decision making and no autonomy will be lost in this plan. Currently City Level ICP discussions are ongoing with all agencies in discussions together but no decisions have yet been reached.

**Next stage** will be a paper produced by Clinical Directors and then Chief Executives will sign up when all agencies are in agreement

Michelle stressed that it was important to get the relationships working across the different Wards, PCNs and Councils

**Commissioning of services**-Clinical Commissioning Groups -

Michelle explained that the role of commissioning would be different but no detail discussed at this stage. Currently there are 6 CCGs and these would be merged to 1 CCG with a much broader remit.

1. **Update from CCG Peoples Council**

Rob reported that People’s Council is no longer operational and that it is yet unclear as to where Patient Participation will fit at City (ICP) Level. There is now a Patient and Publication Engagement Committee (PPEC) at “County” (ICS) Level. Locally, it was agreed that the Chairs of the PCN7 PPGs will meet to discuss how PPGs will work with PCNs and in line with Nikki’s suggestion should meet with Clinical Director Catherine O’Connor. This was a very welcome suggestion and agreed. Dates times to be confirmed.

1. **Update on other Matters from DRHC**

Jane provided information on the following:

**New Appointments made**:

Iordanus Paraskevopoulos, Administration Support.

Clinical Pharmacist, who can review medications and prescribe drugs without the need to see a GP.

Advanced Care Practitioner, Erica, who can make home visits thus relieving pressure on GPs.

New GP Saira Jawaid

Dr Aliwale has been unwell so his work has been covered by a locum

2 Phlebotamists

3 junior doctors two F2s- in final year, training as a Doctors, one GP trainee,

Dr Singh has returned from Maternity Leave.

**Extension of building**: original date for completion of the new spaces has already past.

The delay is due to lack of agreement on the cost of a very narrow strip of land adjacent to proposed site. Due to regulations for H&S this strip is necessary to comply. As a result this is impacting on the services that can be offered at the surgery, as well as making working conditions for staff not ideal.

**Flu Clinic.** There was very good attendance on Sat 7th September but the available doses (500) ran out by 10.30. More clinics are being made available for all those who were turned away.

The next clinic for Flu inoculation is 23 September for over 65s.

**Communications with patients**

There was some discussion around use of email as a more efficient and less costly way of communicating with patients. Jordan sees no problem with this idea, whilst recognising that some patients do not engage fully with digital technology.

**Action** will be looked at by the Administration team at DRHC. Rob volunteered his services, given his professional knowledge in this field.

1. **Future Activities**

Jane (DRHC) asked if members of our PPG would volunteer to support and encourage patients of **Grange Farm Surgery to start their own PPG**. There has been little interest at that surgery. She asked members, if possible, to attend a **Macmillan Cancer Charity event at Grange Farm on 27th September at 10.00a.m.** There were no definite commitments but a definite willingness to help. It is hoped some members will attend. Suggestions were made that the staff of DRHC and Grange Farm identify individuals whom they think, with support, be interested. We as a group would invite them to attend our meeting/s and encourage them to instigate a group at Grange Farm.

1. **AOB**

Individuals reported on a number of issues:

1. Personal records can be accessed online but unable to print.

**Action** Jordan suggested that if problem persists to email him or one of the admin team

1. Prescriptions hard to decipher e.g. names and quantity of drugs unclear

**Action** Jane will address this and see if it can be made clearer

1. Drugs delivered by Pharmacy are sometimes not date correct, e.g dates for new deliveries sometimes predate the ones already in use. This would perhaps indicate pharmacy not properly managing their stock.

**Action** Jane /Admin to investigate

1. Review dates for repeat prescriptions are confusing and inconsistent

**Action** Jane /Admin to investigate

1. initial questions by reception are of a clinical nature and some patients think this is inappropriate. Jane explained that reception need to ask some questions regarding illness, in order to assess where they can best direct the patient, e.g. it is not always necessary for a GP appointment for general ailments, when a nurse can see the patient perhaps more quickly.
2. waiting times on the phone queue can be excessively long

Jane explained that this could be a purely technical issue to do with the system and its usage.

**Action** Perhaps clearer instruction and the use of the call waiting system by staff?

1. Lack of appointments available over the summer

These were explained as having been a summer holiday period for GPs, as well as ickness amongst staff. However there is availability for patients as long as they are willing to use the GP+ services which are evenings and Saturday Morning in Parliament Street Surgery in the centre of town.

1. **Date of Next Meeting**

**2PM, TUESDAY 19TH NOVEMBER 2019**