

PPG Minutes for Meeting 4.10.23

19.00 – 21.00 hrs

1. Attendees:

Dr. Ben Henry	BH	Partner
Sarah Robb	SR	Practice Manager
John Tresadern	JT	Chair
Rick Gooch	RG	Communications Manager, PCN
Charlotte Barnes	CB	Administrative Assistant
Zoe Beesley	ZB	Social Prescriber
Jenny Powell	JP	Deputy Chair
Will Astill	WA	Member
Peter Hartill	PH	Member

2. Apologies: Sue Burfoot, Peter Barker, Hilary Essen, Bob Faithorn, Robyn Hughes

3. Approval of minutes for Meeting 14.6.23:

Due to extraordinary circumstances, approval was held over to the next meeting.

4. Introduction to the meeting:

JT opened the meeting explaining it would be different from our usual structure because it was designed to offer a platform for dialogue and discussion between the Primary Care Network (PCN), the North Dales Collaboration Group and Lime Grove Medical Centre: so linking the Primary and Tertiary (voluntary/ local statutory) services in order to seek more effective service provision. Unfortunately our Collaborative participant had not appeared. The meeting therefore moved to the PCN presentation.

5. Rick Gooch, Communications Manager, North dales PCN:

Introducing the Primary Care Network (PCN) Rick Gooch made the following points and answers to questions:

- The name of our PCN is 'Derbyshire Dales'
- The PCN works in partnership with its constituent surgeries
- It is based in Scholes Mill at Tansley
- Staffing of the PCN consists of the PCN Manager, Deputy Manager, three Care Coordinators
- There is a Home Visiting Team (Team Up) consisting of a Part Time GP, two Advanced Nurse Practitioners, and three Paramedics
- 'Over arching' this staffing there is Clinical Director, Lead Pharmacist, two Technicians and a Mental Health Practitioner The PCN stretches from Hope Valley to Ashbourne
- Its purpose is to support the eight GP practices in its territory and works with Social Prescribers and link workers
- The support is funded by the Additional Roles Reimbursement Scheme (ARRS) for the NHS
- The PCN is funded from the Integrated Care Board (ICB)
- Staff are provided to work for the practices and are additional to what the practices have already
- These staff are helping LGMC with 3 extra roles
- They stay with the Practice and do not move
- New PCN staffing is still being 'worked up' as PCN only in operation for 3 months The PCN has brought in Home Visiting Teams
- The PCN monitors operations from day today making up to 30 daily calls.
- In addition the PCN supports home bound and care home patients.
- At the time of the meeting a position for a mental health worker is being worked up, all in conjunction with LGMC and with a Social Prescribing team
- The setting up of these different roles requires a host of checks and links with various organizations including the voluntary sector such as the Dales Local Integration Group (DLIG)
- To cope with the complexity of various bodies undertaking their different yet often linked activities **RG** is working on setting up a Tasking Coordination Group to help manage activities
- The GP practices are stakeholders in the network.

- The practices hold the power to decide what developments may be made by the PCN
- The PCN also undertakes tasks in sorting out issues in operating the network such as problems with basically incompatible IT systems
- At this point the issue of precipitate discharge of patients from hospital without care arrangements being in place in relation to patient needs.
- Another issue raised was the 'time load' imposed on practices by poor information relating to referrals and patient information – all due to hospital short falls
- While these were seen as largely secondary sector issues and primary/secondary interface problems, they nevertheless have a bad impact on patients and surgeries. to take all home visits away from the surgeries
- The PCN's in the County attend a forum each month to discuss events and progress
- The PCN is supporting 50,000 patients
- While compared with other PCN's, The Dales are a large area – especially compared with an urban PCN where a number of visits can be made in a shorter time than The Dales PCN which therefore needs a lighter case load
- When asked about patient representation at PCN meetings **RG** said that patients do have some representation through meetings such as DLIG forums but the situation was under review and **RG** suggested linking with Ian Anderson at Inspire Patients' Group. **JT** said he was in good contact with Ian who had been very helpful over other matters.
- **RG** suggested some ways PPG's could support and further good practice such as constantly giving their views on the way the practice operates and on NHS developments. Also the PPG could intervene on behalf of surgeries by giving out advice on ways patients can help themselves.
- **RG** suggested that the Group's efforts to join and promote our agendas such as Children and Young Peoples (CYP) mental health could best be furthered by joining DLIG, and contacting Elliot Blackwell (Spireites Trust), Jo Finnegan (Derby and Derbyshire ICB) and Zoe Beesley (Social Prescriber) to gather information on the latest progress on roles.
- GP and PPG representation on Place Alliance is covered by Dr Pauline Love (Bakewell)

This concluded the questions put to RG and he was thanked by the group for his attendance and his clear and full responses

6. Establishing a communication system PPG/patient body:

Over a number of years we have commented that when we have, for example, found a way to deal with an issue or clarified information that aids getting access to health services it we have bemoaned the fact that so often only we were privy to such information and we could not inform the wider patient body. To overcome this problem the decision was made at a previous meeting to see if it was possible to design and implement a system using online media. The good news is that we now have the means to enter into dialogue with **any patient who opts into (this is crucial) the new system** based on Facebook. The task was taken on by **Charlotte Barnes (Administrative Apprentice) and Will Astill (PPG member)**. Charlotte designed and built the system using Facebook, conforming to the types of usage we would require, as formulated by Will.

They presented the working system to the Group after it had been tested- a test that successfully recruited some new Group members. In the presentation Charlotte set out how we could obtain messages from patients, send messages from patients and run surveys.

This clear presentation and trial usage of the system undertaken by Charlotte and Will enabled the PPG to assess its value in our working context with enthusiasm and with the expression of sincere gratitude for the highly successful efforts of the two project leaders.

The meeting concluded at 20.15 hrs

**Our Next Meeting is booked for Wednesday 13 December
19.00 – 20.30 hrs**