

PPG Minutes for Meeting 11.12.24

19.00 – 20.30 hrs

1. Attendees and Apologies:

John Tresadern	JT Chair
Victoria Hetherington ASP	VH Partner
Charlotte Barnes	CB Practice Staff
Peter Hartill	PH Member
Roger Price	RP Member
Sue Lane	SL Member
Will Astill	WA Member

Apologies: Sarah Robb, Sue Burfoot, Jenny Powell, Janet King, Jenny Newton, Kate Hopkinson

At this point JT said he wanted to take 3.1 in the minutes first and put 3.23 - 3.3 at the end as these were workshops.

2. Approval of minutes for Meeting 11.12. 24

The minutes were approved by **RP** and seconded by **SL**

3. Matters Arising:

3.1 Attendance at meetings – This arose from an earlier meeting where the problem of professional people not attending meetings with no notification. Sarah Peet has experienced this. JT wanted to clarify if these were online or face to face. Sarah said she used both. It was agreed we should raise the issue with appropriate bodies eg the

Collaborative. The issue moved to DNA's. VH said the Practice was currently working on a DNA policy to be launched in January in order to tighten up on this as we were more lenient than other practices. This will follow national guidelines. We are able to remove patients from our list who permanently and frequently don't attend. These have to be given five letter warnings after checks that no good reason was given. RP noted he was given an appointment at Whitworth which turned out to be non-existent. So the problem works both ways.

4.0 Practice Report 'The Stethoscope'

Copies were sent out before the meeting. JT asked for comments and referred to a selection of items. Staff changes, but all for enhancement. Congratulations to Emily on the birth of her baby. Welcome to our two new Registrars. Plans to increase and enrich knowledge around carers. We offer congratulations for a highly successful programme of vaccinations.

5.0 PCN Report

Copies were circulated before the meeting. News re extra staff for home visits are very welcome. VH said using money from PCN had helped to see more patients in the surgery. This is a way NHS can feed in more money but retain control. But it does involve going through a number of hoops to get it and issues with introduction of developments such as the drive for online booking. **VH said that our booking system had the best statistics in the County. Congratulations.** We already triage now as recommended and introduced call back before national policy. Improvements in the PCN run Home Visiting Service. We operate this but geography is a problem with a lot of time taken up with travel.

6.0 Switchboard, Appointments and Hospital Discharge

There were no points raised over switchboard or appointments. JT reported that Chesterfield Hospital now had a dedicated discharge

team. We have experienced no more issues. Lisa Brightmore is now our contact.

7.0 Frequent Flyers

PH said that 'frequent Flyers' (Frequent patient visitors to the Surgery) were like in any other business, made up 20% of patients but 80% of problems. So what are the problems of the 20%? If the Practice concentrates its efforts on addressing those problems, then the workload of the Practice is disproportionately reduced as a result. The practical effects of this focus on the 20% are an amelioration of their lot, which they will welcome. Ms H identified mental health problems as being a major constituent of the 20% and she explained how the Practice dealt with this – for example investing in staff using PCN money to employ a wellbeing coach, a mental health practitioner and social prescribers. She said that the Practice was a social net for all other services for example the Practice undertakes work relating to children and young people – praised by an inspector but where there is no other encouragement to work with schools. **(ACTION to find out more about the work undertaken with C/YP)**

3.2 Working with the Practice – PPG advertisements

CB, WA and JT have discussed the idea of putting advertisements promoting the PPG on seats in the waiting room. Each would be in a cheap plastic folder that is cheap, clean and not worth removing. Each would have a large 'catchword/phrase, eg 'Gotcha' at the top to 'catch the eye' and a smaller presentation to encourage joining the PPG. CB had produced a laminated example. At next meeting we can have a workshop to produce a selection. **(ACTION)**

3.4 The web page. – A few years ago PH and JT had worked with the then manager to produce what we considered to be a better web page than what existed then. Since that time the page had grown like Topsy with 17 choices, with many duplications. JT pointed out that

another surgery we have links with had just 7. So what are the ideas we can generate – and should there be a one stop entry or Mental Health?

3.3 (out of order) – Passports – JT had seen examples of these at a collaborative meeting and thought they were worth consideration. They are about gaining information from patients, particularly those who are neurodiverse. We were then able to see the LGMC example giving detailed information for staff about an individual – all gathered with the knowledge and agreement of the patient. There are some national trials running taking patients into hospitals and with them as they get older. Could they be a link to ease the 18+ ‘cliff edge’?

8.0 AOB

None? 11