

PPG Minutes for Meeting 19.3.25(1)

19.00 – 20.30 hrs

X

1 Attendees and Apologies

John Tresadern	JT Chair
Victoria Hetherington ASP	VH Partner
Roger Price	RP Member
Charlotte Barnes	CB Practice Staff
Will Astill	WA Member
Sue Lane	SL Member
Jenny Newton	JN Member
Jenny Powell	JP Member

1.1 Apologies Janet King, Sarah Robb, Sue Burfoot

JT drew special attention to the absence of Peter Hartill. Peter is withdrawing from the meeting group as he feels that age issues prevent him from joining in discussions as he would wish. Peter has been a member of the Group for at least 12 years – so long no one (not even Peter) can remember. During that time he has relentlessly pursued the role of a critical friend to the Practice helping to improve the patient experience in a variety of ways. Fortunately his experience will not be lost completely as he joins the online membership of the PPG and will, we can be sure, continue to exercise his inspectorial eye over changes and developments at LGMC. In the meantime we wish him every happiness and thank him most sincerely for all his many contributions.

Apologies were also offered as due to unforeseen circumstances the meeting had to be limited to just one hour.

2. Approval of Minutes for meeting 11.12.24

The Minutes were approved by **RP** and seconded by **WA**

3. Matters Arising:

3.1 Webpage – update: Issues raised at the last meeting have been addressed. Megan Gosling has done an excellent job in reducing the number of options when booking in from 17 to 6. The ideas were floated to consider Identifying the PPG on the revised webpage together with separating Physical Health and Mental Health entries but time was seen as an issue.

3.2 Passports – support for C/YP and SEND patients: Note was taken that we now have a small set of examples of passports in including the LGMC version. Note was also taken that the Practice had been praised by the CQC inspector over its treatment of C/YP and SEND patients so **VH** was asked for more information. She reported that the Practice was doing a lot and had now established ongoing work with N Gresswell from Highfields, and are holding monthly meetings together with Sara Peet (Care Coordinator) with a focus on students with carer responsibilities. This is something we had tried to set up several years ago with no success so this is now a particularly welcome ‘win’. The practice is also working with patients who are neurodiverse linking with Lindsey Fallon (Health and wellbeing coach) This focuses on helping students who, as young adults, are transitioning with being independent for healthcare records where there are issues around access requests and parents having proxy access. **VH** said mental health services are dire and getting worse. Mental health issues took up 50% of the work of the Practice and that we now have a huge generation that has missed 2 – 3 years of adolescent development and add anxiety, coupled with parents and family who also have mental health issues, add increased neurodiversity issues, plus lack of funding, lack of NHS staff .The question was raised if the increase in mental health issues was, in part, due to people becoming ‘work shy’.**VH** said that patients are treated as they present and are not judged but the lines are blurred as people want help quickly and the services are just not there. There is no diagnostic test for mental health problems to be proved or disproved. The benefits system does not promote showing patients the value of work and having structure and stability

3.3 Advertising the PPG – update: Four ideas were visited briefly. First, as relations with the school had improved dramatically might it be possible to get (as we had a couple of years ago) 6th Form members on the PPG. Second, was to hold some meetings during the day that might attract mothers with young children. A third was to try for the ‘adverts on seats’ idea previously raised. Fourthly, holding meetings at a different time of day – such as at lunch time might enable us to attract a wider age range of membership. The point was also made that in addition to attendees we do have a ‘readership clientele’.

4. 'The Stethoscope' – Practice Report: (Circulated online prior to the meeting)

The appointment of Dr. Williams to become a Partner was warmly welcomed. We wish him every success and indeed, enjoyment in this new post. He has been with the Practice for several years now and knows, like us, that he now helps to lead a truly 'excellent ship'. His appointment secures the future of The Practice. Indeed The PPG welcomes all newcomers to the Practice and thanks those leaving for their services. The report shows that the high quality of Practice services is actively protected by the constant in-house training programmes that are run.

5. PCN Report: (The report was circulated prior to the meeting and at the meeting JT circulated information on Derbyshire PCN's) The report is very promising with increased funding for general practice with a focus on increased financial investment and support for recruitment. The changes are seen as a step towards recovery for general practice. This, however, involves changes in funding where the overall amount does not necessarily change, rather there is re allocation of the monies available to shift from 'back room' to frontline users and looking to get support for larger numbers of people. For example the Practice has employed a Wellbeing Coach who can treat a larger number of patients on the £4,500 per patient cost of social prescribing. From this situation the idea arose of having PCN/PPG meetings where more joint working could be possible in dealing with such changing situations and offering a structure that could potentially replace the collaborative style venue that we have now lost. Such a structure might have 2 meetings a year. (ACTION JT)

6. Switchboard, Appointments, Hospital, Discharge

6.1 Switchboard: No issues

6.2 Appointments: An issue with finding the notification of upstairs/downstairs and nurse name was raised but it was found that the information was present and we all just need to look.

JT suggested having paper and a pen available when a nurse is giving feedback eg at annual health checks for patients to be able to record findings eg weight (ACTION SR/JT)

6.3 Hospital Discharge: Still being developed but very positive. They are producing a system-wide discharge information pack in collaboration with system partners such as JUCD. The guides are to help all patients be aware of the whole discharge process. In addition they are producing an information sheet that sets out how quickly our muscles deteriorate when they are not used. They are looking for a

solution to capture system wide feedback easily and directly to the Discharge Improvement Team in order to ensure future improvement. Further they are co-designing a booklet 'Mental Health Together' to be a generic resource support across a wider system audience. They continue to work on making the discharge pathways and processes easier to navigate as a response to direct feedback. The Derbyshire Care Transfer Hub now has a new lead in Alison Hill who is highly respected.

7. AOB

7.1 All group members VH Explained the arrangements for the current Spring round of COVID vaccinations.

7.2 Workshop : Abandoned due to time pressures.

DATE OF NEXT MEETING 25 JUNE 2025