

CONFIDENTIAL

MINUTES OF PATIENT PARTICIPATION GROUP MEETING

Wednesday 5th March 2014

PRESENT: Ms R Rubin (Chair) Mr J D Bentley Mrs A Joss
Mr K Roberts (Secretary) Mrs M E Dent Dr J C Nainby-Luxmoore
Mr L Joss Mr J Short Mrs J Wainwright
Mrs J Dickson Mr A McLean

01032014	<u>Apologies</u> Apologies of absence were received from: Mrs J Tait, Mrs G Harbour
02032014	<u>Minutes from previous meeting</u> The minutes of the last meeting were accepted as a true record and, along with all previous minutes, are approved for publication on the Old Forge website.
03032014	<u>Matters arising</u> <i>Confidentiality Documentation - 04072013</i> All confidentiality agreements are in place. <i>PPG Membership Update - 06072013</i> It was agreed that the PPG members list on the Old Forge website could be updated to show latest membership It was also agreed that copies of PPG minutes would be included on the Old Forge website.
04032014	<u>NHS in Durham Dales: Call to Action</u> After brief discussion it was felt this item should not be pursued.
05032013	<u>DDES Ambulance PRG</u> Update provided to the group by Mrs M Dent: Under the current Dales agreement both day shift ambulances and the overnight crew should work predominantly in Teesdale and Weardale respectively unless when having to take a local patient to hospital and then becoming available again they are the nearest ambulance to a red call, i.e. a life threatening case. This model has to be seen in context of a regional service under great stress. When demand is high and there are too few ambulances available, possibly because of waiting times at A&E, the system moves up a notch, this is called clinical escalation and then crews can be called out of the Dale to respond to any type of call; red (life threatening 8 min response time); green (non life-threatening 19 min response time); or urgent. As reported at the last meeting, clinical escalation was happening in July, August and September, and the question was posed 'What will happen when winter arrives and demand increases further?' Waiting times at A&E may not have hit the headlines as much this winter as last year, however,

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	<p>Teesdale crews continue to answer approx. half of their calls out of Teesdale and clinical escalation is the reason given.</p> <p>The crews are used not only around the A&E hospital areas in Durham, Darlington and Cleveland but also they are called out from Teesdale stations to attend even non-life threatening calls in Bishop Auckland, Spennymoor and Shildon and further afield.</p> <p>The knock on effects of this for Teesdale patients is not only longer waiting times in an emergency for crews to arrive from Newton Aycliffe, Bishop Auckland, Darlington and further afield, but also Teesdale’s paramedic crews are rarely available to carry our planned, non-emergency work in our community.</p> <p>Currently negotiations are taking places between the CCGs and NEAS for the contract renewal in 2015-16. Dales funding (originally set at £650,000) is ring fenced for 2014-15 and hopefully beyond.</p> <p>Dr J Luxmoore added that less funding was available in the north of the NEAS area and that meant our Teesdale crews were called on more often. He understood that additional funding would be made available to the northern areas which would reduce the call on Teesdale crews.</p> <p>Mr J D Bentley asked what part distances covered in the Dales by ambulances was measured against more dense populations in other areas.</p> <p>Dr J Luxmoore advised that there is a meeting with NEAS on the 6th March and that all efforts would be made to keep resources in our area.</p>
<p>06032014</p>	<p><u>Durham Dales Patient Reference Group</u></p> <p>C Allison was not present. Item to be included on the agenda for the next meeting</p>
<p>07032014</p>	<p><u>Personal Medical Services (PMS) Review</u></p> <p>Mrs J Dickson reported the contracts for 2016 are currently under negotiation. Providing services costs more in remote areas than in more densely populated areas and using standard calculations and statistics show that may be over funded by comparison.</p> <p>Dr J Luxmoore added that using these standards could pose a threat to Old Forge funding of 20-30%</p> <p>Note: Dr J Luxmoore clarified that Old Forge is funded through PMS and not MPIG. Old Forge switched nearly 10 years ago. It is the threat to MPIG that has featured in recent news articles.</p> <p>This is an ongoing issue (and has been for many years) and should be kept on the PPG radar in future meetings.</p>
<p>08032014</p>	<p><u>Information sharing leaflet (Care Data includes anonymised data)</u></p> <p>Mrs J Dickson advised that there is some confusion about this topic. It is NOT the Summary Care Record where each patient has a record that can be accessed by health professionals as appropriately authorised. Care Data is the anonymised data that it is proposed will be shared, for example for research.</p> <p>The meeting was told that the Government has postponed the roll out for 6 months whilst public concerns are addressed.</p> <p>Ms R Rubin asked ‘is it a good thing?’. Dr J Luxmoore felt there is potentially some benefits.</p> <p>Mrs J Wainwright asked if a patient data included a postcode or practice. Mrs J Dickson stated</p>

	<p>that it is practice.</p> <p>Mrs J Dickson advised the group that:</p> <ul style="list-style-type: none"> • Old Forge is piloting the use Summary Care Record for temporary residents • Changes to be implemented in April mean that any record sent out will be identified by NHS number not name • If anyone outside the Practice has accessed a Summary Care Record the Practice knows about it and has followed these up to ensure that there was a valid reason
09032014	<p><u>Practice News</u></p> <p><i>New Telephone System</i></p> <p>A new telephone system is to be installed, it should be seamless and there will be no noticeable changes in the way the calls are handled</p> <p><i>Practice resourcing</i></p> <p>One nurse is still on long term sick leave. Sally Baker, a returning to work nurse, will be joining the team for a year</p> <p>Two new registrars will be joining Dr Heather MacConachie and Dr Adewunmi Ashiru</p> <p><i>Federation</i></p> <p>Discussions are taking place between the 12 Dales Practices to federate in certain areas and share functions and services. This would allow the proposed Federation to bid for service provision and procurement with the benefits of scale and economy.</p>
10032014	<p><u>AOB</u></p> <p><i>Mobile Dentist</i></p> <p>Mr J Short reported that the mobile dentist service's last day was the 4th March due to the retirement of the dental nurse/driver. The service will be provided at the Richardson Hospital – on the same telephone number - in the future.</p> <p>Mr Short asked that the Practice support the service and advise patients</p> <p>Dr J Luxmoore said that he would add it to the next Commissioning Group meeting agenda</p>
11032014	<p><u>Date and time of next meeting</u></p> <p>There being no further business the meeting was brought to a close at 18:50. The date of the next meetings will be:</p> <ul style="list-style-type: none"> • Wednesday 2nd July 2014 at Old Forge Surgery, Middleton-in-Teesdale