

# **DUKINFIELD MEDICAL PRACTICE - PATIENT PARTICIPATION GROUP**

## **Minutes of the meeting held on Tuesday 27 October 2020 at 1.00 pm via Zoom**

**Present:** Marion Higgins (Chair), Geoff Hill (Secretary), Sheila Frith (Note Taker), Amrit Mistry (Treasurer), Julie Pregnall (Practice Director and PPG member), Brian Malpas, Chris Chesham, Chris Eckersall, Ann Wright, Bhikhubhai Mistry, Keith Haresceugh, Gemma Jackson (Guest Speaker).

**Apologies for absence:** Dawn Alston, Jacqueline Parry, Joan Drummond, Joan Mycroft, Kathryn Ratcliffe, Roger Acheson, Joyce Jones, Ruth (Guest Speaker)

### **Minutes of the last meeting**

These were not considered but accepted as correct. Too much time had elapsed since the last meeting.

### **Updates from the Practice - Julie Pregnall**

#### New Building

Plans are still awaiting final approval. A second decision is being appealed and it is hoped that it will be resolved before the end of the year. The issue is one of roof height. Some work has already been carried out within the existing building to meet infection control standards, e.g. hard flooring. She confirmed that the building would continue to be limited to two floors.

#### Triage Scheme

The new system has been operational for some weeks now and interim data is available on its use and impact which will be presented to a future meeting. Early results show that incoming calls have been reduced by 45% but contact levels remain stable. The average waiting time for call response is now 2m 11s. It should be borne in mind that additional time is spent with callers as required, i.e. explaining and assisting patients with system tuition etc. Mixed feedback has been received; some very positive though some patients were confused when completing the request for a consultation. Once it's explained which item to select, it is felt to be more straightforward. The feedback is being taken on board and will be used for further developments.

Julie said that she would give a more formal report at the next meeting.

Chris C raised concern about those groups within the patient population who are less likely to use technology regularly and requested clarification on any plans or strategy to ensure that they won't be disadvantaged.

#### Drive-thru clinics

Feedback had been very positive. Many had commented that they preferred this method of delivery to coming into the Practice. It is definitely worth considering the model for future similar events. Local reporting has brought it to the attention of other authorities and interest has been shown by those interested in delivering similar services.

Some technological difficulties (system linking to clinical ones) had been identified, largely due to the very short time scale within which the program was developed. However, it was recognised that the deficiencies were present and therefore had been worked around. It is anticipated that these will largely be addressed for the future.

### **COPD "Rescue Packs"**

Julie explained that this is not a "one size fits all" service. An individual conversation with a patient is necessary to determine the best course of action to meet their particular circumstances and to identify if a "Rescue Pack" is what is required.

Link to information as promised in agenda:

<https://www.tamesideandglossopccg.org/clinical/medicines-management/antibiotic-prescribing>

-Acute exacerbation of chronic obstructive pulmonary disease (COPD)

-COPD rescue pack PIL (patient information leaflet)

### **Presentation**

Unfortunately, Ruth Clough was not able to be present due to other work commitments with Covid patients. She'd requested to be added to the next meeting's agenda.

### **Newsletter**

Geoff outlined the importance of a quarterly newsletter. The biggest hurdle at the moment is one of distribution. Geoff had made enquiries about pharmacies distributing the newsletter to those patients for whom we don't have means for an e-circulation process or access to the website, with mixed success. There was general agreement that newsletters are an important way to get information to patients. We can reach approximately 80% of them "electronically" but it is the remaining 20% where there is not a straightforward single way that wouldn't be costly, i.e. postage.

It was decided that, in the interests of getting a newsletter distributed, to go ahead with producing the next one. To contact a large number of people via text and e-mail is better than doing nothing until a solution to the wider problem is found. We'll produce a paper version, depending on finance, to be distributed through various means.

Action: Sheila to identify key dates for the next quarter, Geoff and Marion to consider content. Everyone should have a conversation with friends and family to garner ideas for what they would wish to see included. Feedback to Geoff.

### **Input from the PPG at Thornton Practice**

Gemma Jackson, the Chair of this PPG at Thornton near Fleetwood, has kindly offered advice and assistance in our aim to be a PPG which can truly be seen as "the voice of the patient".

Over the space of an hour or so she offered a very comprehensive overview of the development of their PPG over the last 5 years. She said she would send a copy of their latest newsletter. She acknowledged that obviously the current restrictions mean that they are unable to work in their usual way but still maintain strong links both with patients and clinical staff.

She highlighted some key areas that they are involved with, working with clinicians in order to develop services of particular importance to patients.

- The Listening Table - time spent directly with patients, getting feedback and ideas
- A comprehensive newsletter including wide ranging information on community services, screening etc.
- Promoting topical events, i.e. mental health week, etc.
- Use of social media
- Establishing/developing groups in which patients can get involved outside the practice
- Involvement in social prescribing
- Developing relationships with the clinical team to ensure favourable and effective outcomes for all

She described how, over the years, they have developed a reputation as an effective community group and are included in discussions to address local issues, through which funding can be gained.

It was acknowledged that it's difficult to move forward in the present circumstances. We had made a promising start as our last meeting in March showed, e.g. new members and opinions. It was felt important to return to the basics, use this time to formulate an annual plan with clear measurable targets.

Gemma offered to continue to offer her help as needed.

In a discussion after, it was acknowledged that Thornton Practice do not have Health Champions, as DMP does, and it would appear from her comments that their PPG role covers aspects of both. It was noted that there is a risk of confusing and blurring boundaries.

**Date of next Meeting**

24th November 2010 at 1pm