

**Sele Medical Practice  
Patient Reference Group  
Notes of the meeting on  
Wednesday 15 May at 4.00pm**

Present: Derek Bramley (DB), Hafsa Mannan (HM), Anne Brooks (AB)

Apologies:, Joan McFarlane (JM), Sheila Dance (SD), Bob Potter (BP), Jean Elphick (JE), Michael Elphick (ME), Stephen Prandle (SP), Shannon Bell (SB)

**Apologies/welcome to any new members**

Apologies as above.

We welcomed Hafsa to the group. She is a sixth form student at QEHS, intending to study medicine.

**Notes of the last meeting (Friday 15 February 2019)**

These were agreed as a true record. Matters arising were all covered by the agenda.

**Practice Update and Primary Care Developments**

**Primary Care Networks**

West Northumberland has decided to form one Primary Care Network. Two practices are not involved, Riversdale Surgery and Adderlane Surgery.

Dr John Green from Prudhoe Medical Group is leading the Network.

The Network will be charged with providing the extended hours services (what is currently the Corbridge Hub) and although patients aren't likely to notice any change in the way this is provided, there may be tweaks to practice extended hours. Other services may subsequently come under the umbrella of the Network such as 'flu immunisations etc but no details are available as yet.

## **NHS App**

An NHS app is shortly to become available to Sele patients. This is a nationally developed app which will allow patients (having undergone identity verification) to access appointment booking, medication requests and access medical records.

## **NEAS home visiting Pilot**

The pilot had been deemed a great success with benefits as follows:

Earlier attendance leading, if appropriate, to hospital admissions earlier in the day.

Good experience for NEAS staff.

Freed up time for GPs to see more patients in surgery.

## **Northumberland wide PPG meeting**

Various matters were discussed and the minutes are appended to these notes.

## **Newsletters**

The May edition has been issued. HM indicated that young people tend to find their information through social media so further thought will be given as to how to ensure the practice has a social media presence.

## **Activity Boards – (How) can we keep them up to date?**

Teresa (receptionist) is working with HPCA in providing the activity blackboards and keeping the information up to date. She is to set up a website to try to ensure the information is kept up to date and will update the booklets regularly. Funding is available for a while longer to do this but we need to think of ways to keep this information up to date and relevant once this stops and AB wondered at to the group's potential involvement in this. For further discussion in the future.

## **Any other business**

There was no other business.

## **Dates for 2019**

Friday 9 August 2019 at 10.30am

Wednesday 13 November 2019 at 4.00pm

## Appendix

**NORTHUMBERLAND PPG MEETING  
The Spetchells, Prudhoe  
22<sup>nd</sup> February 2019**

**MINUTES**

**1. Attending:**

Tony Hockey, Practice Manager, Prudhoe Medical Group

Derry Nugent, Healthwatch Northumberland

Sandra Mackinnon, Alan Greenall, Joan Russell, Elaine Heane, Prudhoe Medical Group

David Stewart, Haydon Bridge and Allendale

Chris Million, Bedlingtonshire

Gordon Stewart, NCC, County Councillor for Prudhoe South

Derek Bramley, Sele, Hexham

Gail Etherington, Sal Hargreaves, Riversdale, Prudhoe and Prudhoe Medical Group

John Walton, Greystoke, Morpeth

**Apologies:**

Cathy Patterson, Railway Practice, Blyth

Rosemary Ellis, Belford Medical Practice

Gordon Allan, Ponteland

**2. Introductions:**

All those attending introduced themselves to the group and Tony Hockey agreed to Chair the meeting.

**3. Healthwatch:**

Derry Nugent from Northumberland Healthwatch explained to the group the work that is undertaken by them. Healthwatch is a statutory body which acts as a watchdog for people using Health and Social Care services. It is the successor to the Community Health Council and is an independent body funded by the council. Its reports are shared with the CCG. Healthwatch network with all the areas local authorities. By gathering Patient experiences, it helps to give a better service which covers Home Care to Acute

Services. Their annual survey, both in hard copy format and available on line shows that from the Northumberland area there are few complaints regarding user services. All results are published on the Healthwatch website which also gives lots of useful information.

Last year 600 were completed out of a population of 300,000. Issues raised were the mental health of young people, reliable information for relatives, G.P. access and better appointment systems. The latter depended on area.

There was little feedback on dementia services. It was felt that better signposting was needed on how to get help and it was suggested that a focus group for Dementia was needed. Prudhoe benefits from *Community Buddies* which is a daily care service. Prudhoe also aims to be a Dementia friendly town and it was agreed that it is already a caring community. Dementia Care in Hexham closed recently and plans to reinstate it to Prudhoe failed.

It was suggested that surveys from the PPG's, which give a rich seam of information, should be shared with Healthwatch. Bedlingtonshire Practice do a survey every 4 weeks. Communication is a problem, so it was proposed that a Virtual Group be set up and a Facebook page would be valuable for information.

#### **4. CCG Liaison:**

No one was available to attend the meeting from CCG.

We learnt that the public can attend the meetings held by the CCG board.

#### **5. Sandra Mackinnon and Tony Hockey – Items of Interest from Prudhoe Medical Group PPG:**

##### **Clinical Support Pharmacist:**

The role of the Pharmacist in a Practice is to help reduce the G.P. workload by referring Patients to the Pharmacist (who can be a trainee) for advice on medication and possibly available for 4 to 5 sessions per week. NHS England state that to be eligible for this service there must be a minimum of 15,00 patients. These can be spread across neighbouring Practices. In the future this may not be necessary. The Hadrian Care Alliance, which has a total of 81,000 patients in the West of the County have an interest in acquiring a Pharmacist.

##### **Social Prescribing/Patient Services:**

An initiative from and funded by the Federation has resulted in one of the receptionists from Hexham gathering together information regarding all local activities for patients aiming towards 'something for everyone', e.g. Patient services for mental health. In its infancy, it was proposed that the CCG help with marketing, copies be seen by all the PPG groups and it is essential that the folder be kept up to date. Prudhoe would need to feed information in from the surrounding area and it was suggested that a copy be left in Prudhoe Library.

##### **Northumberland Domestic Abuse Services:**

Due to a lack of funding, this service based in Hexham is to close in March.

**Admiral Nurses:**

A beneficial service dealing with dementia care and giving help to families to cope with this disease. To obtain a nurse (initiative of SM) for the area, £50,000 must be raised by the applicant which is then matched by Dementia Care. Since preparing to look at raising the funds, Dementia Care have now stated that they can't match for a specific area i.e. not just for Prudhoe and any money raised would go into a central pot.

**6. Arrangement for future joint working:**

There are 48 Practices in Northumberland with a PPG with only 5 represented at the meeting.

Ideas put forward:

- Groups to meet once or twice a year
- As the CCG likes networks, should the group be autonomous or linked with other organisations?
- There is a need to address the purpose of the group and agree to its role.
- More people need to attend the meetings. JW offered to email the other groups.
- The five council areas of Northumberland could each have its own locality group and a representative from each group then attend a County group meeting. However, did this result in too many groups?
- The CCG should be invited to meetings.
- Should it be independent from both the Council and CCG?
- An information exchange could be set up.
- An agenda for future meetings could be prepared from all the PPG's as there was a need for joint interest.
- A Newsletter could be produced from each area which could then be used for a centralised newsletter.
- PPG's need an update on new initiatives from the NHS

Healthwatch agreed to support.

**7. Date and Time of the Next Meeting:**

The suggested meeting place was Stannington as it is a central point with easy access from all areas of the County. Arrangements are to be finalised. However, the question of who would fund it and the cost of travel needs to be taken into consideration.