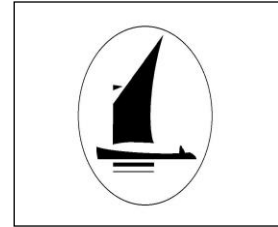


**HOVETON & WROXHAM MEDICAL CENTRE  
PATIENT PARTICIPATION GROUP  
MINUTES OF THE MEETING  
HELD VIRTUALLY ON 26<sup>th</sup> April 2022 at 5pm**



**Present:**

Carol Hastwell (Chair)	(CH)
Carole Eason	(CE)
Tony Emes	(TW)
Alex Howe (Minutes)	(AH)
Jane Hutton (via Microsoft Teams)	(JH)
Dr. Clare Singh (via Microsoft Teams)	(Dr.CS)
Chris Stace (Practice Manager)	(CS)

The start of the meeting was delayed due to an accident on a main road to the Surgery which had prevented some members in getting to the meeting. It was therefore agreed to revert to Teams once again. The Chairman then had difficulty in getting on-line and so the meeting wasn't able to start until 5.20.

1. CH apologised for the delay and thanked everyone for their patience.
2. **Apologies:** Helen Houghton
3. **Minutes of Meeting on 15<sup>th</sup> February 2022:**  
The Minutes were agreed but could not be signed by the Chairman until a face to face meeting was convened once again.

4. **Matters Arising not on the Agenda:**

**4.i (4.i) Reported Reduction in Service for over 75s**

TE asked if the 'catch-up' was now in place. CS advised that some analysis had been completed. 40/70 year olds were having their health checks and the backlog was being worked through. In respect of the over 75s a positive review and catch-up programme had also been put in place and additional nurses had been recruited.

**4.ii (Item 4.ii) Improving Communication with Patients**

Shortly after the February meeting CS circulated an email dated 3<sup>rd</sup> March, from the Quality Care Commission (CQC). It asked the Medical Centre to gather experience from patients/service users and their relatives. CS had suggested that members ask patients who approach the PPG, in respect of individual complaints, to make use of the following link - <https://www.cqc.org.uk/give-feedback-on-care>. The link has also been published on the Centre's website news feed.

For anyone wanting to know more about the CQC information can be found on its website, <https://www.cqc.org.uk/>

**4.iii (item 4.iii) Website**

CS confirmed that the website makes it quite clear that the PPG is not a forum for individual complaints or personal issues, but rather to bring about effective liaison between patients and the Surgery to inspire positive change that will benefit *all*. The Surgery has an obligation to respond to complaints which are not the responsibility of the PPG, such as a patient being unhappy with any aspect of their care. It was acknowledged that some people won't complain directly but unfortunately there was little that could be done about that.

#### **4.iv (item 6) New clinicians**

TE had raised a query concerning the clinicians. CS to provide him with the information asked for, after the meeting. **(Action: CS)**

#### **4.v PPG leaflet created by JH**

Reference was made to the middle inside page (when folded) and the number 3 in the first paragraph needed changing to 2. The back page “young people” added to the list of those who might have a ‘viewpoint’. **(Action: JH)**

#### **4.vi (item 8 – second para) - Rackheath Primary Care Centre Hub**

TE had expressed concern in respect of the second paragraph in item 8, which stated that Muck Lane would be in the middle of the development. ‘Development’ should have read ‘Practice area’. It is also the case that the Hub will be managed as one of two surgeries, by the current Hoveton & Wroxham Medical Centre GP partnership.

AH apologised for her misunderstanding of the discussion at the time.

### **5. Covid-19: Update – 4<sup>th</sup> vaccination**

The vaccination clinics will go on until late Spring, with the Moderna vaccine being used currently. Good reports had been received from recipients. It was hoped that both the flu and the Covid vaccinations could be given during the same visit.

### **6. Rackheath Surgery – update**

TE had contacted Duncan Baker MP about a meeting on 12<sup>th</sup> April during which it became clear that the business case had not been put together correctly and that a re-write was needed. Paul Higham from the Norfolk and Waveney had contacted CS about the matter.

CS is aware that the allocated outlay needs spending by March 2024. TE expressed irritation that, after so many previous meetings, the business case remained unresolved. CS advised that the costings and the delivery mechanism were matters causing yet another delay in approving the business case, and was due to a rather bureaucratic process.

TE felt it was the end of the construction period that was being discussed, not any administrative matters. He felt that the 7 month approval period should be shortened. The final planning approval could take even longer. CS advised that would be part of the process of the full business case.

### **7. GPs New Contracts**

CH asked if the Surgery had moved forward with a questionnaire. CS felt that the last two years had seen the Surgery’s working practices change, with adequate precautions being put in place to protect patients. He felt no evidence needed to be provided in the light of the new prescriptive and evidence based contracts being implemented on 1<sup>st</sup> April. He showed three slides entitled ‘Contracts’, ‘Network DES’ (Directed Enhanced Services), and IFF (Investment and Impact Fund). (Copies of these slides are attached to the filed set of Minutes).

More emphasis is being based on the six Practices within NN4. CS referred to the Improved Access Plan referred to in the third slide. This plan is based on Patient Survey (“PCN Manager, and synergy with Quality Plan ‘Optimising Access to General Practice’ “), and is based on engagement with PPGs etc. Work on the plan will start in the summer. Improved access was already an issue across the whole of North Norfolk but the plan needed to be redesigned under new specifications and CS will

be having a conversation with the PPG about the further work required once he and other Practice Managers have met to discuss the details. **(Action: CS)**

**8. Mental Health Day**

The date of 14<sup>th</sup> May had been agreed as not allowing the sub-committee enough time to organise a worthwhile event so it had been agreed to defer the event until 10<sup>th</sup> October, which is World Mental Health Day. CH confirmed that MIND is on board. The lead time should be long enough for constructive plans to be laid for a significant event. **(Action: CH/CE/AH/JH/HH)**

CS will identify potential future commitments that the Practise has and bring the dates to the next PPG meeting. **(Action: CS)**

**9. Integrated Care Plans:**

Deferred until a future meeting as the formalising of statutory bodies had not yet been implemented.

**10. Any Other Business:**

**i. Sourcing of drugs**

TE asked what happens when a specific drug is not available. i.e. the Pharmacy is out of stock and there is a delay in deliveries. What is the procedure?

It was advised that it is the responsibility of individual GPs to prescribe an alternative appropriate drug and to ascertain its availability.

ii. TE thanked CS and Dr.CS for answering his many questions and a meeting was agreed between CS and TE for 1pm on Thursday. **(Action: CS/TE)**

iii. Queries had been raised with CH concerning the pathway which patients were being advised to follow in respect of optical problems. The surgery advises that they go to the opticians, who then direct them to the Pharmacy, which may then direct patients back to the G.P. Dr.CS advised that the Surgery is not in a position to prescribe expensive optical medications. CH to go back to those who had approached her previously and obtain more details. **(Action: CH)**

**11. Date of Next Meeting:**

**Tuesday 7<sup>th</sup> June 2022, 5pm, at the Surgery (assuming no complications!!)**

**Signed .....** **Date .....**