

**HOVETON & WROXHAM MEDICAL CENTRE  
PATIENT PARTICIPATION GROUP  
MINUTES OF THE MEETING  
HELD at the CENTRE ON 14<sup>th</sup> May 2024 at 5pm**



**Present:**

Heather Leishman (Acting Chair)	(HL)
Alex Howe (Minutes)	(AH)
Carole Eason	(CE)
Tony Emes	(TE)
Auriel Gibson	(AG)
Jane Hutton (via Teams)	(JH)
Dr. Alex Smith (late arrival)	(Dr. AS)

**1. Welcome**

HL jumped straight to item 5 so that the presenting team did not have to sit through the first four items on the agenda.

**5. Presentation by CPRD (Clinical Practice Datalink) via Teams**

Hetty and Eleanor introduced themselves before presenting the following information.

Clinical Practice Research Datalink (CPRD) is a real-world research service supporting retrospective and prospective public health and clinical studies. CPRD research data services are delivered by the [Medicines and Healthcare products Regulatory Agency](#) with support from the [National Institute for Health and Care Research \(NIHR\)](#), as part of the Department of Health and Social Care.

CPRD collects anonymised patient data from a network of GP practices across the UK. Primary care data are linked to a range of other health related data to provide a longitudinal, representative UK population health dataset. The data encompass 60 million patients, including 18 million currently registered patients.

For more than 30 years, research using CPRD data and services has informed clinical guidance and best practice, resulting in [over 3,500 peer-reviewed publications](#) investigating drug safety, use of medicines, effectiveness of health policy, health care delivery and disease risk factors.

CPRD is a government-funded, and not-for-profit cost recovery organisation.

**2. Apologies**

Apologies from Carol Hastwell, Helen Houghton, and Ranjan Choudry

Introductions to Auriel were made.

**3. Minutes of Meeting on 14<sup>th</sup> March 2024**

These Minutes were agreed and signed by the Acting Chairman.

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

HL had been talking with Carol about the Practice Index.  
10,000 patients, due to be increased soon.

**6. Dispensary Consultation**

HL advised that some amendments were going to be made to the letter, but that a charge will continue to be levied. Some responses opted out of a delivery and would

get someone to collect their prescriptions. Dr. Morley, the Dispensary lead, had advised that there is no liability for the Practice to provide a free delivery, but being in a rural area, the Practice wouldn't consider NOT doing it.

It was agreed the letter should be tweaked a little, and that the bank mandate issue would be looked at.

## **7. Rackheath Surgery – any update**

The PPG had expressed its concerns to ICB & NHS Primary Care Estates Management about the delay in starting the project on site despite having funding and final planning approval in mid- February 2024.

To alleviate concerns HL & TE were invited to a site visit at Kings Lynn on 25<sup>th</sup> April 2024 to view the progress of a similar NHS facility under construction by Darwin, the Rackheath contractor, and the NHS Team, to discuss key aspects of the Rackheath project progress.

The KL facility looked to be progressing well and to achieve Rackheath Building & Services completion by Feb 25, based on the KL work durations, HL and TE concluded that :-

- The Darwin Turnkey Contract for the manufacture and site installation must be agreed and signed by NHS for their present programme dates to be achieved;
- The building module programme needs confirmation for the necessary ground works beforehand. This must start with the Gas Main Protection beneath the construction entrance before access can be gained to the site;
- Only when the modular steel building sections are lifted into place, connected and watertight can the building internal fabric and services commence;
- Based on Kings Lynn work durations and their present programme for Rackheath, if the site can be accessed by end June 24 the Handover of the Building and services to H&W GP Practice and Community Services could be by February 2025.

Hopefully the above will be confirmed by NHS at the next Engagement Meeting on 21<sup>st</sup> May.

## **8. NHS Digital App – PPG support - update**

Carol had agreed that the PPG could help with training when the flu jabs start but a bit of work was still needed.

## **9. Hand Washing Initiative – PPG support – update**

Nothing to report as yet. Include on the agenda for the next meeting.

## **10. PPG – On-line only – update**

HL advised that the PPL on-line process can be found on the new website. If a patient is registering with the practice then there is a link to the PPG page on the home page.

TE felt that answering questions is more his role but he was prepared to come along to any future meeting. Getting people to sign up was all very well but TE was concerned as to how to follow through with people who ask specific questions?

HL suggested she could set up a PPG feedback link to include date and problem, which would feed into the spread sheet at the Centre.

CE, asked if the date of the next PPG meeting could be included on the website in the form of a news ticker at the bottom of the page.

TE reminded the group that that the PPG is independent from the surgery, and he outlined the six key principles of PG's responsibilities. HL will set up a form to circulate.

It was agreed that the PPG needed to review its Constitution and Terms of Reference.

**11. AccuRX Programme – update**

The AccuRX programme went live on Tuesday 7<sup>th</sup>. HL advised that it captures information straight into the system so that clinicians can see it directly. The programme also includes the facility to forward photographs which will be used to make a clinical decision. Some GPs are accustomed to using it but some are not so it will take a little time to bed in. The next step will be to promote the new programme by email and text. HL confirmed that patient leaflets are being updated all the time.

CE suggested that members of the PPG could possibly give out leaflets at the Covid clinic on 1<sup>st</sup> June. The Practice had i-pads that could be set up for practical demonstrations.

**12. Any Other Business:**

AH asked if HL could copy both her and CH into emails for one or the other. This helped them to keep in touch with events without having to necessarily send private emails to each other. HL agreed to do this.

**13. Date of Next Meeting: Tuesday 9<sup>th</sup> July, 5pm at the Medical Centre**

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