

**Darley Dale Medical Centre
Patient Participation Group (PPG) Meeting**

Date:	20.05.2025 4PM – 5PM		
Chair:	Dr D Fitzsimons		
Note Taker:	Luke Briggs – Senior Administrator		
Attendees:	AN AB BW CG DH DM GG LK MB PS PT SW DF		
Apologies:	DC GS HF JL JC JB JC NM SR TS <i>No response from: CM CK DP ES GF HF IB JM JM JS JA JT KY LS MW MF PM PL RS RB RB SB SG SH SM ST SP SC VR VD</i>		
Agenda Item	Discussion/Minutes	Time Allowance (mins.)	Actions (Details & Owner)
Dr D Fitzsimons	<p>Whitworth Community Diagnostic Centre update</p> <ul style="list-style-type: none"> - Attached <p>Practice statistics</p> <ul style="list-style-type: none"> - The practice has been posting statistics on the website and facebook to share information on the amount of work the surgery and its staff achieve per week. - Suggestion to put the practice statistics on to the notice board in reception to more widely share with patients - Any way to share the statistics would help so that patients are aware of all the hard work done at the surgery <p>Carers</p> <ul style="list-style-type: none"> - Can carers get messages for appointments? - If they are on a patients care plan they can receive messages or be an alternate number for the patient. <p>Practice campaigns</p> <ul style="list-style-type: none"> - The practice is hoping to start two campaigns: - One to capture mobile numbers for all the patients that don't have one on their record - Another to try and get patients to add the surgery as friends on facebook. This will allow them to see what is going on at the practice and receive updates. 	5	<p>Action: Discuss with PSST supervisor for statistics to go on practice notice board. Due date: 10/6/25 Completed: Yes</p>

	<p>Text messages</p> <ul style="list-style-type: none"> - Reminder texts are not being sent before the day of appointments, can these be switched back on? - Reminder texts have now been turned back on and those with consent to sms shall receive them - Can more text messages be sent to patients to inform them of what is going on at the surgery? - The Integrated Care Board (ICB) control how many text messages can be sent out and there is a limit to how many the practice can send - The surgery plans to use the text system more in the future - The population of the surgery set up with a mobile number is low compared to the patient population - The amount needs to improve so that texts are reaching enough people <p>GP update</p> <ul style="list-style-type: none"> - Dr L Wainwright (formally Dr L Joy nes) is on maternity leave and has given birth to a healthy baby girl. <p>Abtrace</p> <ul style="list-style-type: none"> - The practice has introduced a new package called <i>Abtrace</i>, this is to limit the number of times patients are called in to the surgery for their care - Abtrace is intended to join up everything a patient needs reviewing in a year so all care can be achieved in fewer appointments - Abtrace invites are sent to patients via text message or email - Abtrace is used by clinicians only for an easy view of patient requirements - Why can't this be done on SystmOne? - SystmOne doesn't show all of a patients needs at once and is across different sections, Abtrace presents all the information on one screen for the clinician - Abtrace also shows what is due and what isn't yet so that everything can be synced up for future appointments - Further information about Abtrace has been put on the website and facebook 		<p>Action: Reminder SMS messages to be switched back on</p> <p>Due date: 22/5/25</p> <p>Completed: Yes</p>
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	<p>Artificial Intelligence</p> <ul style="list-style-type: none"> - There is a lot of information about Artificial Intelligence (AI) within medicine - The practice has a few GPs who have trialled listening technology to put information onto patients records - There is a lot of governance around this - 'Heidi' (AI) is used by some GPs and before being used the governance has been reviewed by a data officer to make sure they are safe - The practices policies have been updated on the website to reflect the use of 'Heidi' (AI) - The practice does very little with Artificial Intelligence (AI) but hope to discuss this with patients if choosing to go further - Currently the practice is just trialling the system <p>Seeing different GPs</p> <ul style="list-style-type: none"> - Patients who call up may see other doctors - A specific GP can be requested but there may be a wait for this - If wanting to be seen sooner, it may have to be with a different doctor - A 2-week wait for routine appointments is a normal timeframe - There are 10 usual GPs, and as the surgery is a training practice there are also different doctors throughout the year - Depending on the doctors training some are at the surgery for three months and others for a year - These doctors are fully trained and supervised - Even trainees and F2s are doctors and know what they are doing - Seeing different doctors often adds a new input as these rotating doctors may have come from a placement within a speciality field - Being a training practice also allows our GPs to keep everything fresh - A list of our GP staff can be found on the practice website 		
Clare Adams/Dr D Fitzsimons	<p>Handing over the PPG to the PPG</p> <ul style="list-style-type: none"> - The practice wants the PPG to own itself to share with the practice and the wider community of patients - Dr D Fitzsimons is the appraiser for NHS GPs and has discussed what PPGs at 	25	

	<p>other surgeries do to help provide direction</p> <ul style="list-style-type: none"> - Some PPGs do park runs, charity walks and activities to bring the community together - What projects can be brought forward? - What does the PPG want to discuss and bring to meetings? - The PPG knows what is important to them and what the community needs more than the practice - Email consent has still not been received from most of the PPG members and there is no internal channel for the PPG to talk to each other - What would the PPG bring to the practice? - The practice would still engage and come to meetings, but those meetings would be directed by the PPG - The initial PPG meeting had a lot of people attended and there were concerns about the number of emails shared within the group. With less attendees more would feel open to sharing their email address - PPG sharing their emails amongst themselves would allow everyone to pick a date and raise it to the practice along with bringing agenda items as the practice can only bring forward items within the surgery and needs the PPG to raise items from within the community - Most PPGs are run by their members and not the practice - The PPG had a break during covid, and a lot of the current members are new to it - Are other PPGs doing things outside of practice meetings? - Yes, they're arranging things themselves. - What is appropriate for the PPG to raise? - Local projects, park runs, how to support the community, how to help patients who aren't computer literate/teach patients who aren't - AB had suggestions for <i>friends of</i> but member who was going to share is not in attendance - Rick Gooch (Primary Care Network operations manager) has been to other PPGs and is aware of how they run - Most members didn't want to engage over teams during Covid - After Covid there was a lot of attendees, but this sloped off 		
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	<ul style="list-style-type: none"> - A lot of members don't attend. Could something be put in place for members that don't engage so that they are no longer part of the PPG? - This would allow for more communication within the PPG and have more active members ready to drive the PPG - June 2024 meeting was very busy with a lot of ideas around fundraising and <i>friends of</i> was discussed however nothing ever materialised - There is no set rule as to how many members can be part of the PPG but the Terms of Reference may need to change to be stricter about member engagement and attendance - If a member has not attended the last three meetings tell them they are no longer part of the PPG - The PPG can recruit active members themselves by talking to other patients - For those unsure if they want to be a member of the PPG but still want access to the minutes these can be accessed on the practice website - How often should the PPG meet? - It should be quarterly - These meetings were previously on a Wednesday 4-5pm but have now moved to Tuesday to support Dr D Fitzsimons On-call - If the PPG are driving the group, they can meet with the practice without Dr D Fitzsimons to discuss items they want to do or the PPG can meet by themselves and make proposals to the practice. This would allow more activity and traction within the group. - Without a constant group of people attending every time this would be a struggle to do. - Amongst the PPG there would be someone as Chair and a Secretary 		<p>Action: PPG TOR to be reviewed so that members who don't attend three meetings in a row are removed from the list Owner: CA/LB Due date: Minutes being sent out Completed: Yes</p> <p>Action: For the minutes to be sent out requesting those members who want to be on the list and active email back and those that don't engage will be removed from the PPG Owner: LB Due date: Minutes being sent out Completed: Yes</p> <p>Action: PPG to decide Chair and secretary Owner: PPG Due date: Next meeting Completed:</p>
<p>Rick Gooch (Primary Care Network Operations Manager)</p>	<p>About our Primary Care Network</p> <ul style="list-style-type: none"> - Before joining the Primary Care Network (PCN) Rick Gooch was previously a Practice Manager elsewhere - He knows how to get PPGs up and running and will suggest how to get the PPG working - Rick is willing to be involved to get the PPG working - Prior to being a Practice Manager Rick was part of the Derbyshire Police Force and understands communities and how they run 	30	

	<p>PCN staff</p> <ul style="list-style-type: none"> - The Derbyshire Dales PCN Office is at Tansley - Dr E Oakley – Clinical Director - Dr A Waterfall – Community GP/HVS lead - Mark D’Apice – PCN Manager - Rick Gooch – Operations Manager - Frayer Walker – Lead Clinical Pharmacist - Alison Shaw – Governance Lead - Lottie Fairclough – Lead Care Coordinator - It is CQC registered and can supply and bid for Primary Care Services - Support the following Practices: Evelyn MC Hope, Eyam Surgery, Baslow Health Centre, Peak & Dales Medical Partnership (Bakewell/Tideswell), Credas Medical (DDMC), Imperial Road Group Surgery, Lime Grove Medical Centre <p>Home Visiting Service</p> <ul style="list-style-type: none"> - The PCN have ownership of the Home Visiting Service, previously known as Team Up - The Home Visiting Service is made up of 5 Part time GPs, 1 Advance Nurse Practitioner, 4 Paramedics and 2 Care Coordinators - Operates Monday to Friday between 8am and 6pm - Practices 'triage' patients needing a home visit and then refer to Home Visiting Service who then visit patients in their home - These visits average at 350 visits per month and these numbers grow higher in the winter - Home visits work by patients/carers calling the practice - The practice would triage the problem and if a visit was required a request is sent over to the PCN who then allocates the appropriate clinician in agreement with the practice - Not every visit needs a GP, the Paramedics are highly skilled and Advance Nurse Practitioners can prescribe - Are there ambulances? No. Paramedics come from The Whitworth using their own vehicles and carry equipment with them. They do not carry oxygen and won't come in ambulance. The Paramedics are not an emergency service but for patients needing a visit from a paramedic. These visits are then discussed with the GP afterwards 		
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	<ul style="list-style-type: none"> - The PCN is an extension of the practice. All practices around feed into the PCN to run central services like home visits - The PCN is primary care and not secondary care e.g. emergency services <p>Extended Access</p> <ul style="list-style-type: none"> - Derbyshire Dales Primary Care Network (DDPCN) supports the Extended Access provision and manages the Extended Access rota for the 7 practices, these take place on late evenings and on the weekend. - There are options to get appointments within the extended access, however there is a struggle to get the appointments used as they take place at other surgeries sometimes and some don't want to travel. Because of this, not all extended access clinics are fully utilised. <p>Swift Settle – A home from hospital transport service.</p> <ul style="list-style-type: none"> - These services are in place to close gap between hospital discharge and waiting for an ambulance to take patients home - It operates daily during the weekday two ways from Chesterfield Royal Hospital and Royal Derby hospital - It is a new service - There are five part time drivers - It works for those discharged from hospital and require a wheelchair access. It is a provided for the community however there is a strict criteria - Swift Settle will get a small shop to make sure there is basic food supplies, and all medications are in the home - Body cameras will be worn by the staff before entering anyones home and will make sure patients are safe to be left alone before departing. - Body cameras protect the drivers and the patients - Swift Settle is booked through the discharge units at the hospital. Patients need to have a level of mobility, not require oxygen and be safe to discharge home - The Home from Hospital service will then visit after to make sure items such as commodes or other requirements are in place <p>Complaints Management</p>		
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	<ul style="list-style-type: none"> - Complex complaints can and have been overseen by Derby Dales Primary Care Network - If the practice has exhausted everything Rick will come in and look at the complaint to try and resolve <p>ARRS = Additional Roles Reimbursement Scheme.</p> <ul style="list-style-type: none"> - The Primary Care Network can recruit new roles to expand their care team - The aim of the scheme is to build and utilise the additional roles to solve the workforce shortage in general practice - Each network will have the flexibility to determine which roles form a core list they require based on their patient population requirements - Nationally circa 26,000 ARRS staff employed and supporting Practices - Rich Goochs role is under the ARRS provision - ARRS roles can include: <ul style="list-style-type: none"> - <i>Pharmacist</i> - <i>Pharmacy Technician</i> - <i>Health & Well Being Coach</i> - <i>Social Prescribers</i> - <i>Care Coordinators</i> - <i>First Contact Physio</i> - <i>Paramedics</i> - <i>Advance Nurse Practitioners</i> - <i>GPs</i> - <i>Mental Health Practitioners</i> - <i>GP Assistant</i> - <i>Nursing Associate.</i> - <i>Care Navigators</i> - These roles are already embedded across the PCN - Practices then choose which roles they wish to have within their allocated ARRS budget - The practice use for our ARRS funding to support patients includes: <ul style="list-style-type: none"> - <i>Musculoskeletal practitioners, David Meech and Simon Farrel.</i> - <i>Mental Health Practitioner, Ben Presley.</i> - <i>A pharmacist to help with medication reviews and consulting with patients on acute prescriptions, Louise Goss-Rigg.</i> - Funding can only be used for these additional roles. - NHS England are supportive of these ARRS roles and the PCN is hoping they 		
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	<p>remain after NHS England is decommissioned</p> <ul style="list-style-type: none"> - What is a care navigator? - If patients are needing sign posting to someone inside or outside of the practice the care navigator can signpost to the correct people for who is beneficial for the patients' needs - Some practices have health and wellbeing coaches that will get groups together all at once for health and wellbeing <p>DDPCN – OUR ETHOS</p> <ul style="list-style-type: none"> - <i>Working in partnership with our family of practices and we see them as 'our family' to maximise benefits for the communities of the Derbyshire Dales with a view to:</i> <ul style="list-style-type: none"> - <i>Improved patient care</i> - <i>Better Health outcomes</i> - <i>Efficient use of resources</i> - <i>Preventative care focus</i> - <i>Reduce hospital admissions</i> - What more can the PCN and primary care provide to patients? - What can come to secondary care into primary care is in discussion but there is not an update as of yet <p>The Challenges</p> <ul style="list-style-type: none"> - Integration of different health services can be complex especially when interacting with Secondary Care - Coordination when different clinical disciplines are involved - Funding will always be a challenge - Maintaining and improving quality care whilst trying to expand services - Digital and IT developments due to being underfunded but still expected to be delivered by the Practices <p>The Integrated care board (ICB).</p> <ul style="list-style-type: none"> - How to government see the ICB running over the next few years - (attached) <p>The role of PPGs</p> <ul style="list-style-type: none"> - Ricks personal view is that whilst a PPG is the 'voice' of the patients at a practice level, they also have a role to play in supporting the delivery of the strategic vision of the practice - Some suggestions for the PPG: 		
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	<ul style="list-style-type: none"> - PPG Action Desk. (A desk set up in reception where PPG members can talk and raise awareness/campaigns to patients) - Patient Surveys, 3 wishes. (can be asked at the Action desk, what three things would you like to improve at the surgery) - NHS App uplift (to get more patients using the app) - The PPG is the voice of the patients but have a large part in supporting the practice - When Rick was a Practice Manager elsewhere there was a PPG chair who was a named individual for members to go to - They would meet once a month and have a conversation about where they wanted to go for the next meeting - It was an award-winning PPG - Three wishes for the surgery what would you want if you had three wishes for the practice, this would allow the three biggest issues of the practice to present, i.e. telephones. - Ricks previous surgery had 22,000 patients with 4 phone lines during the covid pandemic. This was all the practice was allowed at the time - Phone can only be answered as quickly as possible - Patients calling up at 8am to talk about a lot of problems causes a knock-on effect to other patients - A wider understanding for phone delays is needed and to get communication out as to how many patients vs incoming calls - The NHS App - The practice is counted by the Integrated Care Board (ICB) on how many people are using the NHS, this is then reported, and the practice is told to get more people using the app - How to do this? The PPG can have an Action Desk in reception once per month where they engage with patients to try and boost numbers for NHS App users and up to date mobile numbers/email addresses - If a member wants to be the chair of the PPG, Rick can provide a name from someone at his previous surgery to help get the PPG up and running - Ricks previous PPG helped support the community by hosting a quiz to buy a defibrillator - <p>Further questions:</p>		
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	<ul style="list-style-type: none"> - How long has the PCN been going? - 5-6 years - The PCN has previously been discussed in a meeting however this is the first time one of the PCN managers have attended. <p>Understanding how the PPG move forward</p> <ul style="list-style-type: none"> - Review the list of members and remove those who haven't attended the past three meetings - Review and implement stricter rules in the Terms of Reference - Handing over control of the PPG, Clare is happy to have meetings outside of the practice scheduled meetings to discuss taking over - The PPG can't be moved forward without a core group of members that are going to engage and routinely attend - Currently there are members that don't tell us if they're going to attend so the practice struggles to engage - The list will be looked at and gone through to see those not attending or engaging - A Patient Chair needs to be decided so that there can be a central email for the PPG and the practice to go to - The PPG can meet outside of the practice meetings to decide how they want to run and when they wish to meet - The PPG is asked for agenda items with each invite however the practice doesn't chase for these items - The PPG needs to take more accountability for sessions and items of discussion - If the PPG don't know what the wider community want an Action Desk would allow the PPG to talk to patients at the surgery and see what they're interested in and what they'd like to see - The practice would appreciate it if members could assist in getting patients mobile numbers via the Action Desk - The Action Desk would not require a lot of time investment and would only need to be in place a few hours a month - Once a patient Chair is decided then Rick Gooch will commit to supporting getting the PPG started and going - Rick is happy to support when needed and meetings with Rick don't need to be during the day and can be an evening, however this requires a Chair and a few core members who want to move forward 		
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	<ul style="list-style-type: none">- Meetings can be more frequent without Dr D Fitzsimons to get the group up and running with more people involved- Active members need to engage in meetings and agree a chair and then start the PPG fresh with committed members- The Care Quality Commission (CQC) will investigate the PPG and see how engaged they are with the practice and how much the practices PPG are doing		
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