

## KING CROSS PRACTICE – PATIENT PARTICIPATION GROUP (PPG)

Notes 23 May 2019

### In Attendance:

[REDACTED]

[REDACTED]

[REDACTED]

**Practice Staff:** Heather Simpson, Practice Manager  
Dr Helen Bolland, GP Partner

**Apologies:** [REDACTED]

### NOTES FROM 28 MARCH 2019 MEETING

The notes of the 28 March 2019 meeting were approved for accuracy.

#### STAYING WELL PRESENTATION

Unfortunately Staying Well were unable to present to the Group however Heather shared a list of activities that were taking place around the practice area in Warley, Skircoat & Park. Members agreed that they did a lot of good work across a wide range of activities. More information about what was on offer could be found at <https://stayingwellhub.com/> and clicking on “What’s on”.

#### DISEASE PREVALENCE

Members asked for disease prevalence information to help target future fundraising. The rationale was for the PPG to have an overview of disease prevalence of the practice population so that charities could be supported for those most affected.

Heather presented data on 23 areas and provided a comparison against the national position then drilled it down to the local population. Areas where the practice had a comparatively higher proportion of patients were smoking, obesity, cancer, coronary heart disease (CHD), stroke, depression and diabetes.

Following discussions it was agreed that, as prevalence for depression was markedly higher locally and across Calderdale, Healthy Minds would be the chosen charity for this year’s fundraising. Bake sales would be organised around the flu clinics as well as a raffle. [REDACTED] kindly offered to contact local business again for donations. Heather would also contact Healthy Minds to obtain supporting information.

**ACTION:** [REDACTED] to arrange raffle prize

**ACTION:** Heather to contact Health Minds for information.

Discussion led to challenging how central funding was allocated to different services, particularly to mental health and depression, stroke and CHD. Members agreed to write to the CCG to ask for feedback at the Health Forum.

**ACTION:** [REDACTED] to draft the letter for approval by members. Heather would then forward to Neil Smirthwaite, Director of Finance at the CCG.

#### AIMS & OBJECTIVES FOR 2019

Given that Staying Well had services that would bring the community together to help those vulnerable to isolation, pursuing Collaborative Practice was dismissed.

Heather explained that Calderdale CCG were promoting “Looking out for your neighbours”, a scheme where neighbours were encouraged to check in on each other to help support well-being. Members challenged why this role fell to general practice as it was felt to be more a social care role. Following discussions, it was agreed this was more for individual members than for the group as a whole.

Heather presented the “15 Steps Challenge” explaining that it was similar to a mystery shopping exercise aimed at healthcare settings. It originated in hospitals but could be adapted to general practice. The “Challenge” involved spending time in the entrance, waiting area and reception to record the sights and sounds against a number of questions. Members agreed that it would be useful for the practice to receive this feedback in their role as a critical friend. [REDACTED] and [REDACTED] were willing volunteers with [REDACTED] available if necessary. Members also suggested a new patient could be involved to gain their perspective too.

**ACTION:** Heather will contact the volunteers and arrange the exercise.

### **ANNUAL HOLISTIC REVIEWS – A RECALLS REVOLUTION**

Heather updated Members on a significant change to the process of inviting patients in for their annual reviews. She explained the inefficiencies of the current process and set out the new way. Members agreed that by inviting patients for their reviews the month before their birthday with a reminder sent the following month was a lot more efficient and also helped patients remember when their review was due.

### **PRIMARY CARE NETWORKS**

Heather explained the 2019/20 contract change that brought the advent of Primary Care Networks (PCN). PCN were based on a population size of 30,000-50,000 in a geographical area. King Cross Practice was one of 8 practices in the Central Halifax PCN. The PCN had appointed a Clinical Director who would work 1 day per week for the PCN. As part of signing up to being part of the PCN, it was initially required to employ clinical pharmacists and social prescribers. The PCN agreement covered the next 5 years which would incorporate the employment of more additional capacity as well as the delivery of different services through national specifications. More details would be published in time.

Members challenged why the practice had signed up and whether it would be of benefit to its patients. Dr Bolland explained that this was direction Primary Care was travelling in – namely working at scale to improve efficiencies with the aim to improve access to services. Collaborative working with other agencies (including the voluntary sector, the council, mental health organisations, Job Centre, substance misuse services, fire service and police, for example) would provide holistic and preventative care for the population. Central Halifax Wellbeing Hub had been established as a forum to bring together such agencies with general practice.

### **CALDERDALE HEALTH FORUM**

The minutes from the 19 March meeting had been shared with the agenda papers and members agreed that [REDACTED] feedback was reflective of the minutes.

The next meeting would be held on 11 June 2019 and [REDACTED] would be attending for the PPG.

### **“YOUR SPACE” (HEALTH FORUM AGENDA ITEMS IDEAS)**

It was understood that PCNs would be raised at the 11 June meeting.

It was agreed that it would be interesting to know whether other practices had shared their prevalence data with their PPG.

### **ANY OTHER BUSINESS**

No items were raised under this section of the agenda.

### **DATE AND TIME OF NEXT MEETING**

The next meeting would be held on Thursday 25 July 2019 at 6.30pm.