

Minutes of Patient Participation Group Meeting
Held on Thursday 8th March 2017 at 6.30pm
Avenue House & Hasland Partnership, 109 Saltergate, Chesterfield

Present: Laura Gummer (Chair), John-Charles Tanner, Geoff Horn, Morton Joynes, Ruth Watts, Rita King, Michael Crossley, Alexis Diouf, Dr Micah Lohor.

Apologies: Alan Kirk, John Ross

1. Minutes of the Previous Meeting held on 13th January 2017

The minutes were confirmed as a true record.

2. Matters Arising

There were no matters arising.

3. Chesterfield Community PPG Meeting Feedback

Michael reported that he had attended a recent meeting and that he had attended this meeting but had missed the beginning of the meeting due to a change of venue. The NHDS transformation funding had been discussed and the minutes should come to the surgery as a matter of course.

4. Practice Updates

Laura introduced Dr Lohor to the group.

Laura informed the group that Dr Nicholas Cook was planning to retire from General Practice in June 2017. The practice had managed to part fill his post with the appointment of Dr Marie Backhouse who was a GP Registrar with the surgery in early 2016. Dr Backhouse will be a salaried GP in the practice.

The group were sad to hear that Dr Cook was retiring but wished him well for the future.

Dr Dunphy has decided to reduce his hours at Hasland Surgery and Dr Backhouse will be also be working at Hasland surgery to cover these clinics.

The Practice has appointment a new Lead Nurse for the Avenue House Site. She comes with a lot of Primary Care experience. Her name is Sharon Smithurst. The group look forward to meeting her in due course.

Laura informed the group that the surgery has been highlighted to receive some funding in the NHS Transformation project and this may lead to a third floor extension to the Avenue House site. This will allow for additional clinical space; the surgery is currently at capacity.

5. Patient's Praises and Grumbles

Grumbles

a) A patient commented that there was a receptionist who was consistently rude, sounding bored and irritated. (AHS)

Laura explained that it difficult to identify staff from vague descriptions and it would be helpful to have either names, or times and dates in grumbles. As this was anonymous she would not be able to get any further clarification.

The group felt that the receptionists are consistently friendly and accommodating and most of the patients present explained that they have never had an issue at either site.

- b) A patient commented on the waiting room radio being annoying at Hasland Surgery

Laura explained that the radio had been installed in the waiting room at Hasland on request of patients who had felt that the soundproofing between the waiting room and the adjoining clinical room was poor. The radio provided background noise that removed the likelihood of patient being overheard whilst in with the Doctor. The choice of station was radio 2 because it was felt it catered for the largest range of personal tastes.

Praises

- a) A patient commented “you are doing very well.”
b) A patient commented “Brilliant treatment from the blood test. For a change hardly felt a thing.”

6. Dementia Friendly Practice

Laura reported that one of the reception team was now a practice Dementia Champion and that the practice was looking to embed dementia friends training into the induction of new staff and the annual training programme. Dr Kemp continues to lead the clinical activity and Laura will continue to support this but this has to be balanced with the demands of the practice. Laura explained that she had not made as much progress as she hoped but the year-end is a notoriously busy time and the management team have moved into new roles. Geoff said that he had faith that this would happen but changes cannot always happen in the time scales we would prefer. John-Charles also explained that cultures have to have time to become embedded. The group were happy to continue to support this.

7. M.E. and Lymes Disease

Ruth reported that since the last PPG meeting in January 2017 she has had a response from Toby Perkins, M.P. for Chesterfield. The response suggested that the current tests available in the UK are deemed to be appropriate to detect Lyme disease.

Dr Lohor added that medical practitioners could be made more aware of the problem as it is not usual to take a clinical history regarding foreign travel and/or tick bites at the presentation of tiredness or other symptoms that Ruth has suggested could be linked to Lymes disease.

8. N.A.P.P. Renewal

Laura agreed to speak to John Ross regarding this.

9. Any other Business

Alexis asked what would happen to Dr Cook’s patients when he retired.

Laura explained that the practice has chosen to move to a ‘pooled list’ which means that patients are now not given a registered GP, but are registered with the practice as a whole. The usual GP is the GP who provides the majority of care to any patient and this could be a GP Partner or a salaried GP. The patient can elect who this is. This stops the patient from having a registered GP who is not known to them and reduces the administrative burden for the practice in registering GPs as they move practices and or retire.

Laura went on to explain that the move to a pooled list was in part as a response to the national problems; many of the 'background' national administrative functions had been outsourced to a new company and this had caused huge issues for practices. This extended to the transportation of paper records when patient move practices, medical supplies, such as the supply of prescription pads, the administration of GP registrar salaries and the GP performers list and most recently in the news, the delay of a significant number of clinical letters. These issues are in the public domain and have been covered by newspapers but patients are not aware as a rule of the tremendous impact they have had on general practice.

Date of next meeting is Thursday 11th May 2017 at 6.30 pm