

**Minutes of Patient Participation Group meeting, Thursday 9th May 2013 at 18.30,  
Avenue House Surgery, 109 Saltergate, Chesterfield**

**Present**

Ian Anderson, Piushi Rawat Janette Moran, Clive Archer, Morton Joynes, Ruth Watts, Bill Richards, Carmen Villegas-Galvez, John Ross, Rita King, Michael Crossley

It was agreed that Clive Archer should chair the meeting.

**Apologies**

Derek Ashmore

**Minutes of Previous Meeting**

The accuracy of the previous meeting minutes was confirmed.

**Matters Arising**

These were covered in the minutes and Janette to be asked if the website now informed patients when the surgery was shut for the education afternoon.

*Post meeting note: This information was added last month*

**Recruitment to the group**

It was agreed that a core group should continue but that the meetings be advertised and any patient wishing to attend will be able to.

Advertising- - advertise on web site  
- notice in reception  
- leaflets available in reception with the offer and dates for the year

**Wording would need care so John would liaise with Clive to construct**

**Virtual group**

It was agreed we should try and expand this and explore how to expand the potential-this could be considered at our next meeting.

**John offered to update the group on how to access the NAPP site so members could explore options and bring ideas to the next meeting**

There had been enquiries from patients interested in joining and it might be that they would bring offers to take on initiatives/roles within the PPG.

**Janette to please ensure that any who have enquired are informed of the date of the next meeting and told they can attend.**

### Roles within the group

Chair- Clive

Secretary- John

NAPP updates- John

Practice input- Janette to alternate with Bernadette and the group will request input from doctor/nurse/ other member of team as appropriate for specific topics

### Chesterfield Locality PPG

Mike and Clive to attend and Rita to deputise for Clive at the 10/7 meeting

### Use of the website

It was felt the PPG part of the website was quite good and that core group members would try and get a short biography and photo to John for completion.

The doctors' part of the site was less good and Janette was asked to pester the doctors for a photo and to ask that in their short biography they mentioned any added expertise they could bring so patients informed eg Dr Cook- dermatology

Janette also asked to explore possibility of group photos of other staff groups.

The minutes are downloaded onto the site once agreed. **John to liaise with Janette to ensure this continues**

The management of incoming e mails from the virtual group has some challenges- a patient had e mailed but it was evident we do not have anyone designated to reply. **The group should consider this aspect also when considering the use of the web site at the next meeting.**

### Locality PPG feedback from last meeting

Clive gave a summary with the following key points; a cultural and system change needed to confront the challenges of care in the future-medical and social, patients must be more involved- a partnership, substantial number of hospital beds occupied by people not needing to be in hospital-building more beds will not be the solution,

The proposed Chesterfield model to be presented next week to locality GP's involves INTEGRATED care teams providing urgent and anticipatory care to complex care problems **The group unanimously supported this direction of travel.**

Three Avenue House PPG members attended the recent CCG meeting

### Patient 'Praise and Grumbles'

Janette presented 3 comments. Two of these were concerns about doctors running late with their appointments.

A poster had already been put up in the waiting room to explain why this happened at times and asking for consideration. The practice had already implemented quite a few measures here including built in 'catch up time' for some GP's who have a tendency to run late. Could also consider improved patient education / inform patients that if their problem is complex they can ask for a longer appointment when booking.

An announcement should be made at intervals when a doctor is running 20mins late to inform their waiting patients- this should be undertaken by the doctor and reception staff

There was praise for the organisation of the information boards

## **Updates from the Practice**

Janette listed new initiatives to be funded:-

- screening for dementia
- on line booking of appointments and prescriptions (already done)
- to prepare for remote care monitoring in people's homes
- more work on hospital admissions and A/E attendance
- annual reviews for patients with rheumatoid arthritis
- The role of the PCT was now formally transferred to CCG although some areas of commissioning had now been passed to the National commissioning Board and some to Local Authorities.
- Measles- catch up vaccinations to be offered to all 10 to 16 year olds who had not been immunised and to adults requesting the vaccination (if clinical judgement deems vaccination appropriate).

## **AOB**

There was confirmation that patient input into N.Derbys CCG was continuing.

Our NAPP affiliation to be renewed [National Association Patient Participation]

The issue of whether the Practice checked on the immigration status of patients was raised- Janette responded this was not a Practice responsibility and the guidance was vague. It was recognised this issue is prominent politically at present and things could change.

Next meeting: 11<sup>th</sup> July 2013 --- Chair to be appointed on the night