**LIME GROVE MEDICAL CENTRE PATIENT PARTICIPATION GROUP**

**Minutes of Meeting on Tuesday 17 July 2018**

**Present:**

Ms V Hetherington ACP partner

Wendy Sandner Practice Manager

John Tresadern PPG (chair)

Frank Dickens PPG

Hilary Essen PPG

Jenny Powell PPG

Bob Windsor PPG

Lesley Durran PPG

Joan Link PPG

Peter Barker PPG

Robert Lyness PPG

Peter Hartill PPG

**Apologies**: Sue Burfoot, Fred Parker.

1. Welcome: Ms Victoria Hetherington ACP

1. Speaker: The new Switchboard and Appointment System. Ms Hetherington opened her address by outlining a range of issues that beset the old system such as booking in an appropriate time frame for urgent, routine and follow-up appointments. She set out the key features of the new system aimed at giving more power/control back to patients with more telephone slots, less pressure on the ‘on call’ physician. Changes in the load distribution on the system were well illustrated by two pie graphs (now available in the Summer Newsletter). JL requested that some of the terminolically be changed so that a lay person could understand it better. VH agreed to do this.

On-line services are to be promoted where schedules will be on view for bookings to be made. HE asked about the availability of a preferred clinician which it was explained should be easier with the much extended booking period. JT asked about extra time for young people – extra time can be booked, in fact for issues of anxiety, depression etc it is Ms Hetherington advised booking a double appointment. RW initiated a discussion on communication asking why it was not possible for an appointment at the Whitworth to be made from GP surgeries. WS explained it was a matter of different budgets (Whitworth is DCHS funded, not CCG), but that Whitworth could book into LGMC. The Whitworth do complain when we send patients to them because we do not have the capacity, but they are funded to see minor injuries/dressings. GP practices are not currently commissioned for dressings but this demand has increased dramatically over the past few years, to the point where surgeries are finding it difficult to cope. The CCG is in negotiations with DCHS reviewing the district nurse job description and what is commissioned but negotiations are moving very slowly.

PH said that there needed to be more appointments made available for patients to see other clinicians, other than GPs. VH answered that there was no extra money in the budget for this, other than NHS England giving extra to cover a small amount of clinical time over the winter (winter pressures) PH asked if LGMC were confident they can cope with increased demand over the winter. VH thought that by putting the new system in place now it would be ready for the increase over the winter months and this had been taken into account. She went on to say that there needed to be a robust system in place in readiness for any increase in patient numbers due to the increase in housing being proposed. PH asked whether a GP speaking to patients with problems over the phone could deal with patients quicker. VH said no – 80% of patients still needed to come down to be seen

PB commented that letters do not seem to be coming quickly to the GPs from hospital consultants and wanted to know why when a particularly consultant cannot deal with something that it needs to come back to the GP causing further delay. VH responded that letters are screened, but there is often a significant delay. She agreed that it should be just referred internally but the hospital gets a further fee if a new referral is made so this is why it comes back to the GP. It is up to the patient to follow up on recommendations that the consultant tells them because of this delay.

1. Minutes of the previous meeting 10.4.18 were agreed.
2. Matters Arising:
	1. Carers and respite. JL reported that Helen Fray is now responsible for carers. It seems that the CCG is trying to avoid anything to do with respite care and with its current financial situation the scene looks grim. She is looking to take up the issue with CCG and Adult Social Care. In our area there are no broad-based centres for carers. Our Practice has forms for carers to identify themselves but their availability is not very obvious with increased signposting to other services. Contact with schools needs to be undertaken. Public Health Derbyshire should be approached. (Action JL & JT)
	2. C/YP Mental Health. JT reported that Fred Parker was away on DofE expedition but is working on extra contacts at the school for us and on raising awareness of DEAL in the school (Action FP) . JT joined Whittington Green School for a planning day in June as they will be using the DEAL Project next term. The relevance to the Practice lies in the experience base to bring back to schools in our catchment. To this end a meeting was held with school nurses who proposed a number of ideas for improving their operations with GP surgeries. (Action JT)
	3. Outdoor Gym. PH said support from public bodies was needed to take the project forward to influence ‘officialdom’. (Action All)
	4. Healthwatch Survey. No further information to report.
	5. S Yorks, Bassetlaw etc. Email circulated to PPG for comment – none raised.
	6. Communication issues. Relevant comments were covered under Item 2.
	7. Missed appointments. WS reported that reminders are being sent out.
	8. Community Links.

(a) HE introduced ‘Walking for Health’, explaining that there are a number of walks in the Matlock area led by experts. These walks include ‘roll and stroll’ for people in wheelchairs and those with children in pushchairs. Walks vary in length from 30 mins to 2 hours and provide friendly social groups. Information is available from local libraries, the Town Council and DDDC.

(b) JT said contact had been made with the Red Cross with a view to holding a half day session on CPR. Preparations are ongoing. (Action JT & WS)

1. Meetings attended. (a) PH had recently attended 3 meetings – 2 as lay ep and 1 on the joined up care event. He reported on the ‘Joined Up Care Derbyshire Stakeholder Event’ he attended. The CCG had been profligate running up debts of £80 million. The CEO had explained that deficits had been incurred by both users and providers because the new system had removed any limit on demand and hospitals had forged ahead with procedures that the CCG was forced to fund without any control f the price charged. Closer to home there are problems because the higher degree of social care is not in place.

The merging of CCG’s is aimed at bringing things together to implement the STP’s and get better working. By this point in the meeting time was pressing urgently. (b) JT reported on DVA meeting where it was announced all funding to voluntary organisations stood to be cut. (c) At the North Dales Patient Participation Network Group meeting the CCG was made aware of the community interests of our group. The issue of housing and potential primary care pressures was raised by another participant - CCG members expressed ignorance asked for more information.

1. Local Plan and Healthcare. With time pressing urgently all other items were deferred. JT introduced this item with reference to a circulated review of the background and potential impact of the local house building programme which was prompted by the CCG request noted in 5(c) above. The question from this was whether he PPG felt it would be useful to make a public statement about the situation in conjunction with others. Opinion was divided. PH/HE disagreed saying that it was the problem fo the practice. They needed to respond with what they intend to do with this proposed increase in patient numbers. In response to a question from HE, WS said that to date there had been no big increase in patient numbers. So far, however, a relatively small number of the new build are occupied with big ‘sites in the pipeline’ and the surgeries have declared they are ‘at capacity’. No decision was reached and the issue remains open.
2. Date of next meeting – Wednesday 19 September. (Meeting closed 9.30pm)