**Minutes of Lime Grove Medical Centre PPG Meeting 21.3.17**

**Present:**

Frank Dicken, Chair

Lesley Durran

Peter Hartill

John Tresadern

Chloe Arbury

Peter Barker

Hilary Essen

Bob Windsor

Wendy Sandner, Practice Manager, Lime Grove Medical Centre

Emily Foster, Admin

Neil Fray

**Apologies:**Sue Burfoot and Jenny Powell

Frank opened the meeting by introducing a new member to the group, Peter Barker.

**Information**

WS started the discussion with the 8am-8pm opening hours proposed by the CCG. By April 2019 they would also like GP practices to be open 7 days a week. As the practice already has an extended 7am surgery on a Tuesday morning. WS mention moving this session to the pm to create the 8am-8pm. It has to be offered Monday to Friday so the idea of sharing it with Group and Ashover surgery could be an idea. This would then give Group two evenings, Lime grove two evenings and Ashover one evening.

HE read that pts seeing regular GPs are healthier and if we merged it would be harder to get the regular GP you want to see, WS said the late appointments don’t necessarily have to be GP ones either it could be another clinician which would also make it harder to see your regular GP.

NF has put together a questionnaire for patients to see what they would prefer at the practice. EF will send it out via email to the members before it is put out in the surgery.

PH mentioned that the WW is open until 10.30pm and already has the facilities for this service and isn’t used. BW asked if anything has been discussed with Darley Dale. WS thinks they would merge with Baslow. FD asked about records and how the other surgeries would access them. WS said there is a program that can allow you to access both computer systems on one screen. It would be something that would need discussing further with all the practices. PH worked out it would be 18 more appointments for on the day which would be better for working people. They would be available for all three practices, which estimated is 18000 patients. PB mentioned that someone had spoken to him to say that all three practices will merge. WS said it was in talks and meetings were held but the decision at the moment is no we are not merging. JD asked if it was a possibility in the future. WS said yes could be but for now will start with the 8am-8pm working together.

**Heart Attack- advice**

FD mentioned St Johns wanted to charge £70 to come in and talk about heart attacks so NF kindly stepped in and did an informative speech. He showed the PPG how to use a de fib, how to see the signs of a heart attack and to always call 999 if this might happen. This then lead to the PPG wanting to know where the de fibs are located and they will contact the council to find out as the CCG don’t know. DNAR forms were discussed and NF explains what they are and why they are used.

**Penionista’s exercise**

PH noted in Spain they have out door exercise equipment used by the public darted around the country .PH thought it would be a good idea to mention it to the district council to see if they would get one in Hall Leys Park. The PPG feel it would be beneficial to patients to use. JD will speak to Sue Burfoot about this and the PPG will also write a letter.

**Better Care, Closer To Home**

PPG feel deflated in regards to the 21C scheme that was put together to help patients have better care at home. PH mentioned they need cash to get going and to train staff. PH feels there are a shortage of resources and a lack of leadership and management. JT mentioned the dispatch for care at home is massive and feels there is an issue of distance for patients, feels it would be better to keep everything close. BW feels the whole thing is going round in circles and no one nationally talks about these problems. BW mentioned a relative falling he felt the care he received was great but felt it took up too many resources, feels there could have been a better way.The PPG want to get involved to see what they can do to improve funding for this service.

**NIHR**

PPG wanted to know if we do any research that could help to prove to the CCG the resources being used or the areas that need the resources. WS mentioned that we don’t do research but we do have audits. Dr Hudson does do personal research at Sheffield but doesn’t involve the practice.

HE mentioned mental health will be high and would like to discuss this at the next meeting. WS will contact the mental health services. JT also said he is speaking to DrBendefy about possibilities of having a program at school for children and mental health awareness.

**Switchboards and appointments**

PH called the surgery recently in regards to appointments and results and felt he received a good experience. He was 8th in the que and was dealt with within 8 mins and feels the phone system is much better. WS brought up that the practice is thinking of removing the service of ordering your prescription over the phone. Reception did a tally of all the calls that were taken for prescriptions over the phone. Over a month roughly 1500 calls were made to the practice. A trial will start on the 1St June and a rota for reception will be made to have time to do the prescriptions. Sarah our receptionist has made a small information sheet for pts to pick up so they know what they can do instead. She has also put it on the display board in the waiting room. EF has also made new paper request forms that patients can fill in if they don’t have their repeat slip handy. All will be displayed in the porch in reception next to the grey prescription box. FD mentioned what will housebound patients do and WS said that they have careers or family members that help with day to day things so WS is sure they could drop in a request form. PH mentioned he has used the email system before as he couldn’t get on to system one online while he was away on holiday. He then had an email back from reception asking him to put his DOB on the email request and wasn’t aware he had to do so. This is due to the fact that system one is automatically linked to patient notes. The PPG support the practice to remove the service from the phones and this will start from the 1st June.

PH only had one problem with the phone system; He wanted to have a cholesterol check as well as his usual bloods but had to speak to a GP first. This is due to clinical grounds if a new blood test is requested and isn’t set up as anannual recall for the patient they must speak to a GP first. HE then mentioned about annual recalls and asked if it was appropriate to have 3 letters to be invited for your review. If the patient hasn’t acknowledged the review and booked an apt the the letters will be sent out over a period of time. NF said it’s a QWOFpurposes and the practice must show they have contacted the patient 3 times before moving on the recall.

BW Wanted to know why when he had an apt for a spiro why the results then had to passed to a GP and could have the results in the same consultation. WS mentioned that not all nurses or Healthcare ast are trained to read the results. WS will look into courses for the HCAs and nurses.

System one online offers apts for GPs and HCA but only offers the pre bookable. WS will look into the online system and see if she can change the settings to release on the day apts too. This would be beneficial to pts that can’t get into the surgery early but wanted to book before the phone lines go through at 8am.

**Staffing**

Dr Hudson is back doing her normal surgeries at the practice. DrKinghorn, DrNieder and Dr Fray are all still phased return. The Practice is still using locum GPs to cover their surgeries.

**Speakers**

Would like a member of the CCG to go over STPs and Better Care Closer to Home

**Date of next meeting to be arranged.**