

# LIME GROVE MEDICAL CENTRE PATIENT PARTICIPATION GROUP

## Minutes of Meeting 12.03.2019

### Present:

Rebekah Lea            Practice Manager  
Emily Foster            Reception Manager  
Elaine Cox  
Jenny Powell  
Peter Hartill  
Robert Lyness  
Mick Murray  
Peter Barker  
Frank Dickens  
Lesley Durran  
Hilary Essen  
John Tresadern    Chair

**Apologies:** Bob Windsor, Lyndsey Carver, Sue Burfoot, Fred Parker, Tony Brown and Marilyn Brown.

1. **Welcome All**
2. **Xxxxxxxxxxxxxxx**
3. **Approval of minutes of meeting 11.12.18** – Hilary’s apology wasn’t recorded and Dr Lingard’s name was spelt wrong. Other than that all agreed.
4. **Matters arising from minutes of meeting :**
  - (a) **Future speaker.** EC raised a question to the PPG asking if the PPG needed a speaker and if it is appropriate to have one. HE said we should support more of the newsletter and discuss what goes into it instead to inform patients as the PPG are a small percentage of the patients at the practice. PH mentioned years ago when the PPGs were fairly new speakers came in to fill in the time. JT thought it keeps the PPG connected to the community and feels it is relevant to the practice to keep the speaker. MM enjoyed the first meeting he attended and thought the speaker was interesting but we should challenge why it’s relevant to the practice. HE suggested using speakers on behalf of patients or GPs to give feedback in regards to the

surgeries wasted appointments, communication behind the scenes of the administration side and changes in the practice. RL then added that the dressing appointments will change again from April. Peter suggested gathering information of patients with certain health problems that use a lot of GPs time could be redirected to support/health group's i.e. patients with fibromyalgia. Maybe this could be a way to reduce wasted GP appointments? JT brought the meeting back to speaker and suggested the PPG to find what speakers they would think is relevant to the PPG meeting to improve the issue not abandon. [Action- all members]

**(b) Patient Survey-** Some members didn't receive or filled in a paper copy [Action EF to resend to missing members]

**(c) Carers –** JT informed the PPG that there is a new meeting space in Matlock Green called The Lime Tree , Lime Tree Business Park. ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ Joan raised at the last meeting about respite care for carers. JT is still looking into it and working on it due to confidentiality. In the carers leaflets there is lots of information in regards to young carers.

**(d) C/YP mental health.** JT is finding it difficult to contact Highfields. This is still on going with FP. JT suggested contacting a different school that would be interested. Anthony Gell in Wirksworth has something in place where children and parents are visited at home. [action JT and FP will keep looking into]

**(e) Outdoor Gym.** PH meeting with two council members to discuss further. He explained that we will take out a lease of 7 years and that the ground maintenance cost is still unknown. If they can estimate the cost for the next 10 years for the maintenance and lease we can try to get the funding for the gym and the council will own it. JP asked where the money was coming from to fund it and currently are looking at grants but they are unsure of the cost PH isn't sure why as he has sent plenty of information and contacts to the council in regards to outdoor gyms in other areas. [Action- PH to update after meeting]

## 5. Switchboard and Appointments:

**(a) Blood test appointments-** PH mention that it has gone to 2 weeks to get booked in for a blood test which was agreed the practice would try and have availability in the next three to four days. RL explained the locum Health care assistant was off sick due to an operation.

**(b) Phones:** EC highlighted that she was waiting on the phone for 21 minutes until it was answered. RL explained she is looking the secretaries to answer the phone lines between 8am and 9am at peak time which should reduce the amount of time patients are waiting on the phones. RL also said the practice has 10 lines coming through and only 2 receptionists answering the phones. EC felt sorry for the

patients that can't wait. PH suggested we monitor the waiting time and have more staff answering the lines throughout the day. This is something we must have funds for to recruit more staff and at the moment we don't have the funds. So in the meantime will look at the secretaries answering the phones at peak times. HE mentioned letter recalls and suggested can they be emailed to patients. RL said we have to have consent from patients but it is something that can be done. At the moment the practice uses doc mail which is a company that sends the letter out for the practice which frees up the time for the secretaries. RL mentioned a new piece of software that will be introduced to the practice called MJog is a text message service that lets you reply back to let the practices know if you can attend your appointment or not. If you don't want to it automatically takes the appointment out of the system. It should reduce the amount of DNAs. Online access was brought up and RL informed the PPG that only 17% of the practice is using it. Feedback from the system is that it can be difficult to use and log in. PH mentioned you can save our passwords to your computer to make it easier when you log on next time. Also in regards to GDPR you can no longer assume consent and have to ask patients.

**6. 8-8 and 7/7 opening-** RL received an email to say the IT solution will be arriving very soon and training will be imminent. HE mentioned that group surgery only release their appointments in the week for the late nights and weekends and do not have any on the day weekend appointments. RL said that we have to work with the scheme and at the moment the appointments have to be pre- bookable and not on the day for the late nights and weekends. NHS 111 is still the service to use.

**7. The way forward-** RL and the partners had a meeting in January tackling some main issues work force and patient demand.

**(a) Work force-** The government have issued a 10 year plan and want GP practices to work together collaboratively and want to introduce pharmacists, paramedics and additional clinicians. Last year we joined the Derbyshire Dales Network. The surgeries involved are Darley Dale, Hannage Brook, Brailsford, Ashbourne but it is in its infancy stages at present. Looking at future plans we hope to work together and bid on contracts across the dales. We will receive more information after tomorrow's meeting with the all the practices partners and will update further at the next meeting. **[Action RL to update]**

**(b) Patient demand-** Accessibility is better but we will still look at how we can provide care more effectively. Next year digital consultations via skype will be introduced. RL would like the PPG to work with patients to influence them to use the online services and go digital. PH then asked if more nurses can have GP appointments and RL replied to say we are we have advance practitioners. Karen, Ellie and Anya have been here at the surgery through the winter pressure period. Anya will be with us for 2 days a week until the end of the year and with Ms Hetheringtons contacts it helps us use outside

resources. They have been really beneficial to the practice and the GPs paid for it out of their pockets due to no winter pressure funding this year. PH said that the GPs need to support the patients and talked about driving down costs but RL tried to explain it isn't quiet the same in health care to other businesses where that can be done. RL also mentioned sexual health will be at the surgery the first Friday of every month and patients can ring the Wheatbridge at Chesterfield and book into the clinic here. It has relocated it was at the Whitworth Hospital but they had feedback it was difficult to get to and wanted something central in Matlock.

- 8. Health promotion day-** Was a success and had great patient feedback.
- 9. Extended access-** The surgery offered an extra smear clinic on Saturday and it was a great success. It was filled with in half a day. The practice will look at putting more specific clinics on in the future. PH mentioned pharmacists to come to the practice and RL told PH we have one at the practice and he currently works Monday morning. HE mentioned that the pharmacy do med reviews but RL did say they can access your medical records.
- 10. Pharmacy 2 U-** JT wanted to know how the practice feels about outside agencies like Pharmacy 2 U. the practice have had patient complaints about the service being late and not getting their medication. JT also had similar comments and feels we should be supporting local pharmacies in the area. JT had a letter from Pharmacy 2 U that has our details on to say we support them and use their service. We also need to encourage patients to use sign up to the electronic prescriptions which is a quicker and more efficient way to get medication. **[Action RL to contact Pharmacy 2 U]**
- 11. AOB:**
  - (a)** Dr Bendefy has left the surgery.
  - (b)** RW commented on the lack of communication. Hospital had arranged for the British Heart Foundation to see him at home and RW found out that they have a clinic on at the WW. CRH pay nurses to specialise in this area and to do home visits to patients. RW wanted to know why we didn't have the information. **[Action RL/EF to update directory of services]**
  - (c)** RL and EF are working on a directory of services for patients to access and would like the PGG to contribute if they have any they would like to add.