

**MINUTES - PATIENT PARTICIPATION GROUP**  
**Monday 9<sup>th</sup> November 2015**

**Informal pre-meeting 5 – 6 pm**

Delph Massey, our Care Co-ordinator, discussed her work with the frail elderly and vulnerable patients we look after.

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**Formal meeting 6 – 7pm**

**Attendees** Arthur Williams, Kay Orme, Sue Ffoulkes, Susan Birch, Gary Williams, Peter Bishop, David Brace, Rebecca Clewes, Joshua Challinor, Dr Katharine Shelly, Rachel Taft (minutes)

**Apologies** Muriel Robinson, Barbara Williams, Viv Jury

- 1. Minutes of the previous meeting (21<sup>st</sup> September) – taken as read**
- 2. Election of Chair & Deputy** – the PPG is in need of a permanent chairperson. David Brace has offered to assist Arthur in Chairperson duties, and has kindly offered to chair the next meeting. This was agreed by all present. RT to keep on the agenda
- 3. Surgery update, including Q&A**
  - a. Call up board – the surgery is purchasing a new touchscreen for patients to check-in for their appointment, and also a new tv information screen (further to the meeting, RT has spoken to the supplier and it will not be possible to have two screens, one for information and one for calling patients to the GP, and it was felt this might be confusing to patients and lead to missing the alert. Instead, the screen size will be bigger and it should be more user friendly, so that we can more easily get legible information on there)
  - b. New services available to patients - Wellbeing Worker now based at St Oswalds once a week and Carers Support Worker will be based in the surgery one day per week
  - c. Staff changes – unfortunately new receptionist had to leave due to family commitments. Recruited new receptionist and hope for settled period.
  - d. Dr Rob Tatham starting in December as part of surgery's plan to cover Dr Maxwell-Jones' maternity leave
  - e. Debbie Newton will be trying to arrange a joint presentation at QEGS with their new School Nurse, to ensure all young people know about our services and can access them without fear/worries of confidentiality etc
  - f. Text messaging of patients will commence soon. Hopefully it will result in the number of DNAs, but even if not, it will make it more convenient for patients
  - g. CQC has visited Ashbourne Medical Practice. Reminder to PPG members that when they inform the Surgery of their inspection, Rachel will be in touch to ask for volunteers from the PPG to speak to them about their experience of our care.

- h. Further to request for information, RT has arranged for Robert Hill from the CCG to attend January's meeting (informal part) to discuss what communications they have with the council with regard to new housing developments and healthcare provision
- 4. Trust Patient Experience Overview** - postponed to March 2016 meeting
- 5. Dates of PPG meetings in 2016** – it was agreed to stick to the current formula of 2<sup>nd</sup> Monday of every other month, as follows:
- a. Monday 11<sup>th</sup> January 2016
  - b. Monday 14<sup>th</sup> March 2016
  - c. Monday 9<sup>th</sup> May 2016
  - d. Monday 11<sup>th</sup> July 2016
  - e. Monday 12<sup>th</sup> September 2016
  - f. Monday 14<sup>th</sup> November 2016
- 6. AOCB**
- a. NAPP newsletter has interesting content – RT to put on agenda as standing item to review/discuss
  - b. Peter Bishop suggested opening up our meetings to the other PPGs in our area. It was felt that this was not beneficial unless there was something specific to discuss. However, healthcare provision in Ashbourne for residents of the new developments is certainly a subject affecting all practices in the area, and RT will invite Brailsford and Ashbourne Medical Practice PPG members to the informal part of the meeting in January to hear Robert Hill on the subject.
  - c. Vaping – does the surgery have any evidence on any negative effects? Not at this time – the surgery implements a total ban on smoking including electronic cigarettes on the basis that implications are not fully known and vaping undermines good work that the ban has done, to make it less socially acceptable, which has been shown to increase likelihood of giving up.
  - d. Patient demographics and population 'explosion' – where do the figures come from and does the surgery have access to any data? RT to provide if she can find it.

**Date of next meetings** Monday 11<sup>th</sup> January 2016