

MINUTES - PATIENT PARTICIPATION GROUP
Monday 11th July 2016

Informal pre-meeting 5 – 6 pm

Gill Hine and Sue Foster from Live Life Better Derbyshire attended to discuss their service

Formal meeting 6 – 7pm

Attendees Sue Ffoulkes, Carrie Osbourne, David Brace (Chairman), Sheila Allen, Susan Birch, Arthur Williams, Barbara Williams, Vivien Jury, Denis Heaney, Kay Orme, Peter Bishop, Rebecca Clewes, John Chamberlin, Rachel Taft (minutes)

Apologies Muriel Robinson, Dr Maxwell-Jones

1. **Minutes of the previous meeting (9th May)** – taken as read
2. **Matters arising**

Question about medication reviews done by pharmacists (news items about community pharmacies making money out of target-driven unnecessary checks)

RT said that primary care is not involved in any discussions, and she doesn't foresee this changing. The Surgery feels that the money could be better spend investing in primary care, since the GP always retains responsibility for prescribing and has to do medication reviews anyway.

Question about test results/whether could be given the actual number rather than just the GP interpretation

Some patients reported that they would like the actual test result value.

The GPs feels the most valuable information to patient is the interpretation (whether they say it is fine/normal or needs to be redone etc). Taken from labtestsonline: 'Whether or not your test result is within the laboratory reference range, the result must be considered within the context of your personal circumstances, and with the benefit of your doctor's knowledge of your past medical history, current medication and the results of any other investigations.'

It is very easy for non-clinical staff to misread the very complicated screen and give the wrong information, potentially causing unnecessary worry and harm. It is not just a matter of training – there are a myriad of different tests, and the results show in different ways. Where a receptionist is confident to do so, they will be able to give patients the numeric value of the test upon request. Patients can always ask for a copy of their test result to be printed and they can then collect from reception.

More information on test results and 'acceptable range' figures can be found on www.labtestsonline.org.uk

RT to check whether can see if registered for online access to medical record

Question about pharmacists' role

RT confirmed that the Surgery is hoping to be allocated a full time pharmacist under the NHS England pilot. This, along with using advanced nurses, will broaden the range of healthcare professionals in the Surgery, and will help us address the genuine shortage of GPs and difficulty in recruiting. This will mean that in future we will be asking patients to see a nurse or pharmacist rather than a GP as for many things they are better equipped to help the patient. Although this inevitably presents a challenge to continuity of care, this will enable the GPs to be free for activity that only GPs can undertake, ensuring that all patients have good access to appropriate healthcare despite ever-rising needs and demands.

3. Surgery update, including Q&A

- a. Dr Broom is doing much better and we are working towards his return to work. In the meantime, we are covering with locum GPs and Emma (who is an advanced nurse able to prescribe) is undertaking urgent clinics twice a week to ease the pressure on the GPs. Apologies to patients who have experienced disruption, and thank you for your continuing patience.
- b. Ashbourne new housing developments and impact on healthcare – what the council/Clinical Commissioning Group (CCG) are doing about it. To summarise – nothing. The CCG has advised the council that there is no need for improved healthcare facilities in Ashbourne, on account of a square footage/population ratio that includes St Oswalds. The Surgery is arguing the case that this is not a reasonable measure, that there is need and that the CCG and Council should revisit the issue urgently. Please see attached briefing paper for more details.
- c. DNA latest figures – definitely shows an overall improvement since having the text message reminder service, currently of about 4 hours per month saved. Unfortunately a recent increase in DNAs has coincided with a period of intense pressure and reduced appointments (due to Dr Broom's sick leave). The Surgery would like to thank you to all patients who remember their appointment, and to those who take a moment to cancel where they are unable to attend, so that we can offer it to another patient.

4. **Car parking restriction option** – one offer from a company who deals in number plate recognition. Providing the patient puts in their registration number upon entering the practice, the system allows a certain amount of time in the car park (the surgery can determine how long). If the car remains after this time, the owner is sent a fine. Discussion on whether it would actually make a difference to peoples behaviour – would have to give quite an extended period of time to ensure that delays to appointments/ subsequent trip to the chemist didn't result in a fine. Probably not of value because of this. Noted that there were a number of public car parks in the immediate vicinity.

RT has finally heard back from the council – any change to the number of spaces would require planning permission, with costs attached. Issues will be discussed internally by the practice.

5. Vaccine reminders by voice message to landlines – feedback/discuss

After discussion, it was agreed that we need to be brave and go ahead and trial it with a larger group of patients. The system is not configurable i.e. we cannot change the message/speed etc, only who it goes to and at what time. Rachel will trial as she feels that it could help increase uptake of vaccinations and report back on any patient comments.

6. Any other business

7. **Date of next meetings** Monday 12th September 2016