

MINUTES - PATIENT PARTICIPATION GROUP  
Monday 21<sup>st</sup> September 2015

Informal pre-meeting 5 – 6 pm

Debbie Newton (Reception Manager) was on hand for a wide-ranging discussion on how things work in Reception and the services the practice offers

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Formal meeting 6 – 7pm

Attendees Arthur Williams, Barbara Williams, Susan Birch, Sheila Allen, Viv Jury, Dennis Heaney, Gary Williams, Peter Bishop, David Brace, Rebecca Clewes, Joshua Challinor, Jeffrey Phillips, Dr Katharine Shelly, Rachel Taft (minutes)

**Apologies** Muriel Robinson, Sue Ffoulkes, Kay Orme

1. **Minutes of the previous meeting (13<sup>th</sup> July) – taken as read**
2. **Matters arising**
3. **Election of Chair & Deputy** Having stood as Acting Chairman for almost a year, Arthur feels he needs to hand over the baton. Unfortunately no volunteers were forthcoming during the meeting, but at the end of the meeting David Brace offered to share duties in the interim.

This will continue to be on the agenda as the PPG needs to have a deputy at the very least. If anyone wants to discuss what is involved Arthur or Rachel will be happy to give further information.

4. **Surgery update, including Q&A**
  - a. Staff changes – we welcome two new receptionists two new dispensers
  - b. Pharmacist pilot – unfortunately the Surgery was unsuccessful in the bid to host the pilot to have a pharmacist based in the practice (they went to more severely under-doctored areas). However, it is an area the Partners will keep an eye on and consider independently in the future, as a way to manage increased demand and continued shortage of GPs.
  - c. Flu and shingles and loads of other new vaccines now available. Saturday Flu clinics arranged and advertised for 26/9 and 10/10. The practice urges all those who are eligible to book their appointment.

**Trust Patient Experience Overview (Barbara Williams)** Barbara shared her continuing experiences of contributing to Royal Derby Hospital's drive to put the patient experience first, and gave an overview of what is happening at the trust. Barbara also reported that Sue James, the current Chief Exec of Royal Derby Hospital, is retiring this year.

Barbara highly recommends the Health Information lectures that are held regularly (the next one is on 2<sup>nd</sup> November 6pm on 'The importance of research' – more info can be acquired by emailing [dhft.membership@nhs.net](mailto:dhft.membership@nhs.net))

## **5. Review of patient feedback received by the surgery**

The practice is contractually required 'to review patient feedback (whether from the PPG or other sources – Friends and Family Test, patient surveys etc) with the aims of the practice and PPG agreeing improvements that could be made to services'.

Rachel provided results from the latest patient survey and also comments received from Healthwatch (to be distributed with the minutes). If anyone has any comments or thoughts regarding these results, please let Rachel know.

Rachel will put this on the agenda every 3 meetings/6 months) to share recent patient experience.

## **6. AOCB**

Jeffrey Philips raised the question of whether the practice was ready for the influx of new housing, and to what extent the practice was consulted when planning permission was given. Rachel's understanding is as follows:

As stated in the neighbourhood plan, developers do have to consider the impact of their plans on the community resources. In some areas, with large developments, this can lead to the council requiring the developer to put money aside for new facilities (schools/healthcare). Unfortunately with small individual developments (as seems to be the case in Ashbourne), Rachel doubts this would be done, and if it is, where would these small pots of money go? To an extent, the existing practices will have to absorb the increased workload that additional patients brings – there are genuine difficulties with recruiting new GPs, not to mention the number of new patients that would need to join in order to afford a GP. The Surgery is always looking at ways to be more efficient/change its processes/diversify the workforce (e.g. using nurse prescribers) to ease the workload on GPs and make them more able to see more patients. Rachel believes the actual responsibility for ensuring there is adequate healthcare provision for all patients lies with the Clinical Commissioning Group.

Robert Hill from the S Derbyshire CCG (who attended the PPG meeting in July) has been put in charge of speaking to the council in relation to development plans across the whole area and Rachel has invited him to attend a future meeting (possibly January) to advise the PPG of his role and what the CCG can do to ensure that the increased population doesn't impact negatively upon existing healthcare provision.

**Date of next meeting – 9<sup>th</sup> November 2015**