

Minutes of
Blue Dykes Patient Participation Group Meeting

10th March 2016 Clay Cross

Present

I Barlow, J Beksa, N. Davies,
Dr C Shell, C Kirk, J Strong, J Kirby,

1. Apologies

H.Johnson, Dr M Wayman, B. Garbutt

C.Kirk advised the group that she received a resignation from J. Slater as she felt unable to attend meetings regularly due to work commitments. As a founder member of the group C. Kirk had sent a note of thanks on behalf of the group and Practice to Jean for her support and her contribution to the success of the group.

2. Approval of minutes

The February minutes were approved as a true record.

3. Matters Arising

The air curtain has now been installed which has improved the temperature in the waiting room, however, patients have now commented on the area being too warm.

Patient Survey has been completed at Clay Cross with the help of N. Davies from the group who had attended the Surgery 3 days to assist patients with this project. The Grassmoor survey has half the required number of responses. This should be completed next week with the help of I Barlow and B. Garbutt. J. Beksa will take the completed surveys and collate the data for review at the next meeting.

As the Treasurer is on holiday at present there was no report available.

4. PPG/PRG Events

J Kirby had attended an event where the Hardwick CCG presented their Sustainability & Transformation Plan. This covered aspects such as seven day working by 2020, equality objectives,- access to Healthcare for all groups of patients.

The contractual obligation to make patients records available had also been discussed. This will be switched on at Blue Dykes at the end of the month. Coded entries will be visible to patients once they have completed an application form for this service and it has been processed by the Practice staff.

5. Patient Complaints

2 complaints have been dealt with since the group last met.

One related to the processing of a private prescription. Further improvements have been made to the system and the patient has been responded to.

The other complaint related to attitude of a clinical team member, in that the patient felt he had not been treated in accordance with his wishes. The letter of complaint did contain other inappropriate comments which had been robustly responded to by the Practice Manager.

6. Surgery News

Following the announcement last month of the plans to go into partnership with Royal Primary Care, an assessment of the practice financial situation has shown that in order to remain viable until the proposed takeover date, substantial savings will need to be made. As a result of this, overhead costs are being cut as far as possible and locum GP provision completely stood down. Both Dr Wayman and Dr Shell will work every day to try and fill the shortfall, however, it is inevitable that there will be difficulty with accessing appointments with these Practitioners. The expected date for the partnership to be completed is 1st June 2016.

7. Any Other Business

J.Kirby reported that the chief executive from the Royal Hospital at Chesterfield has taken up a new role at Derby. Although a new officer has been appointed this is likely to be short term whilst a replacement is appointed.

A patient had notified J.Kirby of their difficulty in using the “self help” BP arm, in that the machine was incorrectly positioned. C.Kirk advised that although the set up in the room is not ideal, space restrictions in the Surgery make that room the only option for it to be sited in. The machine and chair are quite easy to move to enable correct set up for use.

N. Davies advised that patients had commented to her that they had difficulty in hearing clinicians call them in for their appointment and wondered if a tannoy system could be installed. In view of the financial situation this was thought to be unlikely. Once the TV provided by the CCG are installed it may be possible to configure the clinical system to work through the TV. In the meantime, CK will ask the clinicians to raise their voice when calling patients through, particularly at busy times when the waiting area is noisy.

CK advised that the next meeting will be the AGM and she would be contacting David Briggs to see if there was any possibility of him returning to the group. If he does not then the group will need to decide on how they wish to continue. With numbers on the PPG diminishing it was thought to be a good idea to try and boost numbers. CK will put a piece in the next newsletter about this and also use the electronic sign board to put a message out to patients about joining the group. I Barlow suggested that perhaps group members could take turns in chairing the meetings as CK was finding it difficult to chair, take minutes and contribute to discussion.

I Barlow reported that the installation of CCTV camera at the rear of the Grassmoor surgery was still going through, however, there had been a slight delay due to the camera not being delivered on schedule. The cost of running the camera will be re-imbursed to the Practice by the Parish Council.

Meeting Closed 8.20pm Next Meeting 12th May at Grassmoor

7.15pm AGM

7.30pm regular meeting