

BLUE DYKES PATIENT PARTICIPATION GROUP

Meeting minutes

Date: 20 January 2011

Opening: As a guest speaker was present Dr George suggested normal business be suspended.

This was agreed by those present.

Present: Dr T.George (Chair), J.Kirby (Secretary), J.Ainsworth, B.Flude, J.Poet, J.Wilson, W.Sunney, P.Greenwood, J.Slater, A.Unwin, H.Lumb, K.Slack.

Apologies: P.Parker, A.Small.

1. Approval of Minutes:

The minutes of the previous meeting (7th October 2010) to be read at the next meeting.

2. Presentation:

Dr George introduced the speaker Wendy Sunney , a Consortium Manager, to tell the Group about the effects of proposed national changes to health service provision.

Wendy said she was the manager of a new consortium of about 15 GP practices, including Blue Dykes, representing about 100,000 patients across North Derbyshire. It was expected that Dr Lloyd from Renshaw would be the lead GP with Dr George representing Blue Dykes. The aim of the consortium was to replace existing PCTs (Primary Care Trusts) in commissioning health services for patients and to make services more relevant to patient needs. Wendy explained that different demographic groups used resources in various ways and the consortium would be more relevant to the local area.

Some of the main areas that could be targeted included Care Plans, Dermatology, Eye Care, and Emergency Admissions.

Members of the Group described personal experiences and failures of the current system and were concerned about service quality. Wendy assured the Group quality would be monitored by Healthwatch and all consortia would need to undergo an accreditation process. To trial the new system a Pathfinder program was in place of which we are a part. The new system was to replace PCTs in 2012.

The new system will advertise for lay people to act Citizens on the Steering Group for each consortium.

Wendy and Dr George went on to explain Summary Care Records. At present a doctor probably does not have all a patient's medical history available when he makes a consultation, especially during hospital appointments or home visits. This has the potential for errors to occur. The SCR would allow essential patient history to go into a 'spine' available to selected health professionals. This would cover demographics, medication, allergies, adverse reactions and end of life care. Patients would be able to access their own records and amend them if necessary. A trial of the system is being undertaken but not in Derbyshire. Wendy was enthusiastic about the system as it allowed patients' to control their medical history, but Dr George expressed reservations based on her own experience. Dr George explained the system she would like to introduce especially for patients in care homes.

Further discussion followed by members before Dr George thanked Wendy for an interesting talk. The meeting then closed.

Minutes compiled by J.Kirby.

Next meeting: Thursday 3rd March at 7.30pm