**LIME GROVE MEDICAL CENTRE PATIENT PARTICIPATION GROUP**

**Minutes of Meeting on Tuesday 10 April 2018**

1. **Welcome**. Zoe Woodward, Jane Griffiths, Dr Lingard, Robert Lyness, Everyone.
2. **Present:**

**Dr Paul Lingard GP partner**

**Wendy Sandner Practice Manager**

**Emily Foster Admin**

**John Tresadern PPG (chair)**

**Frank Dickens PPG**

**Sue Burfoot PPG**

**Jenny Powell PPG**

**Bob Windsor PPG**

**Peter Barker PPG**

**Lesley Durran PPG**

**Robert Lyness PPG**

**Joan Link PPG**

**Peter Barker PPG**

1. **Apologies:** Hilary Essen, Anna Casey, Fred Parker, Peter Harthill, Jenny Jackson, Joan Link, Colin Arbury, Tony Brown and Marilyn Brown.
2. **Speakers.** Jane Griffiths and Zoe Woodward, Helen’s Trust, gave us a clear and concise but most instructive presentation on the origins, purpose, working processes and public support the Trust encompasses. They described how they are able to act with speed and purpose that local authority services frequently cannot match. The human warmth with which they and the Trust undertake their support for both the patients and their carers shone through and was mentioned by several people when our meeting closed.
3. **Minutes of the meeting** 24.01.18 were agree
4. **Matters arising:**

**5.1** **Carers and Respite.** Joan Link has spoken to Helen Fray about this issue and has agreed to be our ‘lead’ person on carers. It is a topic that links with other issues eg C/Yp and dementia. Lines of enquiry in development. (Action JL)

**5.2 C/YP mental health.** Fred Parker submitted an emailed report that he is still working on developing links within Highfields School between the school and our practice. He will be raising the topic of DEAL in his next meeting with the Senior Leadership team. With exams looming, however he needs a bit of space. (Action FP) JT reported that his work with Whittington Green School continues and this has led to other avenues of enquiry and contacts in the issue of C/YP mental health, including an initial link with‘self-help, group in Matlock ‘Parenting Additional Needs’ (PAN). And work examples from ‘Pace Setter’. There appears to be a potential area of enquiry with carers who feel they do not receive sufficient support. Healthwatch is seeking information for JT (Action JT)

* 1. **Outdoor Gym**. Peter Harthill submitted an emailed report setting out information on cost implications made to date and reports on the benefits of such an installation. To proceed further will require a detailed proposal. At this point Sue Burfoot interceded to say that she had received a response from DDDC stating that they would not support the proposed location in Hall Leys Park due to maintenance and health and safety requirements. (SB to follow up email) WS also mentioned she would enquire about the outdoor gym that is situated in Ashover to gather more information on the matter. In view of this the Group voted unanimously to support further exploration of the plan, but this needed to be discussed when PH is in attendance. (Action to be planned at next meeting)
	2. **Telephone messages and options for appointments.** (WS to discuss with reception) See later Item 6
	3. **Healthwatch Survey.** Awaiting follow up information on all the reports presented**.** (Action JT)
	4. **Pace Setter.** JT reported being used for information, see Item 7.
	5. **Shifts in Balance of Private/Public funding of NHS.** Nothing significant to report.
	6. **S Yorks, Bassetlaw, Chesterfield Hospital Services.** Topic is still open for feedback. JT to raise the issue of communication issues at the next meeting of NDPPG Network. (Action JT)
	7. **Communication Issues.** Following a breakdown in communications between hospitals for one of our patients, FD and RW proposed to explore the situation with Bob looking into the ‘local’ situation and Frank the national context. Bob is in communication with Samantha Robinson at CCG and is awaiting information. Frank received a response from the Department of Health and Social Care which stated that our concerns were appreciated and that the Government recognizes that information and data sharing is essential for high-quality health and social care. It states that there is a ten year strategy to achieve this with one theme being compatible digital records that can follow patients around the total care system. Currently £4.2 bill is committed to this goal. Importantly it also states that there is a new legal duty requiring health and social care bodies to share information where this will facilitate care for an individual…..sharing information for the care of individuals is a requirement, not an option. ( Action RW)
1. **Switchboard, Appointments and Practice News:**

**6.1**WS reported that the issue raised by Bob Windsor at the last meeting concerning telephone messages and confidentiality together with Collette Rosenbaum’s request for greater clarity over options offered when phoning in to the surgery.

* 1. WS reported on a new system of dealing with requests for appointments involving an increased degree of triaging was in development. Ms V. Hetherington had experience of the system which it was intended would enable appointments to be booked for further ahead and give greater chance of patients being able to see their doctor of choice. Discussion then took place when Robert Lyness emphasized the importance this last point and RW questioned the acceptability of a triage system that direct patients to a service other than seeing a doctor. Development of the system continues.
1. **Meetings attended:**
	1. PH reported by email on the meeting of NDCCG Patient Reference Group. While CCG’s are not merging they are sharing services and some personnel. So far, however, there have been no savings while NDCCG remains £28 mill in debt and savings have been wiped out by unforeseen cost increases.. Neither delayed discharge nor Better Care Closer to Home were covered. The unavailability of beds at CRH means Okr Ward will not close till late 2019. Secondly there is a project funded to £2 mill by NHS England to increase social capital in NE Derbyshire. It is already reducing the demand on G’s and A&E by giving more community support and is proving very popular with GP’s.
	2. JT reported on the meeting of DVA 7.2.18. The array of voluntary agencies that attend is impressive and represents a wealth of community support. Do we make enough referral to this body of potential aid? Project, Social Movement in Cancer

was introduced. It is based on a 62 day period from GP referral to first treatment. This is in the face of the fact that national screening rates are down 20% and in ‘our’ area it is even more depressing. A second presentation on Derbys. Recovery and Peer Support Service uses volunteers to offer close support to people with mental health issues. A third support service presented was the Derbyshire Trusted Befriending Network.

1. **Prescriptions in emergency situations.**
	1. Sue Burfoot was told that on a day of very heavy snowfall the pharmacies closed early and she could not get her medication. WS reported that no one had been told to implement emergency procedures for that day and we agreed that emergency medication could be obtained via 111 services. It was noted that Call Derbyshire was the other obvious option but it was pointed out that this could involve waiting for huge lengths of time to get through.
	2. RW discussed with PL the yearly medication request that the pharmacy can set up so patient are able to get there repeat medication for the whole year. PL explains the practice doesn’t provide this service with the pharmacy due to regular reviews and changes in medication. RW also added why it took longer for his medication to be issued EF explain the electronic system is quicker and to consider using it.
2. **Regular health checks.** Due to time pressures by Chair’s decision this item was held back until next meeting to allow for longer discussion.
3. **Missed appointments.** JT noted that at another surgery any patient missing three appointments as DNA’s was required to speak to the practice manager before any more appointments would be accepted. To be considered by LGMC (Action WS)
4. **Focus topics.** The practice is active in undertaking actions relating to several issues and some group members have offered to be ‘lead people’ for these topics. Joan Link is focusing on carers, Frank Dickens and Bob Windsor on communications, Peter Harthill on the outdoor gym, FP and JT on C/YP and Lesley Durran would like to link with another person to focus on dementia. It would be very helpful if others would join us – especially at the moment for Lesley. (Action All)
5. **The Practice/PPG and the community.** Several members have suggested that we should be more involved with the community. The work underway as in Item 20 above is a move in this direction but we could do a lot more eg setting up a virtual PPG, providing space for community information/training, running ‘events’. Please think about this as will return to the item at the next meeting. (Action all)
6. **AOB.** There was no further business.
7. **The date of the next meeting was set for Wednesday 27th June.**

The meeting ended at 9.10pm