LIME GROVE MEDICAL CENTRE

PATIENT PARTICIPATION GROUP

MINUTES OF MEETING:

Tuesday 27th September

Present:

Wendy Sandner (practice manger) WS

Emily Foster (receptionist) EF

Neil Fray (Partner) NF

Frank Dickens (chair) FD

Lesley Durran LD

Peter Hartill PH

William Quinlan WQ

Bob Windsor BW

John Tresadern JT

Hilary Essen HE

Jenny Powell JP

Chloe Arbury CA

Neal Shaw (speaker)

Peter Shaw (speaker)

Brenda Floyd (speaker)

Apologies - Sue Burfoot.

Frank opened the meeting with kind words said about Valerie Seston. He attended the funeral on behalf of the PPG. She was a valuable member of the PPG and a lovely lady to have known.

**Headway**

Headway is a brain injury association. They gave an informative talk about the services they provide to the community. They have many ways of helping people in regards to brain injuries may it be tumours, strokes or trauma**.** They have a telephone help line, support groups and regular meetings.

Leaflets have been left with Wendy to display in the practice.

**Letter to the PPG from Dr Fray**

NF wrote a letter to the PPG in regards to the new development that will be taking place in Matlock to build new houses.

A meeting was held with the council at the beginning of July to discuss the implication the increase of patients will have on our Practice. NF told the PPG the funding is tied in two ways.

The practice receives a payment for every patient that is registered at the practice. Even if we had 100+ of new patients join the practice it wouldn’t make a difference. It also wouldn’t be enough money to employ any extra staff to manage new patients. The second is the developers which are required to provide section 106 money. This money would only be used for our building and not extra staff. The money would also go to the CCG and it would then be their decision to what the money would be used for. NF mentioned that he thought it would be £500 per house. BW had a lengthy discussion with council planning and he seems to believe that it will be £400 per house built and this is something that they have agreed on.

Heasked if she should still be recommending our practice to people moving into the Matlock area. NF said yes we will still accept patients into the practice. WS mentioned that we have room at the practice. Downstairs was converted into clinical and counselling rooms when the dentist and podiatry moved to the Whitworth.

PH asked if the practice is struggling due to the fact that the next routine GP appointment isn’t until the 17th October and thinks the practice is overwhelmed. PH suggested that the way forward for this would be to merge the practices together and use the Whitworth hospital as the new surgery. If a proposal was made to the CCG he feels it would be highly supported by the CCG and NHS England. Then the 106 money would then be used to merge the practices. NF responded to say that it wouldn’t be enough money to merge the practices together. PH urges the partners to suggest the proposition to the CCG as he feels that the practice needs progress. NF is very aware of the progress that is being made at present.

JT mentioned that when Morledge was built the council had told the practice to go to the CCG which NF did and sent emails to them in regards to funding and NF was ignored and never received a reply.

FD mentioned that the next step would be for the CCG and the partners to have a meeting. NF will be attending a meeting in Bakewell on the 28th October and will update the PPG members as much as he can.

**Closure of Oaker Ward**

HE asked what the practice thought of the closure of Oaker Ward? There is a council meeting being held in regards to the closure of the ward. There are no suggestions as yet to say if or when the ward is going to close. NF mentioned that a Robinson Ward has been built at Calow which is the same as Oaker Ward and patients from there would use the Robinson Ward in Chesterfield. This then creates a problem with patient transport, the health service feel it isn’t there responsibility to transport patients. This then puts doubt into the community care, 21C, and feeling that the needs of patients are not being met. JP mentioned that they could have saved money by not producing the leaflets, booklets and posters to the standard they did. A basic flyer would have been better don’t know why they would spend ‘x’ amount of money on brightly covered A4 booklets? The money could have been used in another area. Also JP mentioned who is going to staff the 21C? Feels that staff in the community is already short and where would the money come from to employ the staff. Would it have been more cost effective to keep Oaker ward open instead of pumping money into the 21C? They also feel that the GPs will be pressured to go into the community more than they do already and they just don’t have the time to do so.

**Pharmacy closure**

No pharmacies will be closing. The Government have withdrawn.

**Staff**

Dr Kinghorn is back from her maternity leave. Dr Nieder is still on long term sick. Dr Fray is back but only as phased return at the moment.

**Flu**

The flu clinic will be held on the 1st and 15th October. WS asked if the PGG members needed any new members and wondered if the flu clinic would be a good opportunity to get patients to join.Also WS mentioned if anything had been arranged with group surgery for the Healthfest? FD said he hadn’t heard anything from Group PPG. WS will ask Martin to find out any information about it.

**Prescriptions**

Two points were made by PH

1. PH has 3 regular prescriptions. Two are dispensed in batches of 56 days one of 28 days. This is inconvenient. Despite entreaties at the pharmacy, reception and when reordering online the situation remained.

It was agreed that all three would in future issued at 56 days and WS would ensure that it happened.

2. I made the general point that there is no need for the patient to approach the Practice for repeat prescriptions if the system was organized differently so saving time at reception and allowing the patient to make only the one trip to the pharmacy cutting out the contact in person, by telephone or online with the Practice.

EF mentioned using boots pharmacy to order his prescription. They provide a service that lets the pharmacy do all the ordering for you then all the patient has to do is go and pick up the medication. EF also said reception wouldn’t be able to keep track of all 8000+ patients’ prescriptions and know when they are due. The computer system also doesn’t have the technology to automatically flash up any patients that are due a prescription. It is the patients responsibility to order there medication. NF said that the maximum dose that we issue is 2 months’ worth.

Dr Fray failed to understand from PH explanation why this is possible, or desirable and asked that WS explain this to him whether it is or is not so at a later date.

Next Meeting

WS and FD to organise date.