

## PPG Meeting January 29th 2019 - 1 til 3pm

**Attendees** - Chair - Sue Hague; J Graham; G Morris; M Breeds; J Bramley; H Butler; P Wright; P Smiley; M Liddle; P Elliott (Practice Manager); Dr E Fordham (1 til 1.45).

**Apologies** - C Beresford; J Beresford; M Hopton; P Chambers; Mrs Elfie

### **Practice update** -

- Nurses Team is now fully staffed and new staff settling in well; Gemma who is currently a phlebotomist is undergoing extra training to be able to do NHS Health checks and other related appointments
- Hub update- advantage of being a hub - staff are more aware of the Hub than at other surgeries and therefore we tend to benefit more from unused appointments that had been originally allocated to other the surgeries that use the Brim Hub. GP's always get fully booked and the take up for the Nurse Practitioners is increasing, Practice Nurses can be harder to book as everyone works in a slightly different way with their Chronic Disease patients but Nicola, the project manager at the Chesterfield Collaboration is working with other practices to align services; the recent smear clinic went very well and the PPG expressed an interested in various statistics eg do Hub appointments increase the take up for smears? How is the Hub being measured - PE informed the group that there will be some reports shortly.
- DNA appointments - the level of these continued to cause concern. PE informed the group about some IT software called MJOG which allows 2 way communication via SMS messages which link into the clinical software. This allows patients to respond back to an appointment reminder text confirmation with "cancel" if they are unable to attend - this is part of the GP forward view and there is currently funding to set this up.

**ACTION** - for next meeting PE to audit the ages of the patients who DNA

- GPs - Dr Yeoman - back May/June.

### Training:

- The Practice is recommencing having Medical Students from April. Generally 2 at a time. There are 2 levels and the more senior of these will see pts supervised by a GP. It is good to have them in practice as keeps other staff up to date. It is funded but this money is mainly spent on the staff time to support the students
- From August the practice will recommence having trainees who are in their second year out of med school (Foundation Year 2 or F2); they see pts on own but each patient is discussed with GP.
- The third area of training are the GP Registrars (GPR) they are more qualified and at the moment we have two in their final year who are supervised by our GP trainer Dr von Schreiber.
- Dr Fordham reported that it was as busy as she has ever known it; everyone is putting in extra appointments, losing admin time to make more patient appointments. Urgent access continues to be good but routine appointments are in high demand. It is generally acknowledged that January is the worst month of the year.

- There was a brief discussion about all the house building that is going on in Chesterfield. In order to receive an uplift in funding a practice's list size would need to increase significantly, however, NHS England have had input into the planning applications.
- It was reported that the application for the houses on Manor Road (first for 900 then for 350 now for 150 houses) was turned down yesterday.. Next step is appeal is the Secretary of State.
- The house building near Sainsbury's for 120 houses fall in our catchment area along with 3 other practices.
- It was pointed out that there was no Community phone number so patients were not able to get hold of the District Nursing team. PE confirmed that there is no number that we are allowed to give to patients so everything has to go through our busy reception. The team then message the Nurses who are very good at picking up these messages but it is more work for everyone involved and does not give any level of consistency. The practice is aware of this issue but has no control or influence regarding this.

3 **Self Care aware** - A National programme eg on TV today about GPs prescribing exercise etc.

The question was asked, "How many people come with inappropriate illnesses eg - I have a cold". Dr Fordham states that this happens frequently and the ages of these patients do vary a lot.

There was a discussion about what people's expectations are today. Nowadays the GP is often the first port of call and this is not always necessary. Discussion held about nanny state and community ethos, education and self-management. How do we get information out there?

SH flagged up that there is an important service provided in the Market Hall where Wendy Blunt from the council has an open day; there are speakers there on a Thursday on various topics - eg tinnitus, dementia There are quite a lot of resources around health and wellbeing that the group felt the surgery should be tapping into and agreed to help with this.

PPG want to be active regarding these issues - on the screen; Local Newsletter etc. The Parish Council has a new clerk (Liz Boswell 01246 559126; [brimingtonparishcouncil@outlook.com](mailto:brimingtonparishcouncil@outlook.com) who collects items for the seasonally published parish brochure and he Group wondered if they might have a page in it.

ACTION - It was agreed that it would also be good to have copies of these in practice and also investigate having information in this - PS to follow this up.

Also think about advertising for more/younger members in the parish leaflet.

Signposting - Reception team now back up to full strength so hopefully stable team now and once trained we can return to looking at a plan to roll this out under clinical supervision.

**From last minutes** - The draft notes from November didn't have the attendees on the notes - this was the only amendment requested.

Strictly no falls - ACTION PE to check if we have any information in the waiting room.

Unfortunately we did not take part in the Christmas tree festival and there was some query as to whether this had actually taken place. ACTION Christmas tree for the next festival - PPG member to co-ordinate

The information showing on the electronic noticeboard was incorrect, the November meeting poster was showing. PE reported that as soon as this was flagged up to staff it was investigated and a technical glitch was discovered that had prevented the uploads from showing on the boards. A call had been made to the technical support team

The paper poster for the meeting had the correct date but the time was omitted - PE admitted that this was an oversight however it had not been added once it had been flagged up just to see if this generated any interest. The only person who asked about this was a PPG member

The Flu Day Survey was reviewed. PE had added the Family and Friends test questions as this data keeps falling through the net and it is a mandatory collection of data. PS chatted to people when she did the flu day and found that many people expressed that "this surgery was better than their last one". Overall it was a very positive set of responses.

### **Noticeboards**

The group felt that there were notices all over the place like wallpaper.

A noticeboard for the PPG to manage was discussed and PE is to get a quote - ACTION.

Various ideas were discussed: sort by category and label the sections; colour code different topics; seasonal displays; date stamp items that go up and when to come down.

PE agreed with all that was said and stated that this was more achievable if the group could help with this. A rolling rota of volunteers to help was suggested and 5 members volunteered. PE got authority to pass phone numbers to Laura = ACTION

### **Practice leaflet**

ACTION - PE to do an audio version.

Overall feedback was that whilst it was more informative than the last one, that is was not necessarily user friendly:

The font was agreed to be too small; it was felt that the Back page is 2nd most important page and therefore it would be better if it showed the practice opening hours and was not wholly about the Hub; It needed to be clearer, it was too busy; Page numbers and an index would be useful; the Hub info could be separate from the Hub hours with a note to say "see page x for more information";

Back page - hours and Hub hours; Equalities Act - do we need to state IS and not MAY BE available in other languages.

ACTION - PE to check Equality wording and action the suggestions above.

### **AOB**

GM - Area PPG feedback:

There was a presentation "Be Cancer Safe" - there is a checklist for screening awareness - blocks of these leaflets given to PE; There was a presentation regarding wound care and it was said that "Complex wounds" are defined as wounds not expected to heal within 4 weeks. The person (Amanda?) who presented this acknowledged wound care was a problem and apologized for the state of the situation, accepted that DNs should be doing complex wounds and in the short term minor wounds would be done in GP practices with a small payment to cover this.

Chesterfield PLACE Alliance - Practices, primary care, hospitals, etc. GM thinks they are doing some good stuff - eg frailty signposting. There is no directory of services though.  
Looking at the digital situation - PJ Flann pushing for IT/digital services.  
They are going to release the budget in February - for last year ie not for next year. To be spent by end of March.

PW - is a member of 50+ group who were given a list of safe place list from DCC - we are not on it.  
ACTION - PE to contact DCC to find out why.

DATE of NEXT MEETING - April - 17th April 3pm -