



Minutes of Meeting

Monday, 11th March, 2013 at 6.30 pm

Member Present

Grant Stothard (Chairman),	Anne McShee	John Harshaw
Debbie Ford	Mary Kay	Karen Bestwick (Manager)
Jean Railton	Jackie King-Owen	Hazel Mellard
Anne Aston (Sec)	Mandy Wareham	

Apologies for Absence

Dr Kar,	Guy Freeland	Geoff Henry
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1.0 Welcome, apologies & introduction to Hazel Shaw from the Bolsover Alzheimers Society

2.0 Alzheimers/Dementia Hazel Shaw spoke for 45 minutes. She gave an excellent overview of Alzheimers/dementia with anecdotes. She willingly answered questions & encouraged PPG members to seek early assistance if they suspected anyone of having memory difficulties. Taking medication early slows the progress of the syndrome. She said Bolsover has a local Memory Café & a newly formed inspiring choir. Hazel distributed literature & agreed to write for the next PPG Newsletter. She is happy to talk to individuals or groups and can be contacted by e-mail (Hazel.Shaw@alzheimers.org.uk)

3.0 Approval of Minutes 11 February, 2013

4.0 Matters Arising from Last Meeting

4.1 CSMC Possible Joint Project with Enable Housing Association Jackie King Owen said her proposal entailed using a social work student on a 50 day placement supervised by herself in order to carry out an audit of what is available for people with learning difficulties in the Bolsover area. She proposed a combined CSMC/Enable Housing Association research project. Members thought this would respond to HCCG's mental health initiative. (See Appendix 1 Letter to Dr Kar dated 27/2/2013)

4.2 New Premises Grant & Karen said patients seem very impressed with the new waiting room's size. It would be even larger when the stored equipment were removed & that space opened up. There is now room for wheelchairs & push chairs. Jackie queried the height of the reception counter access to wheelchair users. Karen said this had been carefully measured according to recommended heights. Karen said money is being saved where possible. Grant said there is every hope the renovation will be completed on time. Karen and Grant commended Russell & his colleagues for all their hard work. Grant said the paving on the right hand side looks exceptional.

4.3 Appointments Karen said Drs have limited time when seeing patients. If they run late because patients require a longer consultation it means that the waiting time for other patients incrementally increases. She said when patients are kept waiting

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beyond their appointment time, they understandably become restless & irritated. She said if, prior to booking an appointment, patients recognised that they will have a lot to ask or say to the doctor, then ideally they would request a double appointment when they phoned. Patients should phone as near after 8am as possible.

4.3.1 Home Visits Karen said there is an increase in patients wanting home visits. Quite often the requests come from carers after their late afternoon visit to the patient. Karen said a GP will make a clinical assessment whether a visit is required immediately; whether the visit is more routine and can wait until tomorrow or whether other alternative action is required. The problem occurs when the person phoning through the visit conveys to the patient or the patient's relative that a visit will definitely occur as this is not always the case and causes anxiety for the patient and the patients relatives.

4.3.2 Virtual Wards Health versus Social Work there was some discomfort surrounding the issue, as specialists among the members suggested that unqualified social working aides can be used instead of visits by health workers. There are some issues relating to health and social care working together – however, Karen explained there will be regular meetings between the health workers and the named social worker which was an improvement.

4.4 Drinking Water is now available from the taps in the sink in the patients' toilet.

4.5 HCCG Steward's Visit to CSMC– David Briggs asked Grant about the CSMC PPG. They agreed that there was a difficulty for PPGs recruiting 35 years old & under members. Grant said we would continue to try. David asked whether CSMC PPG aims included fund raising. Grant said the CSMC PPG did not fund raise. It was agreed that fundraising is not the remit of a PPG &, if required, another group of patients should do this. David was impressed that CSMC PPG included members with special interests e.g. Colette - district nurse; Jackie K-O - learning disabilities, Anne - representing teenagers. Karen said at the end of the visit the stewards were happy with CSMC practices and with the PPG.

4.6 CSMC Patient Survey Grant said the PPG had greater input into this year's survey. However some PPGs compose the questionnaire & do the whole survey & this is what the Steward's visit advised. Discussion ensued & it was agreed that at least a part of CSMC PPG's success was its very amicable working partnership with CSMC & this should continue when composing the questionnaire.

4.6.1 Survey in Chemists Grant asked about the suggestion that next year a member(s) should sit in whichever chemists agreed to get to Dr. Kar's patients, who might not be normally be questioned, to fill in the questionnaire. Members agreed to suggest survey locations for 2014.

4.6.2 2013 Survey Karen said that she has glanced through the returned surveys which initially looked promising. However she would give an in-depth report at the next meeting.



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- 4.7 New Web Site** Grant said he thought the pages were scrolling too fast. Karen will try to slow scrolling down.
- 4.7.1 Bolsover School Teenager Link** Anne said she would follow up on this & she would help by researching links once the students had come up with the topics.
- 4.8 HCCG and Bolsover School** Through the “Talking Hedz”, a youth club for youngsters in Bolsover aged 15 to 19-years-old & Bolsover School, Dr Steven Lloyd (GP Chair) is organising a trip to Zambia to assist in a school build.
- 4.9 System Online** Karen said the site guaranteed confidentiality & it would enable patients to access & order their prescriptions on line. It would require patients signing in with a User name & Password. Karen would provide these. Karen raised the issue that patient information could be accessible and maybe this would be something to pursue in the future. Grant, Jean (Railton) & Anne (Sec.) Nicky & Paul will find this most useful. (See Appendix 2 GP2GP)
- 5.0 Factors Influencing Ill-health** It was agreed that while many factors contribute to ill health one contributing factor to both mental & physical ill-health in Bolsover is that many people need housing in general & social housing in particular. Anne (Mc Shee) spoke movingly about this need.
- 6.0 Patients Resource Group** The next meeting is at 5.30 pm for 6pm on Tuesday, 18th March at the Chesterfield Hotel. Grant suggested, in future Guy should be asked to report on CSMC PPG’s behalf at PRG meetings and report back to the PPG after a PRG meetings.
- 7.0 IVF Age limit increase to 42 years** a long passionate discussion ensued & it was finally agreed that it would be an error for the HCCG to go against NICE over this issue. However, members agreed that it was correct that such matters should be discussed at PPG meetings and said it highlighted the need to give PRG feedback.
- 8.0 Foot path between High Street & Castle Street** Grant said he had an e-mail from the town council trying to clarify the footpath situation. The e-mail stated it was “Without Prejudice” & went on to say they could not find anything to state it was ever a right of way other than anecdote. It also asked whether the surgery wanted to buy it, lease or upkeep the path. Grant will respond that none of these questions apply and we no longer needed it for access..
- 9.0** Meeting closed at 8.30pm
- 10.0** Next meeting 15th April at 6.30pm at 37 High Street.



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Appendix 1

GP2GP Implementation

When will GP2GP be implemented?

After extensive early adopter trials the project is now undertaking a national roll-out of GP2GP. This currently involves practices with EMIS LV 5.2 and INPS Vision 3 but other suppliers and software products will be joining the roll-out in the future.

What will happen during an implementation?

Practices will use the GP2GP functionality provided by their GP clinical system supplier in accordance with their local implementation of GP2GP procedures, i.e. Primary Care Trusts (PCTs) will work with practices to help them decide on the most appropriate business process to adopt to accommodate the Electronic Health Record (EHR).

As with all new software implementations you will be required to monitor new patient registrations more closely. When a patient transfer between controlled implementer practices, practice staff are required to use GP2GP to carry out the EHR transfer.

How will I need to prepare for my practice's GP2GP implementation?

The GP2GP Project Team will provide you with a Briefing Pack which includes a checklist of technical and process pre-requisites which need to be fulfilled prior to implementation. These include:

All GPs and all practice staff who will use GP2GP being issued with smartcards and knowing how to use them.

- Users trained in use of their GP clinical system's GP2GP functionality.
- Local procedures implemented for EHR transfers.
- A GP2GP lead assigned at each practice to liaise with the PCT and GP2GP project team.
- Staff who will be using GP2GP need to be proficient in using a PC.
- Practice staff familiar with their role within the GP2GP process and Good Practice Guidelines.

Do I need training for GP2GP?

Practice administration staff who deal with the registration of new patients or the summarising of patient records need to undertake GP2GP training. Some parts of the training are also very important for clinical staff, as they will need to review the imported records. Training will usually be delivered by the clinical system suppliers although some PCTs may opt to use their own training staff.

Where can practices go for help with GP2GP after the initial training?

Once the initial training has been delivered, further support can be accessed via the respective helpdesks of the clinical system suppliers.

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Karen Bestwick – Castle Street Practice Manager

Mr Grant Stothard – Chair of Patients Participation Group.....



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Appendix 2

27th February 2013

Dear Dr Kar

I hope you are well. I am writing to you regarding the possibility of a joint piece of work between yourselves and Enable Housing Association which was discussed briefly at the Patient Participation Forum earlier this month. I have put the idea to Andy Gregory and he is of the opinion that it would be useful as a pilot scheme.

Basically what I am proposing is that we could use a social work student on a 50 day placement who will be supervised by myself personally as part of my practice teaching qualification, in order to carry out an audit of what is available for people with learning difficulties in the Bolsover area. In particular, welfare rights advice, access to information, etc. She would also be available to accompany service users to hospitals or ongoing appointments as part of her role. This could ensure that any appointments made were kept by the service user concerned.

I understand from Karen there are approximately 40 people with learning difficulties who are patients at Castle Street and there may indeed be more given the difficulties in diagnosis. This would be available from April 2013 onwards so this would fit nicely into the CCG agenda and would allow for some lessons to be learned as Hardwick Health is supposed to be the lead on learning difficulties as well as mental health. Another area of work would be for everyone to have the health check as this is something the government is promoting for people with learning difficulties. We could then have a best practice model and Castle Street could get some credit for being part of that process.

If you are amenable to this idea I will be able to discuss the matter further or ensure that when the student starts she makes contact with Karen or yourself in order to progress the matter. The placement would finish by the middle of June 2013 so I only envisage possibly half a day a week contact time at the surgery, with the rest of the time being on placement elsewhere in order to prepare the documentation.

I look forward to hearing from you.

Best wishes.

Yours sincerely

Jackie King-Owen Executive Director

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Karen Bestwick – Castle Street Practice Manager

Mr Grant Stothard – Chair of Patients Participation Group.....