



Minutes of Meeting

Monday, 14th May, 2012 at 6.30 pm

Member Present

Grant Stothard (Chairman),
Geoff Henry,
Jean Railton
Mandy Wareham

Anne Mc Shee
Guy Freeland
Mary Freeland
Debbie Ford
Mary Kay

John Harshaw
Anne Aston (Secretary)
Karen Bestwick Practice Manager
Dr Kar
Jackie King-Owen

Apologies for Absence

Colette Buxton, Joanne Spacie, Hazel Mellard,

1.0 Minutes of the Last Minutes were accepted

2.0 Matters Arising

2.1 **High Back Chairs** Karen said 2 more high back chairs have been ordered. Members expressed their gratitude.

2.2 **Parking for Disabled People outside CSMC:** several members have seen the new plans for Bolsover. Grant said it appears from the plans the proposed new Council Building and new Police Station will remove the car park. This includes 4 car parking spaces for disabled people presently sited directly behind the cenotaph. A discussion ensued surrounding the lack of car park spaces for the disabled and the likely distances this would mean their walking from any of their allocated parking spaces to the surgery. It was agreed this situation supported CSMC's application for 2 spaces on the road outside the surgery and Grant (Stothard) with Jackie (King-Owen) will continue to press for this.

2.3 **The Appointment Cards** – Anne (Aston) said she had enquired at the Bolsover School as to whether they could help with printing the Appointment Cards. She reported the school had not been able to do this. However, she was given a telephone number of a printer the school use. John (Harshaw) said he may be able to help and took a specimen card to ask Mark North his printing charges. Karen (Bestwick) & Mary (Freeland) both expressed reservations about using an appointment card which contained advertising. Members agreed a new appointment card would be better without advertisements.



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3.0 Surgery Up-Date - Karen Bestwick informed the group ;

The Computer New Soft Ware Programme – which started Wednesday, 9th May, will no doubt be excellent but at present it means staff are taking a lot longer to input and update data. Templates and letters have need to be transferred. Karen said the changeover created a big burden on staff and they are working hard to get it up and working well. To do this end they came into CSMC on Saturday, 12th May. She said, understandably there have been a few glitches but it is generally working okay. She again asked for patients' understanding as this change is accommodated. Eventually all practitioners will have computer access to hand held computers which will enable the input of data. Patients will be able to go on line and read all notes pertaining to patients including test results. Mary (Freeland) asked about the security of this system.

3.1 Patients Passwords Karen said eventually patients will have their own passwords which would not be shared. She believes this system can and will maintain patient confidentiality.

3.2 In reply to a question about **synchronisation with other HCCG** (Hardwick Clinical Commissioning Group) surgeries Karen said not all surgeries were using the new system but are likely to do so.

4.0 The New Three Digit Number - 111 Karen said this will give patients to easier access to non-emergency NHS healthcare. The 111 service is free to call and is staffed by a team of fully trained call advisers, supported by nurses, who are on hand to assess callers' needs and ensure the right service is received as quickly as possible. It guides patients to a locally available service or provides appropriate advice and information 24 hours a day, 365 days a year.

The number can be used in a non-life threatening situation, when help is needed fast, or when patients do not know who to call. This will be particularly useful outside of GP surgery hours and for people who are away from home.

When someone calls 111, they will be assessed immediately. If it is an emergency, an ambulance will be despatched without the need for any further assessment. For any other health problems, the NHS 111 call advisers will be able to direct people to the service best able to meet individual needs. For minor illnesses and injuries, the 111 service will be able to provide immediate medical advice.



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5.0 CSMC Newsletter – Anne (Aston) was congratulated on the Newsletter and it was agreed this should be produced quarterly. Anne said she would appreciate short articles which she can include.

6.0 Open Day – Discussion surrounded the best dates for this and it was generally agreed it would be better to set it for a day not conflicting with a day(s) like when patients come for flu jabs as there was concern about patient confidentiality. No final decision was made although Wednesday, 11th July 2012 was muted and John (Harshaw) said there was an open day planned at the Adult Education Centre for sundry organisations (voluntary and statutory) and he would report back as to the dates of this.

7.0 Doctor Kar's Update

7.1 Confidentiality

Dr Kar said, confidentiality and the breaching of confidentiality is not straight forward. While there is no blurring when it comes to reporting e.g. children at risk or the elderly at risk or people who say they are “would be” terrorists because, in such cases, the British Medical Association states confidentiality can be breached and an immediate report made to the appropriate authority. However, he said safeguarding is never black and white For example with adults in cases of domestic violence: doctors cannot breach confidentiality without the explicit approval of the patient. The Doctor frequently has to make judgments in respect of patient confidentiality and they are unlikely to break a confidence without a great deal of thought and professional advice.

7.2 CSMC and Patient Care Dr. Kar said he worries some patients do not understand how the CSMC operates. He stated generally the Centre is open from 8 am – 6.30 pm. He further explained while there are many advantages to smaller practices e.g.

- staff are able get to know patients and vice versa
- trusting relationships can be built with patients over time;
- patients see the same doctor when they go to a surgery

There is also down-sides e.g.

- in an emergency when the doctor has to leave the surgery to go to a patient's home.

On some of the latter such occasions he said he had experienced patients being abusive to him and staff when he had left the surgery to go to a patient in an emergency and on also his return.



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He explained that sometimes the request for a home visit comes into the surgery as late as 4.30 pm and some of those patients rang expecting a home visit the same day. They are very disappointed when it was explained this is not possible.

He asked if PPG members could help by explaining his position to patients so they would understand what happens.

- 7.3 Home Visits** Dr Kar stated if a patient rings early say between 8.00 and 8.30am he would, where appropriate, go out to them during the day. However, before doing so he usually rings to speak to the patient or carer with the aim of assessing the patient's needs. Anne (Mc Shee) said while patients frequently call 999 in non-emergencies, they did this far less when the system is explained to them. Karen (Bestwick) said the importance of assessment was paramount, otherwise patients would always be second guessed e.g. a visit to A & E by ambulance might be more appropriate than a GP visit and the reverse can be true also the suitability of other types of referrals should be assessed and not be discounted.
- 7.4 NHS 10 Minute Per Consultation** Dr Kar said unless the patient has requested otherwise the NHS recommends he sees each patient for no longer than 10 minutes. He said, while he can understand patients sometimes need to buck up courage to talk about certain problems, there are other occasions when patients do not say why the "really" came to see him until they are almost at the door to leave. He suggested it would certainly help him if patients were encouraged to think about what they might want to say to him before going in to see him.
- 7.5 After hours – 6.30 pm – 8 am** there is an Emergency Care Practitioner on call and after assessing calls the doctor will if necessary go out to patients. Alternatively patients can call 111 or 999 if an ambulance is needed. This means there is always a GP available to consult 24 hours a day.
- 7.6 Best Doctor** – Dr Kar said he wants to be a caring, empathetic doctor to all his patients and sometimes this causes him to run a little late because patient's needs are different. He just wants patients to understand his position and to know he will make every attempt to meet their need for a health intervention and improvement. The members commended Dr Kar and thanked him for all he does. Grant (Stothard) asked if he would write an article for the Newsletter explaining all he had said to them, to a wider readership.



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- 8.0 Pressure of Work on Community Teams** – Several members stated that The Secretary of State for Health, Andrew Lansbury is asking community teams to work harder and harder on less both in terms of personnel and finance. It was agreed this is putting more pressure on staff and on the surgery, resulting in depression and work place stress.
- 9.0 PCT Health Funding 2011/2012** The Chair (Grant) reported on the HHCG meeting at 26th April 2012. He said Miles Scott had done a presentation in which he stated amongst other statistics PCT funding is £1.189 billion for 712,000 patients in 97 GP practices, 7 major Acute Contracts and 12 County hospitals.
- 9.1. HHCG Finances** £137 million for 102,000 population 16 GP practices, 3 Acute Contracts + community hospitals. The Chair asked for a copy of the presentation but he said it has not yet arrived.
- 9.2 HHCG Priority Areas**
Major Aim Better Health Status for All
- Care for frail and elderly patients
 - Linking patients to clinicians
 - Better care in GP practices through PPPG's involvement
 - Better care in emergency situations
 - More use of 111 calls
 - Better Use of Ambulance Service
 - Better mental health services
 - Reduce inequalities across the HHCG
- 9.3 HHCG Lay Board Member** – there appears to be no date set for this appointment.
- 9.4 HHCG Self Regulating Committee** – the Chair reported he would be training for practice visits which would be the responsibility of this Committee and would report back at the next meeting.
- 9.5 CCG & Telehealth** reports there is increasing interest in England in finding new, more efficient ways to provide care services. Telehealth is the delivery of health-related services and information via telecommunications technologies. Telehealth could be as simple as two health professionals discussing a case over the telephone or as sophisticated as doing robotic surgery between facilities at different ends of the globe.



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It is reported there are 400 telehealth units available to HCCG. These units operate through televisions or computers connecting patients in their homes to practitioners. The PPG expressed its concern about this new development and wants more information. Guy (Freeland) suggested writing to the HHCG to ask for precise and concise information. Grant agreed to send Anne information as to whom she should contact.

10.0 BUPA Drug Delivery Jean (Railton) said BUPA no longer have the contract to deliver her life sustaining drugs and she has been following this up. Despite promises she is still unsure of her provider. She will keep Karen and the PPG informed as to how this situation develops.

11.0 Health and Social Care Act members said this is driving all the changes and it takes no account of local knowledge. MPs are involved. The PPG would like more information about how this Act will affect patients and providers.

13.0 Meeting Closed at 8.25 pm

14.0 Date of Next Meeting Monday, 11th June, at 6.30 pm