

**Monday, 13<sup>th</sup> May, 2013 at 6.30 pm**

**Member Present**

Grant Stothard (Chairman),  
Jean Railton  
Michael Leaney  
Anne Aston (Sec)

Anne McShee  
Jackie King-Owen  
Mandy Wareham  
Karen Bestwick (Manager)

John Harshaw  
Debbie Ford  
Geoff Henry

**Visitors**

Natasha Bright

**Apologies** Dr Kar  
Guy Freeland

Jackie King-Owen  
Mary Kay

Hazel Mellard  
Ryan Buxton

1. **Welcome** & Members apologies
2. **Approval of Minutes** 15<sup>th</sup> - April, 2013
3. **Matters Arising from Last Meeting**
  - 3.1 **GP to GP** Karen said this is working well with no more than usually expected teething problems
  - 3.2 **Confidentiality at Reception** Grant and Karen said that Mary had said that telephone conversations could still be heard and patients were still being overheard in reception. Grant said he and Karen together with Russell, the builder and Tim, the architect, are looking into possible solutions e.g. a clear Perspex hood type scheme. Members expressed some reservations if the Perspex solution is used as it would block patients from receptionists. It was agreed that we should wait until Tim feeds back to us his research.
  - 3.3 **Waiting Room – Patients using Mobile Phones** Karen said this is not really an issue. This moved to a conversation generally about phones. Patients who are deaf find hearing CSMC receptionists when they phone very difficult. A question was asked as to whether the reception phones' volume could be turned up. It was generally agreed that it was better that patients turned their own phone volume up because this would help them with other calls. Karen said she would speak to those in reception and ask their assistance with explaining this to hard of hearing patients.
  - 3.4 **Fund Raising by PPG** Michael asked whether the PPG could raise funds and both Karen and Grant said that generally this was not the function of PPG. This was also not a function recommended by NAAP. However, it was up to individual PPGs to make a final decision as the HCCG and NAPP recommendations were not binding. Grant said at present we had decided not to raise funds but it could always be revisited.
  - 3.5 **Notice Board** – is in place. Karen asked for the group to give consideration as to what should be on the board

- 3.6 A Reading Rack** is ordered for the Waiting Room and Karen said the Action Plan will be put on it together with the Survey.
- 3.7 CSMC Library** Grant said we were still pursuing this. Anne (McShee) said the Clay Cross Medical Centre, Church St., has a NHS Lending Library and wondered whether our library could be linked in. It was suggested that a list of the books should be on our web site. The bookcase will be behind reception and staff will manage the loan and return of books. Information leaflets will still be available in reception.
- 3.8 Complaint passed onto HCCG** re the treatment received by a CSMC patient and son at Chesterfield Royal Hospital. Grant said he had mentioned this to HCCG personnel at the PRG Meeting and they had assured him that the matter was in hand. However, the patient's mother said her daughter had not yet been contacted. Anne said she had passed on contact details to HCCG and received acknowledgement that they had been received.
- 3.9 The Bolsover And District Community Guide 2013 A Joint CSMC And Enable Group Initiative** High praise was given to **Natasha Bright** (the compiler) on the broad based information contained in the draft guide. Natasha said she would welcome feedback and suggestions. Because of firewalls, it was agreed this would be done through Anne (Aston). Colette suggested including the Ashgate Hospice on the grounds that Bolsover people use the Hospice. This was unanimously agreed. Colette also said she will take it to the community and ask for suggestions and opinions.
- 3.10 Hardwick Patients' Networking Group** next Meeting Thursday, 13<sup>th</sup> June 5.30 buffet, 6pm start, will be held at the St John's Room in the Arkwright Community Centre. It was agreed that, because PPGs are at different stages of development, older or more developed, PPG members need to be patient and to assist wherever possible. Grant said he has been asked to visit Alfreton. However, the meeting was called off because of lack of patients available to attend.
- 3.10.1 PPGs Missing at HCCG Networking Group Meetings.** A member pointed out that not all surgeries are represented at these meetings or the **Patients' Reference Group Meetings** e.g. Staffa representatives were missed at the last three meetings. Regret was expressed about this as it was felt that Staffa and other groups have a lot to contribute from which attendees can learn. Grant said he would try to find out why there were so many absences. In answer to a question he said that meetings are usually quorate and our PPG are always very well represented .
- 3.11 Overload** Karen explained that she was employed for 20 hours per week. However with the changes in the NHS, the time of year, plus all the additional work specific to CSMC she was also working a number of

hours over this including working at home. She asked for members understanding. She explained that a small practice still has to cover all the functions of larger practices e.g. the increasing use of information technology, maintaining records, training, setting up new systems etc. She said in larger practices personnel can be specifically employed to fulfil functions while in smaller practices funding was not available for this. Therefore she said, she could understand why smaller practices were amalgamating. Members said they understood the situation and expressed their concern. They said how very grateful they are for the excellent job Karen does; for all her help and for the changes she is introducing. They acknowledged their recognition of all the extra items e.g. new build, NHS changes and even the PPG (which Karen praised) all of which impinge on her 20 hours which largely is supposed to cover routine administration.

**3.11.1** They said they did not want to merge with a larger practice. They expressed their satisfaction and gratitude with CSMC.

**3.11.2 Receptionists Signpost Patients to the Most Appropriate Clinician.** Asking questions such as "Is this something you have seen the doctor about before" is a simple way of ensuring a patient will receive continuity of care by the same doctor. Patients understandably resist retelling their story to a new doctor unless they are referred by their originating doctor or their original doctor is not available e.g. on annual leave etc.

**3.11.3 Volunteers** Members asked whether volunteers could be introduced to lessen the work load. However the ensuing discussion highlighted some difficulties (confidentiality, CRB checks, reliability) associated with this while saying it maybe something which should be researched. **HCCG** Grant asked whether HCCG could help with this as they were the obvious group to give assistance. This again was something which will be explored.

**3.12 Patients Numbers** these continue to rise.

**3.13 Appointment System** – Karen and Grant asked whether there were members who willing to join a small working group which would compose questions re patient satisfaction or otherwise with our system. Subsequently these members would sit in the waiting room and ask the questions of patients e.g. "How do you find the current system?" "How would you prefer to make your appointment?" Grant said experience has demonstrated that patients respond better when they are approached by PPG members in the waiting room.

**3.13.1.1 Capacity** Karen said if demand exceeds capacity then no amount of tweaking or changing a system will solve this. In fact in some surgeries introducing telephone triage and minor illness clinics has actually

increased demand. If you get the capacity correct then the system will work. See Appendix 1)

**3.13.1.2 System-On-Line** will also impact the appointment system and it was agreed this must be taken into consideration. In this current financial year, practices are signing up to provide online appointment booking and practices need to have 5% of patients issued with online passwords to accommodate this.

**3.14 Self Help Groups** Anne (McShee) said that Angela Parnell is devising new leaflets for people with long term conditions. Anne said she will send us information about these groups.

**4. Bolsover in Bloom** – is restarting again this year and Karen said Dr Kar had agreed that CSMC should take part.

**5. Chairman's Report**

**5.1 CSMC Web Site** – The scrolling on the web page was discussed. Karen had informed Grant that if he put the mouse over the news item the scrolling would stop. Grant confirmed that this was the case

**5.2 Leaflet Distribution and Information Dissemination** Grant said he continues to place information in local magazines and he places leaflets in the pharmacies and the Golden Grill. He will continue to explore other avenues where CSMC can distribute our literature. He also asked for thought to be given to informing hard to reach groups.

**5.3 New Extension Opening Event 12<sup>th</sup> June 2pm – 4pm** John said the advertising boards from Doe Lea had been sorted and would be delivered. It was agreed that all staff associated with the surgery should be invited together with other health care professionals. Grant suggested inviting our neighbour at the ice cream parlour who are also patients and others associated with the surgery. It is hoped that Dr Sengupta will be available to cut the ribbon and declare our new premises open.

**5.3.1 Free Blood Pressure Checks** It was suggested that free blood pressure checks could be made available to attendees who wanted this. This was thought to be generally a good idea but the logistics need to be still worked out.

**5.3.2 Derbyshire Times** John said the latest they would accept a piece broadcasting the opening was Monday, 10<sup>th</sup> June on 01246 540540 Grant will look into this.

**5.4 Name Tags on Staff** Members said they still would like readable name tags on staff. Karen will follow this up.

**6. Staff Uniforms** There was a discussion about this surrounding cost of uniforms, washing etc. Several members said they were raising this subject either because they or a friend or relative had been into reception and

commented that they did not think staff were dressed appropriately for a doctors' office. Karen said she would mention members concern when the opportunity arose.

7. **Karen for Trans Pennine Cycle Ride (215 miles) on Bank Holiday Weekend** – Karen reported that she and her group successfully completed the 215 miles for the BHF and thanked everyone for their sponsorship approx. £3000.00 had been raised to add to the approximate £50,000 from previous years efforts.

8. **Any Other Business**

- 8.1 **Appointment Letters** Anne (Aston) circulated a copy of her appointment letter (a computer generated letter on which were details of her next appointment).which she had been recently received from Nurse Neehan. She said she and Judy had discussed the benefits of this for patients making appointments not only with her but also at reception. They both agreed that they thought patients would value this service and it could result in patients not showing for appointments. Judy said it was easy to do because as it was a one key exercise. Members thoroughly approved this initiative and Karen said she would pursue it.

- 7.2 **Infection Control** Colette showed the group several posters in respect of infection control. She said she had recently been on a course which had further alerted her to the worrying situation that many infections are increasingly unresponsive to antibiotics as resistance is growing. For example diseases e.g. septicaemia are much more common today than they were 50 years ago. Members thanked her for bringing it to the meeting. Anne said she would cover this item in the next Newsletter.

9. **Meeting Closed** 20. 40 hours

10. **Next Meeting** Monday, 10th June at 37 High Street at 6.30pm