

## PPG MEETING 5<sup>th</sup> JULY 2011

**PRESENT:** Pat Lunn, Judith Clay, Gill Roberts, Bill Kirkland, David Walker, Billie Reeves, Nick Derbyshire, Sheila Casey  
**APOLOGIES:** Shaun Snow, John & Wendy Riley

**MINUTES OF LAST MEETING** 3<sup>rd</sup> May 2011 Approved

### **MATTERS ARISING:**

Information Day: First half of October preferred on Wednesday/Thursday.

Chair to see what dates town hall manager can offer.

New mums group: 6 week pilot now finished. Dates for next run tba.

New member has offered to join group but has other commitments. Would be happy to join reference group and be email contact.

### **Update Re Consortia Issues**

Bakewell Medical Centre now part of North Derbyshire Consortium responsible for approx 230,000 patients. No extra money but a deficit. £260 million saving required for Derbyshire (£20 billion nationally) meaning significant refinements and cutbacks will need to be made to admissions and referrals alongside drug budgets etc. Lack of budgetary control could potentially lead to withdrawal of GP services. Surgery to publish per capita costs for visits to, for example, A&E. Discussion followed on differences between surgery budget versus secondary care.

Nick to collect per item costs for procedures, drugs, etc for next meeting.

### **NATIONAL PATIENT SURVEY FEEDBACK – KEY POINTS**

254 questionnaires sent to registered adult patients, 142 completed returns, broken down into following:

*Able to see doctor on same day or next 2 days the surgery was open:*

*Able to get an appointment with a doctor more than 2 days in advance:*

95% positive response. More than 10% higher than national average.

Nick felt possibly due to patient education promoting different ways of accessing appointments.

*Able to get appointment with doctor more than 2 days in advance:*

83% positive response again more than 10% above national average.

*Frequency of seeing preferred doctor:*

Only 3% negative and some of those could be due to Dr Love's sick leave period.

*Ease of getting through on the phone:*

Improved since last year. 80% responded very or fairly easy. Still above national average.

*Satisfaction with opening hours:*

86% very or fairly satisfied and good compared to national average.

*Satisfaction with overall care at Surgery:*

Disappointingly down from 2010 and on a par with PCT, but still above, national average.

*Discussing health problems with Doctor or Nurse:*

18% not satisfied therefore will be an area which will be looked at for improvement.

*Ease of getting appointment with practice nurse:*

Lower than PCT or national average. Patient profile with higher demands on these areas and perhaps higher expectations.

It is under discussion that a self check blood pressure machine may be sited in Reception. This should reduce the problem of 'white coat hypertension' (ie BP rising when a patient is in the consultation room), and also free up nursing time for other issues.

HCA's have now been trained for Cardio vascular disease checks for patients aged 40-75. All patients in these categories will be offered a health care check over the next 5 years on a rolling programme (it will exclude any patients already diagnosed with, for example, diabetes, respiratory illness, hypertension etc)

Annual QOF results: Achieved an extremely creditable 996/1000 points. Chair thanked Nick for taking through results and reminded that these can be accessed on [www.gp-patient.co.uk/results](http://www.gp-patient.co.uk/results).

#### **UPDATE RE ENHANCED SERVICE RE PPG/PRG**

As yet Nick not received response from letter asking if Lady Manners pupils may wish to become involved with Patient Representative Group, perhaps forming part of their Citizenship studies.

Website due for updating and this will become one of the main areas of feedback for patients.

Discussion around how to approach for best feedback. Nick confirmed that the aim is to have a service streamlined to meet patient needs, is manageable and will operate within budget.

Suggestion that email group be formed and each month three questions be added each month, maybe reflecting calendar (ie Flu jabs – are you having one?) with yes, no, possibly, maybe tick boxes. These should be designed so that each patient receives personal email. Agreed language not too dry with occasional health related items of interest – as per those featured in our newsletter.

**DATE OF NEXT MEETING: September 6<sup>th</sup> 2011 AT 6.30PM**