

Blue Dykes Patient Participation Group

Minutes of a meeting held at Blue Dykes on Thursday 5th June 2008

1 Attendance

Dr Tara George (chair). Rae Morton. Ian Morton. Ted Keeton. Wendie Heading. Chris Fletcher. Roger Cowen. Jean Slater. Samantha Twigg. Verity Shelton.

2 Apologies

Ann Small.

3 Minutes of Last meeting

Minutes of the meeting held on Thursday 1st May were approved and adopted.

4 Matters arising

1 Dr.Dilley

It was proposed that a letter be sent on behalf of the group to Dr. Dilley wishing him well in his retirement.

2 Practice security

Mr Cowen reported on his meeting with his M.P. A written response is awaited.

3 Notice Board

It was accepted that to retain integrity, the notice board should be kept up to date. In a discussion on attracting new members to the group it was accepted that the group should, ideally, reflect the demographic of the practice.

4 Telephone system

Mrs Shelton reported that she is awaiting a response from BT and that the modifications to the system are a 'work in progress'. Mrs Shelton said that a quarterly fee is paid to BT to retain the old surgery numbers as live and to direct patients calling those numbers to the new system. The group agreed that they felt it would be reasonable to end the subscription to BT for this service any time from now as it has been in place for over 12 months.

5 Newsletter

It was agreed on grounds of cost and practicality to dispense with the idea of a group newsletter. It was recommended that an annual report should be produced and that any urgent items could be brought to patients' notice via the notice board.

5 Booking of advance appointments

Ian Morton raised the question of the difficulty of making appointments over two weeks in advance when requested by a doctor. The practice staff outlined the reasons for reducing the available period from 8 to 2 weeks. Patients booking up to eight weeks in advance had a very high rate of non-attendance resulting in a loss of some 15 hours in consultation time each week. The reduction to a maximum of 2 weeks in advance reduced this loss to 3 to 4 hours each week.

Doctor George reported that the practice is not allowed to charge non-attenders and will write to persistent offenders. Other practices will warn offenders on their first two violations and will remove them from the practice on the third occasion. Blue Dykes Surgery feel that this is not currently appropriate action to take at this practice.

Mr Cowen asked that figures for non-attendance be brought to the next meeting.

6 Car parking at the surgery

Ian Morton raised the difficulty of parking in the car park. The car park is used by patients and staff, and by others using it as a convenient park for the local shops and services.

Mrs Shelton said that whenever possible staff would monitor the situation and either speak to or leaflet members of the public abusing the car park. She agreed that she had no sanction. She also told the meeting that irresponsible parking at the entrance sometimes blocked access for emergency vehicles.

Mr Cowen said that he would contact his district councillor to explore the possibility of having double yellow lines on Eldon Street outside the entrance to the car park. It was also suggested that the marking in the car park should be renewed; possibly to include an additional clearly marked disabled bay. It was suggested that clear cross hatching should be used near to the entrance and the building to prevent congestion.

7 Phlebotomy (proposed closure of local services)

Ian Morton drew the attention of the group to a questionnaire given to him at a recent blood test which indicated the closure of local services with effect from 30th September 2008.

Doctor George said that the practice had known of this proposal for some time and that she is taking steps to resolve this. The questionnaire represents part of a 3 month consultation process which could result in the closure of the service at the end of the year.

Representations are to be made to ensure that the process continues as it does now or, failing that, that the finances released by the closure should be made available to the practice to run its own service. She will keep the group informed.

8 Notice outside surgery

Mrs Shelton drew the attention of the group to the new notice board outside the surgery advising new patients that our list is open

9 Web site

The practice web site is now up and running and the three systems; repeat prescriptions, changes of personal details and new patient health checks, are all encrypted and secure.

Members of the group are impressed by the quality of the site.

Doctor George said that as soon as the minutes of these meetings have been confirmed, they will be posted on the site for the information of all patients.

10 Change of area

Mrs Shelton drew the attention of the group to the change in the practice area, now to include Tupton.

11 Extended Hours

Doctor George and Mrs Shelton reported that the PCT had given permission for a 2 concurrent evening surgeries to run one night each week instead of having a Saturday morning surgery.

The surgery will run from 6.30 p.m. each Thursday evening and will be staffed by two doctors (where possible, one male and one female) and two administrative support staff. It will provide 11 routine bookable appointments for people who work and have difficulty in attending the surgery during normal hours and for others who rely on people who work for transport and/or other support. During this surgery the telephone system will be switched to the normal out of hour's mode.

From July, at the same time a nurse run 'Travel Clinic' will also be held to dispense travel advice and/or vaccinations and injections. This will be a private clinic open to anyone, not just registered patients, a consultation fee will be charged as the clinic is not part of NHS service provision.

Members of the group, referring back to the earlier item, expressed concern on the security of the staff and premises during this time. It was suggested that enhanced lighting be considered at the main entrance and the doors from the waiting room to the remainder of the premises be fitted with locks which can be operated remotely by the receptionists on duty.

Comment was also made on the policy of the DoH and PCT that such after hour's surgeries should be staffed by one doctors and *one* receptionist. This was felt to be extremely short-sighted, paying scant regard to the security of the staff on duty. The PPG were relieved to hear that the practice feels that for the safety of staff and patients 2 admin staff and 2 GPs will be present for the late surgery.

12 Any other business

1 Doctor George said that the interviews to appoint a replacement for Doctor Dilley had gone well and that an appointment would be made in summer.

2 Following a question from Samantha Twigg, Doctor George outlined the practice policy for home visits. The practice is obliged to offer a patient an appropriate

consultation at a location deemed appropriate by the doctor at the time. Below is a copy of the guidance from the Royal College of General Practitioners:-

“Home Visits

The *practice leaflet* (available at reception) will outline the criteria that the GP uses to determine when a home visit is necessary. There is a fairly wide-held belief that patients have an automatic right to a home visit from a GP within core hours (8am to 6.30pm). This is not in fact the case. Practices will reach a “reasonable opinion” about whether to attend to a patient at their residence based upon information received on the condition of the patient, and whether it would be inappropriate to expect the patient to attend the practice premises.

There is nothing to prevent the GP from arranging for the referral of a patient without first seeing the patient, in cases where their medical condition makes that course of action appropriate.

If a patient is encouraged to come into the surgery, it is often on the basis that this is where the best care can be provided. The specialist equipment is located at the practice, tests can be carried out more easily there, and drugs issued.”

3 Following a statement from Wendie Heading attention was drawn to the possible consequences of the potential 2 week delay in giving a blood test. The doctors’ have no control over the appointment system at Clay Cross however if Mrs Shelton is made aware of a long delay she can contact the PCT who are obliged to provide extra capacity. It was agreed that an item be placed on the notice board asking patients to inform a members of staff in the event of problems.

4 Following a comment from Samantha Twigg, Mrs Shelton told that meeting that problems in arranging appointment times for the baby clinic had arisen as a result of staff shortages. The problem is now resolved.

Date of next meeting

Thursday 7th August 2008 at 7.30 p.m. Agenda items and apologies to Ted Keeton by 4th August.