

**Darley Dale Medical Centre  
Patient Participation Group (PPG) Meeting**

<b>Date:</b>	30.10.2024		
<b>Chair:</b>	Dr D Fitzsimons		
<b>Note Taker:</b>	Luke Briggs – Senior Administrator		
<b>Attendees:</b>	AB, BW, CA, CM, CG, DH, DM, DC, GS, GG, JL, JC, JM, JB, JA, JC, MF, MB, NR, PS, RB, SP, SR, TS, VD		
<b>Apologies:</b>	<i>CK, HF, MB, DF</i> <i>No response from: AB, AG, AW, CD, DP, ES, GF, HF, IB, JM, JA, JT, JC, JY, LS, LK, MW, MB, PM PT, PL, RS, RB, SB, SG, SH, S, ST, SC, SW, TF, VR</i>		
<b>Agenda Item</b>	<b>Discussion/Minutes</b>	<b>Time Allowance (mins.)</b>	<b>Actions (Details &amp; Owner)</b>
<b>Dr Fitzsimons</b> Review of previous meetings actions	<p><b>AN suggestion of adding an icon for SystmOne and the NHS app to the websites prescription page:</b></p> <ul style="list-style-type: none"> <li>- This cannot be added in the text box with the textual links so icons for both SystmOne Online and the NHS app with links have now been put on the prescription page.</li> </ul>	5	<b>Action:</b> N/A
<b>Clare Adams</b> Funding of the practice	<p><b>Funding a new phlebotomy chair and movable couch for the practice:</b></p> <ul style="list-style-type: none"> <li>- We are needing new practice equipment such as a new medical bed/phlebotomy chair and a 24-hour ECG (echocardiogram) machine.</li> <li>- The practice does not receive specific funding for such clinical equipment.</li> <li>- Whenever the practice is gifted money, it goes towards buying new equipment.</li> <li>- The cost of a new 24-hour ECG machine would be upwards of £2,000 and a new medical bed/chair would be £1,000.</li> </ul> <p><b>Would anyone like to take forward fundraising for the practice:</b></p> <ul style="list-style-type: none"> <li>- VD suggestion a 'friends of' charitable association. This would include Gift Aid and charity money to gift the surgery.</li> <li>- This won't solve short term but will help long term.</li> <li>- The PPG agreed to this idea.</li> <li>- Due to public service the rules around funding are strict and cannot come from the practice itself.</li> <li>- JM suggested putting a charity box at each of the three sites for people to donate to however this would have to belong to the 'friends of' and be spent by them without any practice involvement.</li> </ul>	15	<p><b>Action:</b> Investigate creating a 'friends of' group for the surgery and bring to the next meeting  <b>Owner:</b> VD  <b>Deadline:</b> Next meeting  <b>Completed:</b></p> <p><b>Action:</b> Suggestions for funding items for the practice  <b>Owner:</b> PPG  <b>Deadline:</b> Next meeting  <b>Completed:</b></p>
	<p><b>Live well with pain, new connections Derbyshire Dales:</b></p> <ul style="list-style-type: none"> <li>- This information is available on the practices Facebook and website.</li> <li>- There is an online programme to work through that is very user friendly.</li> </ul>	15	<p><b>Action:</b> To spread awareness of <i>Live well with Pain</i> within the local community (Attached)  <b>Owner:</b> PPG  <b>Deadline:</b> Ongoing  <b>Completed:</b> N/A</p>

<p><b>Clare Adams</b></p>	<ul style="list-style-type: none"> <li>- PPG happy to spread awareness of <i>Live well with pain</i> by sharing amongst friends, family, and neighbours. (Attached).</li> </ul> <p><b>BW on Whitworth funding:</b></p> <ul style="list-style-type: none"> <li>- Whitworth funding from the hospital league of friends. (Attached).</li> <li>- Number of tests completed so far by Whitworth Community Diagnostic Centre: <ul style="list-style-type: none"> <li>- 11,778 X-Rays, 10,169 Ultrasound Scans, 8,508 Blood tests.</li> <li>- Point of care testing and Spirometry to begin Autumn 2024.</li> </ul> </li> <li>- The money had been well spent and received and they are currently waiting on a spirometry update.</li> <li>- Another £200k has been committed for The Lodge to be improved and those works are hoping to start at the end of the year.</li> </ul> <p><b>Can blood tests be analysed on site:</b></p> <ul style="list-style-type: none"> <li>- No, they must go off to a lab at Chesterfield Royal Hospital for testing.</li> <li>- This is due to quality control and needing to be analysed by a specialist.</li> <li>- The Whitworth phlebotomy service is different to this, and phlebotomists cannot analyse blood results.</li> </ul> <p><b>Is the practice affected financially from patients going to Whitworth for blood tests:</b></p> <ul style="list-style-type: none"> <li>- Yes.</li> <li>- We only get paid for the work completed directly by the Practice.</li> <li>- We appreciate the service being run at the Whitworth Hospital as it provides patients with options if blood tests cannot be completed by the Practice in the timeframe required by the patient.</li> <li>- We will suggest the Whitworth Hospital as an option for blood tests to patients if we are unable to book an appointment at a suitable time for the patient or for hospital blood test requests.</li> </ul> <p><b>Email consent, standard data protection laws and good conduct:</b></p> <ul style="list-style-type: none"> <li>- Without email consent the PPG cannot move forward.</li> <li>- Once email consent is completed the agenda and running of the PPG can be handed over to the PPG themselves.</li> <li>- The Practice encourages the PPG to lead the sessions directly to support the PPG agenda being specific to the needs/wants of the PPG rather than that solely of the Practice.</li> </ul>		<p><b>Action:</b> For all PPG members to agree/disagree sharing email contacts within the group</p> <p><b>Owner:</b> PPG</p> <p><b>Deadline:</b> Next meeting</p> <p><b>Completed:</b></p>
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	<p><b>Derbyshire all age carers support service:</b></p> <ul style="list-style-type: none"> <li>- This information is available on the practices Facebook and website.</li> <li>- PPG happy to spread awareness of <i>Derbyshire all age carers support service</i> by sharing amongst friends, family, and neighbours. (November agenda attached as an example of the support they provide).</li> </ul> <p><b>GPIP:</b></p> <ul style="list-style-type: none"> <li>- <i>Moved to next meeting.</i></li> </ul> <p><b>GP collective action:</b></p> <ul style="list-style-type: none"> <li>- <i>Moved to next meeting.</i></li> </ul>		<p><b>Action:</b> To spread awareness of Derbyshire <i>all age carers support service</i> within the local community (Poster attached)</p> <p><b>Owner:</b> PPG</p> <p><b>Deadline:</b> Ongoing</p> <p><b>Completed:</b> N/A</p>
<p><b>Dr Fitzsimons</b> GP contracts</p>	<p><b>What does GPs working to contract look like:</b></p> <ul style="list-style-type: none"> <li>- The British Medical Association (BMA) is trying to support GP Practices to push the government for a funding uplift.</li> <li>- The current British Medical Association (BMA) campaign is to make GP workload more sustainable.</li> <li>- Dr Fitzsimons does not want to impact patients or minimise services but there needs to be push back on what we can afford to provide.</li> <li>- The Integrated Care Board (ICB) monitor GPs on their workload however a lot of work is done outside of the computed data and therefore, a lot of work is not tracked such as reviewing results, prescription requests, clinical letters, referral management etc.</li> <li>- Secondary care (e.g. hospitals) often request further work from GPs such as requesting blood tests and referrals to other departments.</li> <li>- These shouldn't be done by the GP surgery but are often completed because they support the patients' healthcare. Secondary care should do this themselves and if a hospital request blood tests the results should go back to them instead of sent to the GP to review and action. This does not happen if the hospital tests are completed by GP Practices.</li> <li>- When patients are discharged onto a Virtual Ward the patient will still come back to the GP to review despite still being under secondary care.</li> <li>- Now that GP appointments are 15 minutes there are less appointments available as a standard GP session is 4 hours 10 mins.</li> <li>- This is typically 16 patients per session but does not include review of results, letters, external tasks, and referrals.</li> <li>- GPs try to address all the problems a patient may have in these slightly longer appointments instead of requesting a patient come back.</li> <li>- Seeing more than 26 patients per day is classed as unsafe practice by the British Medical Association.</li> </ul>	<p>10</p>	

- The Duty doctor (On Call GP) oftens has 60- 70 patients a day to triage.
- This is unsafe for patients and doctors.
- When the list becomes overloaded and the Duty Doctor deems the workload unsafe, they will close off the list and redirect patients to 111 after 6pm or A&E.
- The practice is not an emergency service.
- The British Medical Association (BMA) suggested changing the appointment system where patients would go on a waiting list and then have the appointment request clinically triaged by a doctor to give a safe timescale for being seen.
  
- What does unsafe practice mean?
- Decision fatigue, overwhelm with the inherent risk of error.
  
- Could AI be used to triage incoming calls?
- It is not good enough for this yet.
- This may happen in the future, but it depends on funding and the costs of implementing it.
  
- There are Core services in general practice and opt-in locally enhanced services such as warfarin monitoring, specialist drug monitoring, 24hour ECGs, suture removal, minor ops etc.
- Our practice is signed up to provide these extra services for which we get paid, but each individual appointment needs to be claimed for by a member of the clinical team ticking a box in the clinical record to claim the fee. Sometimes these tick boxes get missed in a busy clinic setting and so the fee is lost.
  
- Is there a solution?
- The surgery has access to 3 slots at Whitworth UTC (Urgent Treatment Centre).
- We now have a limited home visiting service.
- A daily Duty GP handles all urgent telephone calls, and these are clinically triaged to ensure patients are seen in a safe, timely appointment, whilst other GPs are made available to see urgent patients face to face.
- Changing the way patients access the right care at the right time would positively affect GP surgeries. Such as accessing pharmacy services, our musculoskeletal and mental health practitioners and for patients to consider the urgency of their concern.
  
- GPs work is exceptionally hard, and the practice has a stable, high quality clinical workforce of 4 GP partners, 5 salaried doctors, a rotation of GP Registrars, F2 doctors (doctors in post graduate medical education and training) and medical students.

	<ul style="list-style-type: none"> <li>- The PPG complimented the surgery and felt it was a very good practice.</li> </ul>		
<p><b>Dr Fitzsimons/Clare Adams</b> Learning disabilities/ Neurodiversity</p>	<p><b>The number of people currently on our disability register and how well is this offer used:</b></p> <ul style="list-style-type: none"> <li>- There are 24 patients on this register.</li> <li>- The practice carries out annual health checks for these patients.</li> <li>- This service is run by Dr J Grant and is 100% used and well received.</li> </ul> <p><b>Current accessibility of neurodivergent assessments:</b></p> <ul style="list-style-type: none"> <li>- Our local ICB (Integrated Care Board) currently do not commission a local service to which we can refer. There is a Right to Choose system where patients can go online and decide if they want to go to a certain Private Provider that GPs can then refer to and this may be funded by the ICB.</li> </ul> <p><b>What support do we currently offer to neurodivergent patients within the practice?</b></p> <ul style="list-style-type: none"> <li>- Patients have individual tailored support discussed within their annual health checks to find out what works for the patients and family.</li> <li>- Families are usually involved in the patients care and they are supported through this.</li> </ul> <p><b>Current GP training in neurodiversity:</b></p> <ul style="list-style-type: none"> <li>- There is annual mandatory training for all staff.</li> </ul>	10	
<p><b>Dr Fitzsimons</b> A.O.B</p>	<ul style="list-style-type: none"> <li>- Would any members be interested in BLS/CPR training?</li> <li>- Texts used to be sent out the day before an appointment as a reminder.</li> <li>- This process is still in place however the automatic texts only get sent to those who have their mobile number as their preferred contact and consent to messages.</li> <li>- Automatic emails for patients with no mobile are not possible as texts are sent through the system and emails must be done manually.</li> <li>- Some patients are receiving a message requesting Blood pressure readings.</li> <li>- This is an automatically generated message that is sent out to patients based on their ages/medication/if they have not had a blood pressure reading in a certain number of years.</li> <li>- This list is automatically populated by SystemOne.</li> <li>- Will the Autumn budget affect the practice?</li> <li>- The practice cannot generate more income as our commissioner is the NHS and we are locked in a contract that doesn't change within the year.</li> </ul>	5	

	<ul style="list-style-type: none"><li>- The money we can make in the dispensaries is being reduced by the Government.</li><li>- Our funding is based on patient list size and our largest cost is our staff bill.</li><li>- We are impacted by rising fuel costs and cannot make savings here.</li><li>- The location of the practice also influences the funding we receive.</li><li>- The PPG state they are happy as patients.</li><li>- Dr Fitzsimons would like to thank the PPG for how interactive they have been during this meeting.</li></ul> <p><b>Next meeting date: TBA</b></p>		
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