



**Minutes of ASK PPG Meeting held June 12 at Whitegate Medical Centre, Room 1 starting at 6p.m.**

**Members Present:** Ann Allen(AA)/John Butler(JCB)/Gavin Quick(GQ)/Rita Walsh(RWh)/Viv Critchley(VC)/Susan Ransome(SR)/Dot Cameron(DC)/Mike Wain(MW)/Sue Stratton(SS)/Jo Booth(JB)/Richard Watkinson(RWn)/Peter Wise(PW)

**Chairs Remarks :** AA requested that in future the list of members present show their full names and only use initials when reference to them is made in the minutes.

**Minutes of previous meeting:** These were agreed as true and correct (proposed VC, seconded DC)

**Matters Arising:** covered in items on agenda

**Patient Survey:** MW gave an initial feedback of 100 replies and advised he would be providing a report in detail later, but the NHS authorities indicated they were very happy with what the setting up and progress made by the PPG and virtual PPG.

**Staffing Levels:** MW advised PCTs have a tolerance level for the number of patients per doctor. Currently the practice was satisfactorily within those limits. In addition they have 2 practice nurses. In accordance with PCT guidelines the number of admin staff was also satisfactory. JCB raised the point that originally people used to be able to access the doctor of their choice at the surgery they preferred within one and a half days. MW advised that the main problem in this context was that Dr Anderson who was popular, and had been with the practice from the start had retired and his patients had moved on to the other senior members. Dr Anderson had also retired. As a result a backlog has been created in enabling some patients to see the doctor of their choice as soon as may be wished. The option to see other doctors in a shorter period still remains.

PW asked about DNAs, and how big a problem they were. MW advised he did not have exact figures to hand, but believed the figure to be about 8% of doctor's facetime (10% of appointments). He also advised he would look to put something on the website.

**Details of Medical Staff:** GQ requested this be updated. He gave details of 3 doctors he had noticed from the website who had no pics up in the surgery or on the website. MW advised 2 were trainees but Dr Anthony, who originally was maternity leave cover for Dr Rose, was now a full time member of staff, and Mandy (a nurse had left) and Michelle Birks had been taken on as a replacement. He agreed to update the photographs to reflect the changes in personnel.

**Disabled Access at Adelaide St:** JCB raised the point of cars being parked around the access point for wheelchairs preventing access to the surgery for them on occasion. MW advised of plans to clear a pathway for them.

**Communications:** There was a general discussion on how to improve communications with the patients. A suggestion was made to make greater use of the TV screens in the surgery to advertise the services offered by the practice, plus informing people of the PPG. Posters in the surgery were another suggestion. The item was put up to keep the subject going and it was agreed to revisit it in more detail at the next meeting, when members may have more ideas to suggest.

**Talk BY W Swift(WS) on NHS reforms:** Wendy introduced herself as Managing Director of Community Services and Transformation of NHS for Blackpool. Her department has 1800 staff and a budget of £80million. It covers the whole of North Lancashire up to Morecambe. Victoria hospital will need to find £15 million of cuts under the present spending cuts and Wendy wanted to think of how to provide services like 24/7 care, and to prioritise the services provided. The proposed reforms mean Clinical Commissioning Groups(CCG) in the area for Fylde and the Wyre as one entity and Blackpool as the other. There will also be a separate body looking at Public Health. This would be set up and be primarily run by Lancashire County Council and Blackpool Council.

There then followed a discussion as PW asked if this simply making more and more bodies, and who was making decisions about who was on these bodies. JCB advised Ian Treasure was looking to co-ordinate CCGs and Patient Participation Groups(PPG).

WS advised she did not have any answers but was happy to take on any board any queries and look to find the answers. In the meantime there were 2 suggestions

1)Work through our GPs to let them know what patients want from PPGs.

2) Work with the service providers. Currently WS is trying to get some changes, for instance currently end of life care and children services. JCB advised re end of care that not many people realise that when you are coming to the end of life and you wish to remain at home then you need to fill in forms to indicate this, otherwise the default is to have you taken into hospital to receive ongoing care.

Part of the problem being seen as the power of secondary care. Last year 250,000 were affected by it.

RWh brought up the problem that in one case a private company had looked to initiate a PPG and people had been interviewed prior to being accepted onto it and also the patients and doctors did not meet on that PPG. It was stress the ASK PPG remains open. AA did advise if we have more people wanting to participate we would have to look for a bigger meeting place to accommodate everyone.

WS advised she would be happy to look into the possibility of bringing all PPGs together so they may have a voice in the system, and she was also happy to return anytime she was invited to do so.

**Newsletter:** MW advised the latest edition was now ready and would be online from the 13<sup>th</sup>. The printed edition to go out the following week.

JB mentioned that it was world spirometry day on June 26, and this was mentioned in the newsletter. As part of this the opportunity was there for anyone in surgery on that day (a.m. at Kentmere Drive, p.m. at Adelaide Street) to have their lungs tested.

**Paperless Prescriptions:** This comes into effect from April 2013 when patients will be encouraged to go paperless. This will mean the doctor putting your prescription on line to be picked up by the pharmacist you choose. You then simply go the pharmacist and pick up your medicine. Currently this service is not available because the software needs updating, but it is anticipated being available by next year. Patients will choose the pharmacist because by law the doctor cannot direct you to any pharmacist.

On the question of blank pages and number of items per page (creating excess paperwork from time to time) SS advised this is down to the computer. As regards the blank pages that sometimes occur. This can be taken off but it is a manual requirement and given the number of prescriptions issued staff are not trained that way, as it is easier and quicker using the current system.

JCB had a couple of items for AOB – New adverts and posters for Blackpool Victoria Hospital together with stands. In addition he had a query regarding what has happened to the private consultation area at Adelaide Street following the installation of the pharmacy. These items to put on the agenda for the next meeting, to be discussed then.