



Formal Meeting

Tuesday 12th December 2023. 1.00pm

Conference Room, Glossop

1. Present:

Members: JA (Chair), GA, VM, CE, IE, BT, LA, GJ, MF, AV, JW, JB, AS, MW, SS

From the Surgery; LB, LA, LF,

Apologies: HB, JR, PP, AR CM, VT, Dr LDu

2. Minutes of 10.10.23

3. Minutes Approved: proposed by CE, seconded by GJ.

4. Matters Arising: All items are contained in the main agenda.

5. Update from PPG:

a) Action Plan: it has been completed and is now presented to the surgery.

b) Meeting dates for 2024 have been circulated.

c) Posters/Information on alternative provisions: these are now completed thanks to LA and colleagues. JA has added them to the practice website. LB agreed to link these to Facebook and CE, with the help of LF, will look at putting the information on the TV screens in the waiting rooms. LA and CM have produced a leaflet with all the "poster" information which patients can take away. The idea of this becoming a universal leaflet for all Glossop surgeries was discussed and although there were no objections, the cost of printing these was raised. Further discussion is needed.

d) Reinstatement of the Comments box at Hadfield: this is now in place and LB will organise the cards to go with the box. It was noted that Howard Street also has one.

e) Noticeboard at Hadfield: this is in a poor state: LB will organise a repair/replacement as required.

f) NAPP Certificate at Hadfield: is out of date. LF will organise the appropriate update.

g) Bureau Display: neither HB nor PP. who are working on this were present but the Bureau are currently in the process of setting this up.

h) Patient Request for Second Opinion: LA raised this as a number of patients who have wanted second opinions (from hospital consultants) are unsure how to access these. LF said that if this was within the same hospital, a phone call to Outpatients with a request for an appointment to be seen by a different consultant would be sufficient. LB said that if the patient required a different hospital, a new GP referral would be needed. A discussion with the practice's Referral Team might obviate the need for a further GP appointment.

i) Howard Street:

(i) MF raised the issue of the recent IT failure which led to virtually all appointments on that day being cancelled: was there any mechanism in place to avoid this? LF noted that some patients were still seen but for many this was not possible as any treatment would require access to the patient's information which is kept wholly on the IT system. LB explained that the failure was throughout Glossop, with all surgeries being affected. The IT system is centrally controlled at Tameside Hospital, with the surgeries having no control over whether it is working or not.

MF requested that Items (ii) and (iii) from Howard St be deferred to the next meeting as there was nobody present to speak to these.

Action: to list for the next meeting for further discussion.

6.Update From Surgery:

LB said that redecoration is taking place at Glossop; she also introduced LA, who has recently been appointed to assist VT, LB and LF.

LF reported that the entrance doors at Glossop have now been fixed and work wholly on sensors, with no push pads required. There are still problems with some patients trying to tug them open.

7.Glossop Patient Neighbourhood Group:

IE reported that, as there are very few attendees, a decision has been taken for GPNG to join Glossop Delivery Group that includes Children's Social Care and The Bureau, all looking at the delivery of care within the Glossop area. MF added that the meetings are monthly, mostly online but currently with an aim to meet face to face after Christmas.

A Wellbeing Event, is planned for March/April 2024: The aim is to look at how patients can help themselves to keep healthy.

A new diagnostic centre is due to be opened in Denton (Crown Point) in April 2024, jointly for Tameside, Stockport and Glossop residents. No referral will be required and it will undertake Xrays and blood tests among other functions.

8.Joined Up Care, Derbyshire Integrated Care Board:

IE has 82 pages of information on what is involved! Some is interesting and relevant, i.e: the primary care recovery plan. Please contact IE if information is required.

JA commented that there is information available about what PPGs are currently doing and what constitutes best practice.

Action: On IE's suggestion, LB will invite Dr Jha to one of our meetings to provide a further update on the progress of the DICB.

9.Any Other Business; none.

Next Meetings:

Jan 16th 2024 Working Group Meeting

Jan 30th 2024 Informal Meeting (Agenda Setting)

Feb 13th 2024 Formal Meeting.