



**ASHOVER MEDICAL CENTRE**  
**MINUTES OF PATIENT PARTICIPATION GROUP MEETING ON 4<sup>th</sup> JANUARY 2022**  
**AT ASHOVER VILLAGE HALL**

**Present:** Gordon Johnson (Chairman), Dr Emmerson, Dr Holden, Dr Perkins, Dr Rosier, Liz Banner, Martin Donohoe, Elaine Armitage, William Armitage, Sue Burn, Bernard Everett, Jose Rogers, Isabel Sharman, Mike Thomas, Colin Seeds and Robert Webster. Chris Miller and Ian Roberts attended as Observers.

**Apologies:** Dr Theakston and Zoe Renshaw.

**Chairman's introduction.**

The meeting was called to give members an opportunity to review with Doctors the likely provision and administration of medical services as we come out from the Pandemic. To give some context and background members were reminded that the merger between the Ashover Practice and Imperial Road took place some four years ago and has been successful in maintaining a thriving Centre in Ashover. During the first year Dr Jones continued to work as a salaried Doctor. His retirement then coincided with the first lockdown from the Pandemic. One of the main reasons that the merger has gone smoothly since Dr Jones left Ashover is that patients have had the benefit of Dr Emmerson and Dr Shell as their lead Doctors. However, the Pandemic has altered radically working practices and increased the pressure of work for all working in the Medical Centre. The object of the review of how services are to be delivered is to set out for patients what they can reasonably expect in the post pandemic environment. Dr Holden reported that it may well be at least two years before services return to something like pre pandemic days.

**Reflections from Dr Emmerson and Dr Holden**

Dr Emerson reported on the retirements of several support staff at the time Dr Jones retired; this was expected as many had come to the age when retirement was possible. However, despite the difficulties the Surgery has been successful in recruiting and retaining new support staff and they have developed into a very effective and supportive team. However, their patience, morale and cohesion is from time to time seriously undermined by the abuse they get from some Patients who cannot accept circumstances have changed. Dr Emmerson stated the existence of a strong well motivated support team of secretaries, receptionists and dispensers is are very important to the continued existence of the Medical Centre; abuse will undermine that motivation, result in staff leaving and increase the vulnerability of the Practice.

Dr Holden then reflected that the continued existence of the Centre is also dependent on the maximum use of the Dispensary as without it the Practice is not financially viable; it generates 75% of the Centre's income. It is with regret that the service is only available to patients who live in the Parish and do not live within a mile of a Pharmacist. However, this message needs to be communicated to younger patients who may find Supermarket pharmacies or on line access to High Street Pharmacists a more convenient option.

In conclusion Dr Emmerson reported the Practice is planning to draw up a 'Charter' for both Ashover and Matlock setting out the services the Practice offers and what patients can reasonably expect and the Practice and would like to consult with the PPG before it is finalised and published.

### **Observations from the members of the PPG**

It was requested that any Charter that the Surgery publishes should be consistent with the NHS Character. This was agreed by all present

Concern was expressed that the PPG, being mainly retired, is not representative of the patient population. It was agreed that the current Facebook page the Practice publishes is well received and is the preferred mode of communication for a younger generation of patients. It was also suggested and agreed that renewed efforts should be made to get younger people to serve on the PPG.

It was suggested that once finalised the Charter could form part of a Newsletter for inclusion in the Parish Annual Report that is circulated to all households in the Parish. Further information would be obtained from the Clerk to the Council

It was commented that the plethora of notices on the Dispensary Window and Entrance Doors are very good at telling people what they cannot do and that it may be more productive for patients to be positively asking for help and kindness in dealing with the pressures of day to day management and procedures of the Service. This idea was welcomed.

Comments were expressed about the telephone services. First it was suggested that it may be helpful for patients to be told where they are in a queue so they can assess whether it is better to wait or call back later. Also it was asked whether, rather than a morning or afternoon, a time slot of some kind could be given for a call back. It was agreed that both suggestions would be investigated

Complaints were reported about the dispensary closing from 12 to 2. It was emphasised that this closure was not for a two hour lunch break but rather to allow the dispensers to catch up on prescriptions scheduled to be completed by the end of the day. Constant interruptions can lead to mistakes being made.

Concern was expressed about the lack of a mental health worker. It was noted that the Practice was pressing for this but no suitable candidates had been found to date. Efforts would be continued to find a suitably qualified person to serve Ashover and Matlock

### **Conclusion**

The meeting closed at 8.30 with a vote of thanks to all that attended and an assurance that members would be circulated and consulted as and when there is progress on producing a Charter.