

## Committee Meeting of Alford Group of Drs Patient Participation Group

31<sup>st</sup> January 2014 at 1.30pm in Merton Lodge

### Attending:

PPG: Pat Mowbray, Len Reeder, Hazel Bogg, Maurice Kent, Alan Reeves, Sarah Harley, Bob Karley  
Practice: Ian Atkinson, Stephen Hyde - LIVES presentation.

**Apologies:** Alan Gurbutt, Pam Maplethorpe.

### Welcome and Introductions:

The meeting agreed that Ian chair the meeting, who welcomed members and opened the meeting.

Alan R proposed and Pat seconded approval of the minutes of the meeting on 27<sup>th</sup> December 2013.

### Matters Arising from Last Meeting

- |   | <u>Action</u> |
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| 1. Ian reported that he had hit blank walls of denial regarding referrals being dealt with via overseas centre.   |               |
| 2. Suggestions Box now in place, but will be moved from the far end of the waiting room to near the pharmacy counter.   | Ian           |
| 3. A more detailed further breakdown of DNAs from 01.06.13 was still being prepared by Ian for reporting at the next meeting.   | Ian           |
| 4. Putting Patients First: This was not, as intended, raised at the meeting with GPs. However, the Campaign for General Practice, which wants to ensure that there is enough funding and resources for GP practice, was raised by Alan G, as it aims to put patients first ( <a href="http://www.rcgp.org.uk/campaign-home.aspx">http://www.rcgp.org.uk/campaign-home.aspx</a> ). Ian to discuss with Alan G. | Ian           |
| 5. AGM: Bob reported he had received a comment from a local solicitor that working people are generally unable to attend a daytime event. Suggestions were to have annually rotating day / evening events or two AGMs in the same week, day and evening, noting that no elections or other votes took place at AGMs (so far). Ian also suggested he might provide tea, coffee and soft drinks.                | Ian / Alan G  |
| 6. Alan G referred to Julian Hart's Inverse Care Law (1971) in terms of deprived areas having ballooning GP case loads and suffering from under-investment / representation.  |               |

### Lincolnshire Integrated Voluntary Emergency Service (LIVES)

7. Stephen Hyde from Horncastle HQ attended to describe his organisation (see <http://www.lives.org.uk/>). Stephen works alongside Yvonne Owen, who is Clinical Director of LIVES. Stephen's role incorporates fund raising, marketing and recruitment.
8. LIVES is a charity with expenditure of £873k last year. CCG provides some funding with an annual grant of £250k, to reflect the proportion its response adds to EMAS performance figures, and the rest is from donations, approximately 50/50 individuals and businesses. Administration costs are approximately £200k of the total.
9. LIVES has 2 operational functions:
  - a) Community First Responders: Trained people who carry defibrillators and will often be the first support service arriving at the scene in rural areas like Alford. Alford has a good group headed by Mandy Lill. Coverage is the whole of Lincolnshire up to the Humber estuary. (Len provided Stephen with some feedback which he will deal with away from the PPG.)
  - b) Road Traffic Collision (RTC) support:

- LIVES currently has 54 trauma trained medics who provide support in Lincolnshire to the East Midlands Ambulance Service (EMAS – <http://www.emas.nhs.uk/> ) and the Lincolnshire & Nottinghamshire Air Ambulance Charitable Trust's ambulance.
- LIVES' medics are volunteers and include consultants, GPs, paramedics and other doctors.
- LIVES expect to receive 20,000 calls on its service in 2014.
- LIVES' medics are deployed from Ambulance Control by the dedicated LIVES' desk when EMAS request LIVES medic support for their Paramedics.
- The ambulance, which covers Lincolnshire and East Nottinghamshire, is mainly used to transfer trauma patients to major trauma hospitals in Hull, Nottingham and Leicester, the majority being from RTCs. Lincolnshire has no major trauma hospitals.
- LIVES will be carrying out a 13 week trial using a fast response vehicle (FRV) for RTC rapid response support. The FRV will be on loan from EMAS but directed and deployed by the LIVES' operation centre.

### **News from the Practice** (Ian reporting)

#### 10. Reception:

- a) Anna has been appointed as the new Reception Manager. She is an existing member of staff.
- b) Peak telephone times are Monday, Tuesday and Friday mornings (although Wednesday is creeping up!). During these periods there will be two staff answering telephones from the back room and one on reception who will not usually answer incoming telephone calls.

#### 11. Physiotherapy in Alford:

- a) Sally Milburn continues with a clinic all day on Fridays.
- b) In addition, since December 2013, Louth and District Medical Services (LADMS – <http://www.ladms.co.uk/>) has been providing a Monday morning service. This may be extended to all day.

### **Any Other Business**

#### **Election of Officers**

#### 12. The individuals and meeting agreed to appoint:-

- a) Alan Gurbutt as continuing Chairman,
- b) Sarah Harley / Bob Karley as continuing, rotating minute secretaries.
- c) Alan Reeves as Vice-Chairman.

#### **Annual Survey** (Ian reported / confirmed)

13. The survey will be made available from w/c 17<sup>th</sup> February for 2 weeks.
14. Copies of the survey form will be available for patients to pick up from the surgery, library, Lloyds Chemist and various other places around Alford.
15. PPG volunteers are again asked to attend to encourage use of the survey forms and, if requested, assist patients to complete them. Attendance would be appreciated at a morning (9am-12pm) or afternoon (3pm-6pm) session, excluding Thursday afternoons. Volunteers should contact Ian to state their availability.

#### **Meeting with GPs on 16<sup>th</sup> January**

16. Alan, Pat and Bob were the PPG members who attended, along with Drs Woollard, Samuel and Freeman and Ian from the practice. Dr. Tant was unable to attend.
17. Dr. Woollard explained the main issues which could affect GP service delivery are:
  - a) Extended GP surgery hours: To deal with this NHS initiative, GPs would need to spread themselves more thinly, resulting in less availability during current surgery hours i.e. fewer appointments available during these periods, with the remainder of appointments being during extended hours.

PPG Members

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PPG Members lan/GPs/Alan (as editor)
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- b) Contracting-out of peripheral surgery services by CCG e.g. phlebotomy and INR/Warfarin Clinics. There is concern that large external providers' might be awarded these services and many patients may have to travel to centralised service delivery points.
- c) GP time taken up dealing with unnecessary consultations resulting from external pharmacists' unnecessarily recommending referral to a GP. The practice is considering appointing a nurse practitioner, whose role would include triage of these referrals and possibly other patient needs.

18. The possibility of explaining these implications to patients at a PPG Awareness event was thought to be a good idea by the doctors and this PPG Meeting. At such an Awareness event it was considered best if a GP also attended, in the background, to help PPG members answer queries. Ian will ask Dr. Tant to attend our next meeting to progress the idea.

19. Alan G explained that the GP practice is required to notify patients that they can opt out of the patient data sharing care data programme (data extractions that are not related to patients' direct healthcare i.e. data transfer of Summary Care Records is entirely separate and unaffected) by contacting their GP or by picking up a form from reception staff. This was noted in the January edition of the new PPG newsletter.

20. The new bi-monthly newsletter was discussed, and Alan G asked the GPs if they would like to provide regular articles.

**Other Business:**

21. Contracting-out:

- a) Since the meeting with the GPs (see Item 16. B), above), Ian reported that NHS England had announced that GPs must stop delivering phlebotomy and INR Monitoring services from April 2014. However, CCG then announced that existing arrangements would be extended by 6 or 7 months from April, to enable tendering to be completed without disruption of the services.
- b) Ian reported that responding to contract tender invitations required considerable resources to prepare the many pages of explanation / description, as well as the tender prices, required by the specifications. LADMS, which the practice joined a year ago, has resources dedicated to preparing and submitting tender responses and has links to many similar groups across England.

22. Bob referred back to Stephen Hyde's disruptive process example: A&E delays with ambulances are sometimes started far away from the A&E department. One example was an hospital patient waiting for a prescription from Pharmacy for over 4 hours, which meant a 4 hour delay before the bed was available for a patient to be transferred from the A&E department, which in turn meant another patient in an ambulance was delayed from being admitted into A&E. Bob believed process reviews might be something with which he could get involved. Ian said that an appropriate time might be when the practice applies the patients' module of Productive General Practice.

**Date and time of next meeting**

Friday 28<sup>th</sup> February 2014 at 1.30pm, Merton Lodge.