

**Committee Meeting of Alford Group of Doctors Patient Participation Group  
1.30 pm Friday 28<sup>th</sup> October 2016 at Merton Lodge**

	<b>Action</b>
<p><b>Attended:</b> Peter Hawkyard (Chair), Bob Baker, Sarah Harley, Pat Hawkyard, Pam Maplethorpe, Pat Mowbray, Alan Reeves.</p>	
<p><b>Practice:</b> Ian Atkinson.</p>	
<p><b>Apologies:</b> Hazel Bogg</p>	
<p>1) <b>Minutes of the last Meeting (26/08/16):</b> Agreed. Ian clarified that it was the INR team from the CCG that was running the INR clinics at Mablethorpe which most of the Alford Surgery INR patients were now attending. The practice has 121 INR patients in total and all had now been handed to other providers for INR care. Although it had been the CCG's responsibility to re-allocate patients they had not done so, so the practice had now done this and billed the CCG for the staff hours involved.</p>	
<p>2) <b>Matters Arising:</b></p>	
<p><b>Cancellation Line?</b> – Ian reported that the practice was looking at changing the phone system for better maintenance cover and to include a recording facility.</p>	b/f
<p><b>Staff Badges?</b> – Ian reported that new tunics were on the way for staff and these would include name badges.</p>	b/f
<p>3) <b>Chairman's Report:</b></p>	
<ul style="list-style-type: none"> <li>• First of all could I on behalf of the group thank Ian for burning the midnight oil and getting the web site up and running, enabling patients to read our PPG minutes. If anyone has any ideas for additional information for the web site we can discuss the suitability for inclusion.</li> <li>• On 22<sup>nd</sup> Sep Pat &amp; I attended the AGM of the CCG, held at Woodhall Spa. Around 80 members of the general public attended and were split into groups around 7 tables . Each table had at least 1 CCG member present. Gary James Accountable Officer for CCG gave an overview of what the CCG have done in the 2015-16 period, despite the NHS facing unprecedented challenges nationally and locally. These were:             <ul style="list-style-type: none"> <li>○ Co-ordinated urgent and emergency care.</li> <li>○ Increased capacity to maintain standards.</li> <li>○ Concentrated on cancer.</li> <li>○ Focused on improving access to psychological therapies.</li> <li>○ Invested in case management for patients over 75.</li> <li>○ Neighbourhood teams taking shape.</li> <li>○ Addressed isolation in rural areas through TED (Talk eat drink).</li> <li>○ Developed a diabetes service specification.</li> <li>○ Delivered care home schemes in Boston &amp; Skegness.</li> <li>○ Worked on dementia support services.</li> <li>○ Addressing antimicrobial resistance (Antibiotics).</li> <li>○ Worked on reducing health inequalities.</li> </ul> </li> </ul>	
<p>All this was achieved within the allocated funding.</p>	
<p>The main statistics for the area were:</p>	
<ul style="list-style-type: none"> <li>○ 802,000 GP appointments in the 30 Practices.</li> <li>○ 296,800 Outpatient attendances.</li> <li>○ 3,000 Emergency Admissions.</li> <li>○ 2,200 Babies Delivered</li> <li>○ 55,500 A&amp;E Attendances.</li> <li>○ Population of 244,907.</li> <li>○ Total spend of £363,4Million</li> <li>○ Resources of £1,484 per person per year.</li> <li>○ Spending of £996K on Healthcare each day.</li> </ul>	
<p>There is a five year plan which contains a Strategic Transformation Plan (STP):</p>	
<ul style="list-style-type: none"> <li>○ We take more responsibility for our own health.</li> </ul>	

- We access our records via the Care Portal and participate in our care.
  - We make more use of phone and video consultations and use telemedicine.
  - We stop having to explain our health and care issues more than once.
  - Most diagnostic tests and specialist consultations will be undertaken locally.
  - If we need specialist emergency or planned care, we may have to travel to an acute hospital but can return to our own community quickly.
  - We can access the right service first time.
  - We consistently receive good quality, safe care.
- On 27<sup>th</sup> Sept there was an Area PPG meeting held at Skegness. A representative from EMAS was in attendance and was questioned on current performance. He admitted that the service was unsatisfactory but was optimistic for the future. Further ambulances had been ordered and 25 new technicians were being trained which would take the pressure off the paramedics, as the technicians would be able to deal with the less urgent cases, freeing up the paramedics to concentrate on the more urgent cases.
  - On 29<sup>th</sup> Sept there was a Patient Council Meeting held at the Golf Hotel in Woodhall Spa. Pat & I attended, but it was poorly supported, no GP, no nurses or Practice Managers attended. We were asked if the PPGs could play a more active role in promoting the good things that are happening in the NHS. I pointed out to the chairman that we could only impart the information we received from meetings like this one, and the tit bits fed down from the Practice Managers, who themselves, felt short of information at times. It was far from satisfactory and we also had public apathy to contend with.
  - There was a CCG meeting yesterday at Louth Hospital which I will report on at our next meeting.
  - In view of the revision of certain medicines being no longer prescribed except in extreme circumstances, Public meetings have been arranged so that the public can have their say. These meeting under the title of Over the counter medicines public consultation are to be held at Skegness Hospital (Main Reception Area) on Thursday 3<sup>rd</sup> November from 10.00am until 2.00pm and also Thursday 10<sup>th</sup> November from 2.00pm until 4.00pm at Louth Hospital (Thoresby suite).
  - A meeting of Mental Health Involvement will be held at the Skegness Embassy Theatre on Wednesday 16<sup>th</sup> from 10.00am until 1.00pm. This meeting requires those wishing to attend to pre-book as places are limited. Booking contact [emmawoodmansey@lpft.nhs.uk](mailto:emmawoodmansey@lpft.nhs.uk). Telephone 01529-222333.

#### 4) News from the Practice (Ian):

**'Flu Vaccination sessions:** x 2 now done (793 patients) and 2 more sessions to go. The layout of the sessions was changed this year to include patient update details forms and info about the over 75s service and it was felt this worked better. 3k letters were sent out last year and 2k patients attended, including pneumonia and shingles vaccinations.

**DNAs:** 1193 from 01/04/16 to 30/09/16, mostly in the 50 to 59 and 60 to 69 age groups. Ian will report month by month in future and split by doctor and nurse, etc. The only reasons pts can be removed from a practice list are violence, abusive behaviour or theft.

**Complaints:** x 3 for September. 1 x medical (sorted) 1 x staffing (Ian talked to the relevant member of staff to sort), 1 x appointment not available for 4 days.

**Removals:** x 1 for threats to staff and patients.

**Staffing:** Still advertising for full or part time GP. LMC have been doing an international recruitment campaign but detail showed that applicants would not be fully trained and funding would be needed and practices to support the staff until fully trained which is not viable as the applicants cannot work as an independent GP until this training is completed.

Wef end Dec a Practice Nurse will be required due to a resignation.

**Website:** Now updated and PPG minutes added. Ian still has some more to do.

**TV Screens:** Dr Tant is working on his days off to connect the upstairs TV so that both show the same view. Considering an additional screen for downstairs.

Ian

<p><b>Current Waiting Times – next routine appointment:</b>  GPs: 1 week  Advanced Pract: 1 week  Nurses: 2 weeks  HCAs: 1 week  Bloods: 8<sup>th</sup> Nov</p> <p><b>HealthWatch Visit:</b> A copy of the report, which was good, will be emailed to members once Ian has it.</p> <p><b>Datex System:</b> Now installed on practice systems to enable recording of 'significant events' to the CCG, e.g. Community Nurses failing to visit.</p> <p><b>Feedback Forms:</b> Ian handed x 7 to Peter. Ian will check the box weekly in future.</p> <p>Triage: Sessions have been held on Wednesdays when the 'flu clinics have been running and hoping to have permanent Wednesday sessions in addition to Mon and Fri in future. These sessions are now re-named 'Walk In Clinics'.</p>	<p>Ian</p> <p>Ian</p>
<p>5) <b>Members' Feedback:</b>  <b>Peter:</b> Requested agreement to compose a letter to Gary James at the CCG re: current state with lack of District/Community Nurses and in particular to ask what numbers were employed in 2012 and number now – this was agreed. Noted that Lincs Community Health Services currently holds the contract for District Nurses. Noted that there would likely be no reply until Feb. Sarah suggested raising a Freedom of Info Request as there is a much shorter timescale for these (the 20<sup>th</sup> working day following the date of receipt of the request).</p> <p><b>Ian:</b>  a) Referred to the NHS Choices Website and that members can see how the practice is doing.  b) Reported that in future the CQC will only inspect every 5 yrs if a finding is 'good' or above. Noted that fees to the practice p.a. had increased from £600 in 2012 to £2650 for 2017. Figures charged are based on patient numbers per practice.</p> <p><b>Pam:</b> Said that she was not happy about Peter's proposed motion that PPG members who do not attend x 4 consecutive mtgs in a row should be removed from the committee. Having spoken, as agreed, to the member most implicated by this proposal Pam was sorry that this member, whom she considered a very valuable member due to their knowledge and contacts, had since resigned from the committee. Pat H said the suggestion had not been aimed at any particular member.  (Note: this matter was initially discussed at the July mtg, but not minuted)</p> <p><b>Bob:</b>  a) Suggested that the matter of the problems with the District Nursing Service be raised with the County Council Health Scrutiny Committee for them to invite LCHS to a Health Scrutiny Committee mtg to question. Agreed that Pam would ask her contacts to contact Ian about this.  b) Requested that 'Actions' be listed in the minutes so that we can keep track of things and this was agreed.</p> <p><b>Sarah:</b> Asked if Ian could make clear what action, if any, was wanted from members where emails from third parties were forwarded to members e.g. links to questionnaires – agreed.</p>	<p>Peter</p> <p>Pam</p> <p>Minute taker</p> <p>Ian</p>
<p>6) <b>AOB:</b>  <i>Actions carried forward from previous mtgs not yet confirmed completed:</i>  <b>Clearer signage.</b>  <b>Grass in the Gutters.</b>  <b>Problem when booking appts online:</b> to report to System One that the message needs to be clearer when an attempted booking fails, i.e. that the pt needs to re-book.  <b>On-line Prescriptions:</b> 'Request Medication' would be a better title than 'Medication' on the second screen; listing both 'Medication' and 'Prescription Requests' it is not obvious</p>	<p>Ian</p> <p>Ian</p> <p>Ian</p>

which one to use. ('Prescription Requests' actually refers to requests already made and outstanding). Ian to report to System One.

**Ian**

7) **Next Meetings:**

Fri 25<sup>th</sup> November

(None in December)

Friday 27<sup>th</sup> January 2017