

## Patient Participation Group (PPG) Meeting – Thursday 11<sup>th</sup> August 2016 18:30 – 20:00

Present: Pauline Mackenzie (PM) – Practice Manager at East Lynne Medical Centre  
Dawn Lambert (DL) – Finance Officer at East Lynne Medical Centre (Minutes)  
Lynsey Bessent (LB) – PPG Member Elizabeth Boyle (EB) – PPG Member  
Janice Brierley (JB) – PPG Member Patricia Chamberlain (PC) – PPG Member  
Frank Dowdall (FD) – PPG Member Sara Foster (SF) – PPG Member  
Eunice Hayes (EH) – PPG Member Roy Hayes (RH) – PPG Member  
Sarah Hazell (SH) – PPG Member James Hooker (JH) – PPG Member  
Sally Hooker (SH) – PPG Member Gillian Lingwood (GL) – PPG Member  
Jacqueline Lyons (JL) – PPG Member Brian McKeown (BM) – PPG Chair  
Jacqueline Muir (JM) – Patient Kaushik Patel (KP) – PPG Member  
Alan Penney (AP) – PPG Member Diana Splarn (DS) – PPG Member  
Elaine Symonds (ES) – PPG Member

Apologies: Helen Burfoot (HB) – PPG Member Rose Goodwin (RG) – PPG Member  
Penelope Read (PR) – PPG Member

Abbreviations: East Lynne Medical Centre (ELMC) Clinical Commissioning Group (CCG) NHS England (NHSE)

Chair BM opened the meeting by thanking all parties for attending.

Apologies were passed to the group by DL.

BM asked the group if they had all received the minutes from the meeting on 15<sup>th</sup> June 2016 and if they had any queries to raise from them. No queries were raised; therefore BM stated the minutes had been passed.

BM began his chairman's report by explaining how he'd been to a summit in Weeley, which was for PPG Chairs and Members from Tendring. 40+ people attended and ELMC's problems came up, however the consensus of opinion was to wait and see what happens when the new people start.

He advised the group that a Senior Paramedic had been brought in.

BM stated he had Look East calling him back after this meeting and if things were no better, they would look at doing an article next week.

BM had been on the phone many times to CCG and NHSE. He explained how somebody outside the group had sent the minutes from the June PPG meeting to Gary Sweeney at CCG and that DL had circulated the response.

BM stated the surgery staff had been taking a lot of stick from angry patients. He explained how Chemists had not been using the repeat prescription system effectively and had been issuing everything whether required or not. One chemist is reported to have sent repeats to a patient who had died 4 months ago.

BM informed the group that Kevin from Ranworth Surgery had contacted him to see if ELMC would be keen on becoming bigger and joining a Super-PPG.

PPG member asked if would be better to sort problems at ELMC first.

BM agreed that perhaps they should give it a year to settle before becoming bigger. BM suggested the whole place could be redecorated.

PPG member stated they did not see anything wrong with the décor and did not consider this a priority.

BM reported that some locums are dictating rules for their position within the surgery and the surgery has little choice but to accept, as it is so difficult to obtain locums.

PPG asked if a doctor resigned, why they need to be asked to come back and not just come back.

BM stated ELMC had lost a lot of good doctors but that they try to keep them or get them back.

BM asked if the consensus of opinion is not to form a Super PPG.

The group agreed.

BM invited PM to update the group with news from the surgery.

PM stated that ELMC will survive. She explained there would be no name change but will be other huge changes. She stated DL and her had been beavering away with legal documents and they were hoping Dr Halstead and Dr Tien would stay on as salaried doctors.

PM explained how on the 12<sup>th</sup> August the partnership would come together, and then on the 13<sup>th</sup> August Dr Halstead and Dr Tien would come off the partnership, leaving 5 new partners to push the surgery forward. PM stated Dr Halstead had agreed to stay 1 day a week as a salaried doctor until October, following which she will review. Dr Tien is considering 4 days a week as a salaried doctor.

BM asked PM if there was a chance Dr Sherwood would come back.

PM advised the group that he did not want to come back.

PPG member stated she had heard differently and that he just wanted to be asked back officially.

PM confirmed that in the last few days he had made his position very clear and he did not want to come back.

PPG member asked what would happen if Dr Tien does not stay as a salaried doctor.

PM explained there would be a long term locum or salaried GP. She stated there was lots of background work to do as well as setting up GP's.

PPG member asked if patients will get information when it is all set up.

PM stated the legal paperwork has been changing hourly but once the legals are signed on 12<sup>th</sup> August, a notice will go up.

PPG member voiced concerns about continuity of care for patients and time taken to tell each new doctor the patients' health background.

PM stated continuity may well be possible if weekly appointment requested by doctor, although where the same GP is unavailable it must be understood that general practice is changing. To try and attract new blood to the area, different sessions are being offered which is more attractive to GP's by offering diversity.

PPG member stated frustration when a GP refers to a hospital but the patient is vetted by ACE first.

PM stated this was an ideal example.

BM advised PM that patients have come into reception and requested to join the PPG but reception staff have not known where the forms are kept and the patients have been turned away.

PM advised the group all staff should know where the forms are or how to get hold of them if they run out.

DL confirmed she had put a new supply behind reception as the last one had been given out that.

BM asked what would happen if the A12 closes.

PM advised the group that new partners are very committed to making it work. She explained that ELMC did not have many choices and that this was the very best deal for the surgery. She stated the new partners have been at the surgery before 8am so far, except for one blip in unusually extreme weather conditions and how they would not be coming here if not fully committed.

SF asked if they are a company coming in or general medical services (GMS).

PM stated they were GMS and were dedicated to the forward vision with CCG in the new build.

PPG member suggested ELMC patients were being guinea pigs to the new system and voiced concern that not all healthcare professionals can refer to specialists. They asked what would happen if too many patients phone in.

BM advised the group that if you come into the surgery for an appointment, you generally will get an appointment. He stated that patients at some practices have to wait 2 weeks or more for an appointment.

SF stated 90% of the people she has spoken to could not get an appointment.

BM stated he had not heard reports like that.

AP asked what happens to patients to Do Not Attend (DNA).

BM suggested DNA's would stop if a sit and wait system was operated.

PM advised the group that ELMC are very proactive dealing with patients who DNA. She stated they are written to and if DNA three times may be removed from the patient list. She suggested some people feel they cannot get an appointment if the time they are offered is not a specific time suitable for the individual. PM advised the group patients who need to be seen are squeezed in and not turned away.

PM advised the group there are Information Governance issues with text messages and that the surgery contractually has to offer pre-bookable appointments.

SF stated she did not agree. She said she had seen it with her own eyes and that the patients she is talking about are not the sorts of patients to request specific times.

JL stated she had never been refused an appointment but asked about how being registered with a designated doctor may change and whether patients can see a specific doctor.

SF added particularly people with long term health problems.

PM stated all patients are assigned a named GP to oversee their care, however they can delegate care. She said ELMC does not maintain personal lists, which comes with its own problems as patients can only see their named GP and may have a lengthy wait for an appointment. PM advised the group that patients can always request to see a specific GP and their request will be accommodated whenever possible.

BM suggested the new partners were coming here to get a foot in the door for the plans for Tendring.

PM agreed and stated that small practices, on their own, were never going to survive. She said practices were having to form federations and super partnerships because without the expectation of 30,000-50,000 patients, they would be unable to bid for services.

BM informed the group that other surgeries in Clacton were forming a federation without inviting ELMC and questioning whether it was because other surgeries do not approve of the changes.

PM explained that ELMC had been through a terrible time over the years, including deaths in the practice but that Dr Faerstrand had the forward vision 20 years ago and had fought for years for a purpose built centre for Clacton in sites such as Coppins Court or Carnarvon Road. She stated he strongly believed that patients of Clacton deserved better and they should not have to travel to Colchester or Ipswich.

PM stated how she and DL had bared their souls to local practices and the CCG regarding the seriousness of the situation at ELMC, which is when the CCG employed Open Junction to resolve our problems. No other practices offered any support. She stated how we've taken the bull by the horns and if we progress as expected will be ahead of the game.

PPG member stated they did not want a locum GP to change medication that they may have been on for many years.

PM asked the group to think about what a pharmacist does and advised the group they specialise in medication. She stated that by obtaining a different clinical view, the patient may be given an opportunity to try something new, which could be better for the patient.

KP stated if the GP changed any medication, they would take clinical responsibility for the change.

LB said she felt patients were fearful because they do not know what is happening and that they were not giving the new partners a chance.

PM welcomed this comment, thanking LB and advising the group ELMC does feel criticised sometimes.

BM stated he had backed the surgery for 15 years and that he has a responsibility to pass on other peoples comments.

AP asked if the appointment system will be the same.

PM stated over the last few months they had been operating an emergency appointments system and that patients may be triaged and offered an appointment with an appropriate healthcare professional.

KP suggested the PPG should strongly object to 2 doctors running a practice with this list size. He questioned how they would manage 500-600 appointments every week and suggested a paramedic seeing patients is a big problem.

PM explained that the new partners have further resources if they find out they need it but that they should not be shot down before they start. She reminded the group that many patients are happy to see Sister Zoe or Specialist Nurse Wendy.

SF asked who patients should go to with long term conditions, questioning if they should ask for a Nurse Practitioner. She stated they need to send down 2 partners every day.

PM reconfirmed that the new partners need to find out for themselves and pull in the additional resources if they deem it necessary, but that they are confident they can run it with the new model.

AP asked if PPG would be able to meet with the new partners before the next meeting in 2 months.

BM suggested the PPG gives the new partners chance to settle in. He suggested doing a patient survey a month or so after new partners start, from which he would collate responses and circulate a report. He asked for ideas for the questions, such as asking who the patient saw and whether they were happy when they left. He did not think they should survey through the post as the surgery has done this many times previously but felt he would like to talk to patients.

BM also stated he would tell if it was a happy practice by the receptionists.

LB suggested a survey may not be fair as the situation affects the mood of a patient, which could lead to unfair statistics.

PM stated ELMC had let patients down over the last few months but they had managed the best they could with no help from surrounding practices or further afield when requested. Dr Halstead and Dr Tien were happy to find a solution for the practice as none of the staff wanted NHS England to put the surgery out to tender for a Private Provider. She suggested a survey may show patients want to see a Doctor, and then perhaps the new partners will act on it.

PM explained how the Doctors are also working remotely to process results and paperwork. She advised the group the Emergency Medical Practitioner is able to treat patients suffering with Asthma, COPD or bleeding amongst other illnesses.

SF asked if the Nurse Practitioners were upstairs.

PM stated Sister Zoe, Advanced Nurse Practitioner, was upstairs but that Wendy, who is a Specialist Nurse, is downstairs. She stated Wendy currently completes a lot of visits but will be doing appointments more frequently. She advised the group to request seeing someone downstairs if stairs are a problem.

PPG member felt losing the Nurses Clerk would mean having to disclose to the general reception their medical problems and that some patients may not feel comfortable doing that.

FH thanked PM for her patience throughout the process.

PPG member suggested the patients wait and see what happens.

PPG member asked what would happen if a patient came to the surgery but there was no doctor or the doctor there does not do a specific thing eg male doctor dealing with women's problems.

PM stated all the GP are generalists and will be able to help or refer patients appropriately. She advised the group that the new partners are: Karen Sadler, Managing Partner and Dr Khan (m), Dr Long (m), Dr Rose (f) and Dr Turner (f), all of which are very forward thinking and seem very nice. PM advised the group that new referrals will have a new partners name, however the surgery still receives letters to Dr Johal or Dr Barry who left many years ago.

PM advised the group that the priority is to get the practice stable then they will look at a business plan for the future. PM stated ELMC used to be a Gold Star practice and with the help of the new partners we hope to get that status back.

EB voiced encouragement to bring the surgery into this century and said let's go for it.

BM suggested perhaps no survey yet but thought perhaps a meeting with an invite to Karen and a doctor for their views.

LB asked if the staff were staying.

PM stated all staff had been TUPE'd into the new partnership, which meant that everybody goes over to the partners on their same contract. She advised the group that she has had to have some difficult conversations with some staff, whose job roles will be changing, such as prescribers. She stated she had negotiated and achieved some compromises with the changes but that it is essential to move general practice into the new world. She advised the group that ACE or Virgin would have done the same.

PM advised the group that the CCG was instructed to proactively form federations, but whilst some doctors did not want to join us, other practice staff apologised for not being able to join us as they felt we would be in a stronger position.

AP asked if KP would remain at the surgery.

KP confirmed he would.

JL asked if she could still order prescriptions online.

PM confirmed she could and that the changes were aimed at pharmacists.

JL stated Chemists were offering monitoring services.

PM advised the group that Chemists are contractually obliged to offer some services.

SF stated she felt Rowlands are very pushy.

BM thanked PM for all of her honesty and stated he looked forward to receiving an update the following week. He confirmed ELMC would not join a Super PPG at this time.

BM thanked the group for the very good attendance and the meeting closed at 8:00pm.

Next meeting 19<sup>th</sup> October 2016 at 6:30pm at the surgery – unless new meeting date called before.

**Members can contact BM by his telephone number: 01255 436977 or email address:  
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