

Patient Participation Group (PPG) Meeting – Thursday 21st May 2015 18:30 – 19:45

Present: Dr Simon Sherwood (Dr SS) – GP at East Lynne Medical Centre
Louise Mulford (LM) - Specialist Nurse at East Lynne Medical Centre
Pauline MacKenzie (PM) - Practice Manager at East Lynne Medical Centre
Dawn Lambert – Finance Officer at East Lynne Medical Centre (Minutes)
Amanda Castle – HCA at East Lynne Medical Centre
Fred Gregory (FG) – IT Assistant at East Lynne Medical Centre
Lynsey Bessent – PPG Member Elizabeth Boyle – PPG Member
Janice Brierley – PPG Member Frank Dowdall – PPG Member
Sara Foster – PPG Member Ian Gall – PPG Member
Eunice Hayes – PPG Member Roy Hayes – PPG Member
Gillian Lingwood – PPG Member Jacqueline Lyons – PPG Member
Kaushik Patel – PPG Member Alan Penney – PPG Member
Tina Porter – PPG Member

Apologies: Brian McKeown – PPG Member Sally Hooker – PPG Member
Penelope Read – PPG Member

Dr SS opened the meeting by thanking all parties for attending. He introduced the principle of PPG as an opportunity to gain feedback from the patients and explain problems affecting the practice. He stated they would not be able to discuss any individual queries. He suggested linking with other PPG's and meeting 3-4 times a year. He then introduced Fred and asked him to explain the terms of reference.

FG said the terms of reference were not written in stone but were to outline the operating structure of the group. He stated it was more or less what Dr SS had explained and confirmed it was not a forum for personal activities.

FG discussed membership and suggested Dr SS chair the group this evening, although as time goes on the group will elect their own chair. FG requested that issues be raised in a timely manner for the next meeting.

Dr SS confirmed he was happy to be chair for the interim period but ultimately it should be someone from the PPG that leads the structure of the group if they choose to mirror other groups. He advised if points were raised before the meeting, they can provide more accurate responses. He stated this was the patient's group and was for them to structure, suggest improvements, listen and involve people, both patients and staff alike.

PPG member asked how Dr SS could see it evolving.

Dr SS encouraged PPG to give suggestions and allow the surgery to respond with a wider view or explanation of why things are how they are. He would like to discuss how things may be possible to change along with occasions where things are unable to change due to policies or government restrictions. He stated when possible, they would initiate changes. He suggested for the PPG to work, we would need to know what the group wants to get out of it and explained how when structure in place, points can be raised and discussed through the group's chair. He mentioned there had been a virtual group for 2 years and that all virtual members had been invited to join this group.

PPG member voiced concern about what issues could be raised if not allowed to be personal issues or experiences.

Dr SS explained that general experiences could be used to make a point, however no personal information can be divulged due to data protection.

PPG member said she thinks the surgery is brilliant and she is very lucky to be registered here. She wants to help in any way she can and make suggestions.

PPG member agreed she had received a fantastic service and that the only little niggle she had, was the telephone system whereby she is often told to ring back at 1pm but different people say different things.

Dr SS explained the telephone system used to be morning or afternoon appointments but now the surgery is open all day and we try to see everyone on the same day. He advised the PPG how the ultimate goal is to get everyone to book in the morning for the whole day.

PPG member said this was a good idea but that staff do not really know when to tell the patients what time to ring back and that the Nurse Practitioners have different times.

Dr SS acknowledged there had been many changes which did cause confusion. He advised the PPG there is a GP shortage in Clacton but they had established a very good Nurse Practitioner team.

PPG member stated they had been patients at the practice over 25 years but that there was no longer any continuity and they were seeing different GP's each week.

Dr SS explained how we are trialling a system where appointments are booked in the morning for all except his, as he tends to accommodate all the emergencies and generally holds longer surgeries. He stated the doctors at East Lynne hold 4 hour surgeries when most doctors only do 3 hours.

PPG member suggested Dr SS was a name known so people ask for him.

Dr SS advised the group Louise, Wendy and Zoe are very experienced in case planning and care plans and can often provide more time than a GP.

PPG member stated they are subjected to many patients' complaints within their job, so often hear about what patients are experiencing.

Dr SS explained how sometimes the Nurse Practitioners are booked before the GP's. He stated there had been 173 appointments on Monday, which is a very high percentage of the list size, which make it unattractive to recruit as workload is so high. He advised the PPG that the surgery had to restructure to make it work and that we also had Heather who was a Mental Health Nurse. He explained that we receive less money than all other practices in North East Essex.

PPG members asked why.

Dr SS explained how it was based on historical information and that another surgery nearby had received an extra 1 million pounds over the last 10 years due to being paid under a different contract.

PPG member expressed concern that the group would receive no feedback for 3 months while they form a committee, meet and discuss issues.

Dr SS suggested the group put together a committee in their own right and that they would receive feedback within a decent timescale.

FG suggested agreeing a date for the next meeting to be in about 4 weeks.

A PPG member wondered how the group could gain contact with each other. It was suggested that they elect an interim chairperson to communicate with the other members, so they can decide who does what, where and how.

PPG member suggested putting together a committee meeting to agree bullet points of constructive criticism along with learning the constraints of the surgery and working together.

Dr SS asked the group to provide advice notice so the practice can complete any groundwork that may be necessary.

PM advised the group the aim is to improve patients' experience, share ideas, shaping the service and looking at ways to improve or discuss new services. She stated we would give explanations why some things may not be possible.

PM explained how members of the PPG could come into the surgery and talk to other patients to gain their feedback.

Dr SS agreed and said it was very much about widening communication with the patients. He said he hopes to promote services such as the Flu campaign as the practice loses income if patients attend the chemist for their flu vaccination.

PPG member suggested the possibility of opening a private Facebook page, which would only be open for PPG members to join and communicate with each other.

Dr SS stated that is something for the group to decide but that he is not a Facebook person.

Some PPG members voiced reluctance to Facebook and suggested not all patients may be Facebook users.

PPG member said he would be worried about hundreds of telephone calls to the chairperson. Another member stated it does not necessarily need to be just one person.

PPG member asked why the practice does not increase the Nurse Practitioners.

Dr SS explained the lack of space within the building and how the practice cannot accommodate any more clinicians at the moment, although we are considering converting some administrative space at a later date. He advised the PPG that the last Nurse Practitioner moved from Liverpool and ideally he would like another two but the building is limiting.

PPG member advised she has seen many changes over the years.

PPG member asked the practice to consider referrals to other services, which are not always very well coordinated, for example to Hospitals.

Dr SS explained how there is a very standard way to refer to Hospital and often paperwork is duplicated but it is beyond the practice's control.

PPG member said they felt the blood system has been greatly improved and was much better to make an appointment rather than waiting.

Dr SS advised the group the practice had been offered a phlebotomist but that there was no room.

PPG member asked if that was the reason other services such as dressings was not offered.

Dr SS said yes space was a restriction. He explained all surgeries take different routes based on their circumstances. He stated we have concentrated on offering same day appointments and explained we have higher demand than many local surgeries and that other surgeries have more space. He advised the group that East Lynne receives six times more telephone calls than other surgeries and that we have six lines operating at all times. He stated other surgeries offer delayed appointments but we do same day appointments.

PPG member stated she preferred it how it is at the surgery and attend Hospital for other services.

Dr SS advised the group that Ranworth Surgery simply hire their rooms to provide a service similar to the Hospital.

PPG member asked who decides whether to send the patients to Ranworth or Wash Lane for example.

Dr SS stated Colchester Hospital was over flooded with referrals and that they are trying to utilise local services. He declared there was no financial gain to the practice of where the patients attend.

PPG member said it was handy to be local but that it would be useful to make the patients aware they are being referred to a specialist service and not a GP services.

PM suggested this was a very valid point and that the secretaries could add something to the letter to explain why the patient is being referred to another surgery.

PPG member asked why there was no online access to Louise or Zoe.

PM and Dr SS said they would take that back and research the possibility of booking appointments online for the Nurse Practitioners, although Dr SS voiced concern about disadvantaging non-computer users.

PPG member stated how hard it is to telephone at 8am, particularly if they have been up all night with ill children and / or have to manage the school run.

Dr SS explained how they start off with 86 un-booked appointments and are aiming to lose the 2pm call cut-off. He stated they do not know on a Friday what the demand will be the following Monday. He advised the group he would have to wait 2 weeks to see his own GP and he was trying to reduce the tidal wave of telephone calls at 8am.

PPG member suggested sending a questionnaire to patients to ask them what time they would prefer to call.

Dr SS stated they were trying new things and that some patients were being offered appointments for the following morning.

PPG member explained it was so frustrating for her, that she no longer even tries to book an appointment and has left her condition untreated as a result.

Dr SS advised they had been trialling seven or eight different systems, including booking all appointments for the day at 8am, with the exception of his. 12 appointments with Dr SS are left for walk-in patients. He states the aim is to get patients to telephone in over a 4 hour period instead of half an hour. He advised the group he holds very long surgeries. Where the average Doctor might see 18 patients, Dr SS saw 42 on at least one occasion. He stated there are not many patients he does not see.

PPG member stated she got cut off half way through booking an appointment so called back and there were none left.

Dr SS explained all GP's work differently and he processes blood results quicker.

PPG member suggested educating the patients to provide clearer form of services.

Dr SS advised there was no final model yet. He explained the difficulties obtaining locum cover and how the locum agencies often have problems covering holidays, sometimes only able to offer half a day of cover. He mentioned one day when our telephone system was down all morning, which was unusual but there was not much we could do about it whilst being repaired.

PPG member stated she had received a telephone call inviting her into the surgery as she had not been seen for 10 years, but she had been well.

Dr SS advised group they offer 2 different type of health check to patients 40-74 or over 75 and that patients could be de registered if they disappear from the system.

PPG member advised the group he is the chair of NEEDS and been a patient for over 30 years. He stated the feedback he had received from both patients and Health care workers was that it is hard to obtain an appointment.

PM advised the group that all members of staff are registered at other surgeries and discuss similar problems with booking appointments, with very few being offered a same day appointment.

PPG asked how East Lynne's list size compares to other practices in the area.

Dr SS stated Ranworth had much less patients and Wash Lane had more but the workload was immensely different due to demographics, he explained how East Lynne has to process six times more forms for patients claiming benefits.

LM explained we do many home visits, with often Nurse Practitioners visiting 13 patients at home.

Dr SS stated a further 2 visits were completed by a GP on top of the Nurse Practitioner and usually 2 by a HCA, which is far more than other local surgeries.

PPG member asked if they had considered telephone consultation.

Dr SS advised that these would take just as long and he does not like the uncertainty of telephone consultations.

PPG members suggested not going down that route.

PPG member asked if they could set a date for the next meeting and wondered how many people should be on the committee.

PM reminded the group that their were members who had sent apologies tonight that may want to be involved in the committee and asked the group to be fair to those unable to attend.

PPG suggested members register an interest.

Dr SS advised it is up to the group how many members are on the committee. He said Thorpe has a big committee and suggested perhaps about six. Once the committee is formed they can structure the meetings and bring 3-4 points.

FG stated there is a national body online which can provide help to form the group.

PPG member counted 13 in the group and wondered about sending an email to patients requesting any interest.

PM asked the group to bring diversity and pointed out there were no patients with, for example learning disabilities, in attendance.

FG suggested a date of 20th August at 6:30pm in the surgery, for the next full PPG meeting.

Dr SS advised the group they do not have to meet at East Lynne if they do not want to but they are very welcome to.

PPG member said they would prefer to at least until they get to know the group.

PPG member suggested they meet on 25th June at 6:30pm at East Lynne Medical Centre.

Dr SS asked for queries in between meeting to come through the chair. He thanked all the members for attending and for their already valued input.

Meeting closed at 7:45pm.