

Patient Participation Group (PPG) Meeting – Wednesday 28th September 2016
18:30 – 20:00

Present: Karen Sadler (KS) – Managing Partner at East Lynne Medical Centre
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
Helen Burfoot (HB) – PPG Member Patricia Chamberlain (PC) – PPG Member
Frank Dowdall (FD) – PPG Member Sara Foster (SF) – PPG Member
Rose Goodwin (RG) – PPG Member Eunice Hayes (EH) – PPG Member
Roy Hayes (RH) – PPG Member Andrew Haynes (AH) - PPG Member
Sarah Hazell (SH) – PPG Member Gillian Lingwood (GL) – PPG Member
Jacqueline Lyons (JL) – PPG Member Brian McKeown (BM) – PPG Chair
Kaushik Patel (KP) – PPG Member Alan Penney (AP) – PPG Member
Michael Pheasant (MP) - Patient Diana Splarn (DS) – PPG Member
Elaine Symonds (ES) – PPG Member

Apologies: Janice Brierley (JB) – PPG Member James Hooker (JH) – PPG Member
Sally Hooker (SH) – 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. He welcomed KS and introduced her as Managing Partner.

KS thanked the group for the kind letter welcoming the partners to the surgery. She explained how she and 4 clinical partners had been there about 1 month and they plan to work together to improve and develop the surgery. KS explained her role as Managing Partner was to oversee the whole practice. She advised the group that PM would run the practice with her as her Practice Manager, and they would be looking at and developing systems.

PPG member asked what is happening with Doctors.

KS explained they would be working to a new model of care, whereby Doctors will be on site but patients may be seen innovatively by an alternative healthcare provider like Advanced Nurse Practitioners, Paramedic or Pharmacist.

PPG member asked how they would know about changes.

KS advised the group, the partners were looking at the CQC report and in the process of assessing the required changes. She stated changes will be advertised as many places as possible such as posters, newsletters, or website. She explained it will appear to be a slow process but the small steps taken will be to ensure it is right for the practice.

PPG member stated there had never had the very long queues that there's been over the last few weeks.

KS confirmed that there were not any less staff but that staff had been on holiday and on sickness leave, which could not have been planned for.

PPG member stated he witnessed the first 7 queries were for nurses and that by taking that position away it was causing queues.

KS explained there would be a complete restructure and that people would be in different jobs, although this would require a bedding in period

PPG member asked what will change to stop the queue.

KS stated there will be different ways to book appointments and advised that people are working in a back office taking calls as well.

PPG member asked why there were no appointments left until 11:50 at 08:05, when there were 3 Doctors on.

KS said she would need to look at the specific day, to audit trail when the earlier appointments had been booked. She stated the surgery would be moving to a pre-bookable service and stopping the call back system gradually. This will be advertised, some appointments will be saved for the same day emergencies but the aim will be for mostly pre-bookable on a 6 week rota.

KS explained it had been unfortunate to have to cancel some patients' appointments when a GP had been off sick but that it can happen at any time without notice.

BM voiced concern over running the practice with 3 locums and stated NHSE say a practice cannot be run on 3 locums. He also stated the frequency of A12 closures.

KS stated the partners were looking to employ a salaried GP but, that as the group was aware, there was a recruitment crisis, particularly bad in Clacton, and that long term locums were a stop gap.

PPG member said she felt as if the group was expecting miracles to happen overnight. She advised the group that she had always been seen without experiencing any problems.

BM agreed, he also had no problems getting appointments.

KS suggested patients were expecting an awful lot, considering the practice nearly shut but the partners have come in to help. They expect it to take over 6 months to improve but are trying their best to meet the needs. She stated patients should not be shouting at staff.

PPG member acknowledged the surgery had been through a rough time and was grateful for KS time, but requested the website be kept up to date with changes. KS agreed.

PPG member stated a letter from a consultant have not been action until chased.

KS explained there had been a back log of nearly 1 week of letters to process. She advised the group that 2 members of staff were being trained, and along with a pharmacist due to start it will alleviate some prescribing issues. Reception staff should deal with urgent medication queries there and then. Issues can be raised with PM if something is not actioned and she will investigate why.

PPG member stated the website showed 5 GP's and asked how many were here.

KS advised the group that Dr Halstead was there every Thursday and the other GP's were in and out but not seeing patients at the moment as they are dealing with clinical processes, documents and audits.

PM advised the group the practice is doing everything possible to get reliable locums to enable the partners to work on projects essential for stabilising the practice and they work remotely to do the work needed prior to the next CQC inspection.

KS advised the group that GP's are not always the best clinician to treat illness, for example minor ailments can be treated by a Nurse Practitioner or chest pains can be treated by an Emergency Medical Practitioner and if an alternative clinician is unable to help, the patient will be seen by a GP.

PPG member asked if patients would be triaged by reception, if they would be trained and voiced concern over confidentiality. They stated results are not currently discussed at reception, patients are told to go home and ring.

KS confirmed reception staff would be trained and patients can ask for a private room if they feel necessary. She asked the group to give the new processes a chance.

KS advised the group the CCG has put in a bid to move ELMC to Clacton Hospital, which would give all the practices in Clacton an opportunity for a bigger health centre with additional services available to patients.

BM stated Wash Lane will not move and Ranworth were unlikely to as CCG had been trying to move practices for years.

PPG member asked why patients at other surgeries do not know about this potential move.

BM stated they do and that it is discussed at their PPG and Health Forums.

PM said in the previous PPG meeting, she had stated other practices will not be in such a good position as ELMC and that they'll be left behind. She advised the group that the changes Karen and the partners are implementing will put us in good stead and explained that new young Doctors want variety and hubs offering this model of care attract new doctors. She stated this had been proven in other areas.

KS advised the group general practice needs to change the way it meets patient needs by addressing the needs of new GP's who want a different work / life balance. She stated the CCG plans to provide ultra sound and will have a number of beds for end of life patients.

PPG member advised the group they had no problems getting an appointment at ELMC but wondered what the surgery was doing about the recent bad media.

KS stated she will take no action via Facebook and that people want to vent but it is not necessarily true.

PPG member stated the locums are refusing to do flu jabs.

KS said she had not been happy with the standard of locums and will be speaking with the new ones on Monday. She advised the group that flu clinics are being held by the nurses, Mr Patel, Nurse

Practitioner or Health Care Assistant so appointments or walk ins will be accommodated wherever possible.

PPG member explained he is aware of a large surgery in Sussex which had been completely revolutionised and their patients had never had better service, giving reassurance to the group.

KS stated there were clear steps to go through to get to where we want to be but the key is to correct CQC, to ensure they do not close the surgery down on their next visit. She stated we will do what we can to appease patients, however advised the group to send problems to PM rather than wait for the next meeting.

PPG member asked about obtaining a private medical for DVLA.

KS stated there is limited private work being undertaken at present and unfortunately there may be a wait.

PM advised the group to leave a letter to be placed in her tray to consider on an individual basis.

PPG member stated they felt the hub was a great idea but that it now takes a week to get a prescription when it used to take 2 days. They stated this change should be on the website.

PM stated the IT manager had been very busy setting up the new doctors, travelling up and down to Benfleet, training and helping locums. She stated system changes can happen daily and it has not been possible to change the website each time.

KS advised the group that prescription were completely up to date last week but that prescribing clerks had been training and one had been on holiday. She said the aim would be 3 days and it has not been changed to 7 days but there are a lot of medication reviews to complete before issuing some prescriptions for safety.

PPG asked if she fills in a prescription request on the website and it shows a green tick, how you would know when it is ready at the chemist.

KS stated the green tick means it has been received at the surgery and you will need to give it time to get to the chemist.

AP asked if ELMC will sign up to NEEDS (North East Essex Diabetic Services).

KS stated she did not know yet as it was still being discussed and reviewed by the diabetic lead.

PPG member asked if it was known when CQC would be coming back.

KS said she expected it to be in the next 6 months but that they were only just starting on the list.

BM thanked KS for attending and answering so many questions.

KS thanked the group and said she would come to further meeting if they wanted her to.

The group felt this was a good idea. KS left the meeting.

PPG member stated that a patient had been told PM was not there and there was no-one else to deal with the issue. On this occasion there had been a queue at reception and the patient was loud, causing upset to other patients.

PM stated she is happy to come down if she is not in a business meeting but will always get back to a patient. She advised the group that DL or Linda will cover her and that staff are encouraged to help resolve complaints straight away.

BM stated the queue builds up very quickly.

PPG member asked how to find out about the new model of care.

BM stated the Health Forum discusses it and that information is circulated via DL. He stated the hub was a good idea but some practices are not wanting to be involved, although may be forced at some point.

PM advised the group that CCG are looking at ELMC to be the lead.

BM stated there are currently 233 CCG, which is too many and they may amalgamate in the next 2 years. He voiced concern that this could rock plans if the new CCG does not like the plans.

PM explained how new GP's do not want to burn out at 50 or work an 80 hour week. She stated this is a different era, with too much paperwork and they can earn more as a locum with no responsibility. She stated a lot of newly qualified doctors leave the country.

PPG member asked what would happen if the new partners cannot turn the practice around in 6 months and voiced concern that elsewhere locally they tried this model in 2008 but it only lasted 2 years. He suggested the queues will get worse.

BM advised the group the next Forum Meeting was at Weeley on 19th October.

BM has asked DL to distribute a letter regarding mobile telephone applications (App) to the group along with some new prescribing rules now that pharmacists are not in charge of prescriptions. He mentioned that some patients are still expecting Pharmacists to do repeat prescriptions.

BM advised there was a clean-up of practice list happening, whereby if not attendance in 5 years, a letter will go out, then a follow up with the possible removal if no response.

BM stated there had been problems with hearing aid collections but he confirmed if you used to pick up at the Church Hall or Hospital, you can continue to do so.

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

Next meeting Thursday 24th November 2016 at 6:30pm at the surgery.

Members are reminded that they can contact Brian by his telephone number: 01255 436977 or email address: mckeownjb@yahoo.co.uk