

Patient Participation Group (PPG) Meeting – Thursday 25th June 2015 18:30 – 19:45

Present: Dr Simon Sherwood (Dr SS) – GP 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
Eunice Hayes (EH) – PPG Member Roy Hayes (RH) – PPG Member
Sally Hooker (SH) – PPG Member Gillian Lingwood (GL) – PPG Member
Jacqueline Lyons (JL) – PPG Member Brian McKeown (BM) – PPG Member
Kaushik Patel (KP) – PPG Member Penelope Read (PR) – PPG Member
Apologies: Frank Dowdall (FD) – PPG Member Ian Gall (IG) – PPG Member
Tina Porter (TP) – PPG Member

Dr SS opened the meeting by thanking all parties for attending. He re-capped to the group that this was their meeting and should very much be led by the group but asked if they would like DL to take minutes for reference.

PPG agreed this would be useful for tonight.

Dr SS briefly reminded the group of the terms of reference.

All present in meeting introduced themselves to the rest of the group.

Dr SS advised the group that since the last meeting the practice had been trialling a new appointment system. He explained it is still expected for patients to telephone for on the day appointments, however the re-arranged distribution of appointments means most people telephoning between 8am and 3pm were being offered appointments without having to call back at varying times. He advised the group the staff had worked very hard to achieve this but there had been positive feedback that patients were pleased.

GL stated it sounds like it would save the confusion if patients can call between 8 and 3 and not have to keep calling back.

Dr SS advised the group the patients should still telephone as early as possible in order to fill up the morning appointments first, otherwise it will not work if morning appointments are not booked and are lost. He described a long term aspiration of possibly booking some appointments the next day, when they stop booking on the day, from around 4pm.

Dr SS offered to withdraw himself and DL from the meeting to allow the group to elect their committee independently.

RH stated he would like Dr SS to stay and requested he remain neutral throughout the process and DL to continue taking the minutes.

No objections were raised. Members were asked to make a short presentation if they wanted a place on the committee.

BM introduced himself as an experienced member of the Health Forum who has undertaken work with the surgery previously, by arranging and analysing patient surveys. He advised the group he would be able to help organise setting the group up and be a valuable link between the PPG and Colchester forum. He explained to the group that problems shared by other PPG's within the forum meeting could also benefit patients from this PPG. BM gave an example of phlebotomy services; now the bloods are being taken to Ipswich many patients are having to be re-tested due to time delays of bloods being delivered. He advised the group that all information shared was anonymous but by sharing experiences, more patients would benefit and his knowledge would be an asset to the group.

EB asked why link the two groups?

BM explained the Colchester Health Board is an overall committee with members from many organisations such as Maternity and CPS.

RH asked Dr SS if he thought it would be a good thing to be a member of more groups.

Dr SS advised that many of the problems are not unique to East Lynne Medical Centre and that there is a National GP shortage, although East Lynne are shorter than most. He said being of other groups may benefit the PPG.

PR stated it would be handy to have someone of the Health Forum.

BM advised the group he had received an invitation, via the forum, to a PPG Summit on 9th July. He advised the group each PPG had the opportunity to send one representative but that North East Essex CCG needed to know by 22nd June, therefore after discussing it with DL, BM agreed to put his name forward and report back to the group following the meeting. BM is expecting this seminar to be attended by approximately 50 PPG's and will be centred around how to run a PPG.

EB declared her interest on becoming a member of the committee and asked how many members they wanted.

The group suggested approximately four.

DL gave apologies for FD who had declared an interest in becoming a committee member but due to unforeseen circumstances had been unable to attend this meeting. She read a short presentation prepared by FD, explaining how he is a retired Training Manager for approximately 900 personnel at a very large public transport company. FD is currently employed part time to drive a school bus and his hobbies include Shooting and fishing. FD is a river Bailiff on the River Stour and is a Trustee / Secretary of a local Charity. DL read that FD feels his experience in management makes him a suitable candidate to be selected as a committee member for the group.

The group agreed to vote using the method adopting by NEE CCG.

Dr SS proposed BM as the chair of the group.

PR seconded the proposal.

KP offered to be the group secretary.

PR proposed KP as the secretary. PPG member seconded the proposal.

The group accepted PR, LB and EB as committee members, however they did not want to be Treasurer.

DL suggested asking FD if he would be interested in this role.

The group agreed for DL to ask him.

Dr SS moved on to discuss news from the practice. He explained that further to the last PPG Meeting, we now offer a small number of appointments for the Advanced Nurse Practitioner or Specialist Nurses which are pre-bookable online.

PPG member asked for information regarding booking appointments online.

DL to provide clarification to the group regarding obtaining passwords and booking appointments online.

KP advised the group that the number of people who do not attend their appointment is particularly high for the pre-bookable appointments, which means lost appointments.

Two PPG members stated they prefer booking online.

Dr SS stated the same day access at East Lynne Medical Centre is much better than other surgeries.

PPG member asked if she could access prescriptions online. She currently email the surgery her request for a prescription and wondered if there was any chance the request could be acknowledged or replied to if rejected for any reason. Sometimes by the time the patient finds out their prescription has been rejected it is the day it is due, when causes a stressful delay.

KP advised the group that the chemist has to open up the prescription.

Dr SS stated most electronic prescriptions are usually gone by 2pm.

EB said she always telephones the chemist first to make sure it is there.

Dr SS asked the group what representation they wanted from the surgery at future meetings.

BM agreed with the group that someone from the surgery should attend and that it should be a senior member of staff but not necessarily the same person each time. He suggested it need not always be a doctor and could be rotated between Practice Manager or Nurse Practitioner.

LB stated it would be good to have different views.

Dr SS advised the group that one of the specialist nurses is also a partner at the practice, which is slightly different to being employed. He stated he is happy to be around to be called upon if needed.

GL asked about the frequency of meetings and stated once a quarter with surgery staff.

BM reminded the group that the next meeting was set for 20th August and he did not feel it necessary to hold a further meeting before then. He stated he would leave his telephone number available for members to contact him.

Dr SS excused himself to allow group to discuss their work plan. Group advised DL they would like her to continue with minutes.

BM asked the group to consider short, medium and long term plans.

EH suggested improving administration and support for patients.

EB agreed this would be a two way thing.

BM advised the group the current telephone system cost the practice £30,000 and everyone has the same problems with booking systems.

GL stated that not everyone knew when they would become ill but the new system sounded good, especially not having so many varying cut off points.

BM suggested seeing what happens over the winter and request figures in January to establish the long term effects.

EB said she finds it a problem having to re-dial and suggested a call waiting system.

GL advised her to stay on the line once she is through as she will be in the queue.

PR wondered if a long term goal could be to attract new GP's to the area.

BM stated this was already being looked into at a higher level by offering Golden Hello's to GP's.

GL voiced concern that even when a new GP joins a practice, they do not stay.

BM asked the group if they had any other long term objectives.

LB raised a query regarding the messaging system and how she had been unable to leave a message at the reception desk for a GP because the GP had not been in, however if she had telephoned using option 2 they would have taken the message.

EB confirmed that had happened to her as well, she would like to know why it cannot be done in person if it can be done over the telephone.

BM wondered if each member could bring someone with them to join the group and increase the numbers.

LB suggested more people would be interested when the group start to prove their achievements.

BM said perhaps the group can get the press involved. He suggested Essex Radio could announce we have a PPG and that this is something Pauline MacKenzie, the Practice Manager could help with.

EB asked if the minutes could be put on the surgery website.

DL said she would try to arrange this.

BM suggested they send a letter to the Gazette.

PR suggested Twitter.

LB reminded the group that not everyone could attend the meetings and suggested people without a voice be able to use the surgery's suggestion box if they address their comments for the attention of the PPG.

KP suggested large colourful posters on the walls at the surgery.

LB said postcards are useful to comment on.

BM stated he would leave his telephone number and email address for members.

DL advised the group that not everyone had access to emails.

BM reminded the group the next meeting was scheduled for the 20th August.

GL asked if the group felt they should hold a meeting before then.

KP gave apologies that he would not be here on 20th August. He suggested information be held at reception, including a telephone number for people to call with ideas.

BM advised the group that the CCG had to make savings of £14m and this had been open for discussion at the forum meeting.

KP stated they should encourage people to only order the medication they require and that would save £9m. He also said people should attend their appointments as missed appointments cost the NHS.

BM advised the group Walton practice are stopping gluten-free prescriptions and vasectomies.

KP stated this was from 1st September 2015 and that it was a local decision not national. He reinforced people should not order all items on prescriptions, regardless or if they need it.

EB suggested the way the NHS is going, they will only treat emergencies and everything else will be paid for.

BM stated vasectomies would only be for emergencies but queried who would decide if it was an emergency. He advised the group there was a 6 week consultation period.

KP advised the group he thought it was set.

BM said they had not followed the correct procedure therefore it had gone back to the consultation stage.

BM suggested the Medicines Management Team try and drive away from things, such as hayfever tablets.

KP stated they will not be able to and that they have been trying to do that for years. He stated patients will not go to the chemist to buy medication when they can get them free from the surgery. He advised the group £9m of drugs go into the bin.

BM stated a survey showed out of £26m in medication, 10% was wasted.

KP suggested the Medicines Management Team focus on educating patients not to order everything, just because in it on their repeat prescription.

JL stated she does not use that system as she does not need everything.

BM advised the group when the PCT changed to CCG, they lost Paul Breame, who was good support.

KP suggested the group become the forefront of new ideas and they should challenge the Medicines Management Team to give funding to implement savings. He also suggested the CCG to help funding to implement drug savings.

LB suggested increasing support at the group meetings.

BM suggested meeting with representatives from other PPG's, especially Ranworth and Wash Lane and either meet with them separately or consider merging groups.

EB asked what the next steps are.

PR stated they should let people know the group is here.

BM agreed they need to encourage more members.

GL stated she thinks people often like to complain but they do not want to come out.

BM thanked the members for attending and left his telephone number: 01255 436977 or email address: mckeownjb@yahoo.co.uk

Meeting closed at 7:45pm.