

# OLMC

Old Leake Medical Centre

## PATIENT PRACTICE GROUP (PPG) MEETING 9<sup>th</sup> November 2016

Minutes of the meeting held on the 9<sup>th</sup> November 2016 at OLMC.

<b>Present:</b>		
Mrs. R Bell	RB	Practice Manager
Mrs. J Lote	JL	Dispensary Manager
Mr. C Maddison	CM	Deputy Practice Manager
Mrs. S Martin	SAM	PPG Chair
Mr. M Jacques	MJ	PPG Vice Chair
Mrs. N Evison	NE	PPG Member
Miss. P Smolenaars	PM	PPG Member
Mr. M Caukwell	MC	PPG Member
Mrs. J Albon-Smith	JAS	PPG Member
Mr B. Forth	BF	PPG Member
Mrs F. Grant	FG	PPG Member
Mr S. Maude	SM	PPG Member
Mrs L. Bulbick	LB	Potential PPG Member

	<b>Item</b>	<b>Action</b>
1.	<b>Apologies:</b> Apologies were received from Andrew Clark.	
2.	<b>Approval of previous minutes of 16.09.15:</b> The minutes of the previous meeting of the 21 <sup>st</sup> September 2016 were approved.	
3.	<b>Matters arising:</b> No matters arising	.
4.	<b>Election of Chair and Vice Chair:</b>  RB informed the meeting that she had sent a request out for any interested parties to declare their interest in the positions of Chair and Vice chair of the group.  MJ was the only member to declare an interest in being the chair of the group and no member declared an interest in being the vice chair. RB explained for this reason there was no need to send out voting papers.  RB asked the group if they wished to confirm MJ as their new chair unopposed. The group unanimously agreed to this appointment.  RB asked for volunteers for the position of Vice Chair. FG offered her services if no one else was interested but highlighted that she	MJ elected PPG Chairman

	<p>unfortunately cannot attend every meeting due to other commitments so would prefer someone else to take the role.</p> <p>SAM offered to take the role and deputise in the absence of the chair, unanimously agreed that SAM be elected Vice Chair of the group.</p> <p>MJ took over chairing the meeting from SAM.</p> <p>MJ introduced Linda Bulbick to the group as a new member, and asked each member to introduce themselves to Linda.</p> <p>LB was welcomed to the group as a PPG member.</p>	<p>SAM elected PPG Vice Chair</p>
<p><b>5.</b></p>	<p><b>Primary Care Transformation Fund (PCTF)</b></p> <p>RB informed the group that building work had commenced on Monday 7<sup>th</sup> November. They are currently piling for the footings of the 2 storey extension at the back of the building, they were originally piling to a depth of 7m but this is now being done to 12m. The piling will be completed by the end of this week.</p> <p>RB stated that the building work has unfortunately put further pressure on the Practice for car parking but there was very little that could be done about this.</p> <p>RB has made a PCTF display in the Practice Foyer, and although it is basic at the moment, she is waiting for further documents from the Architect to be displayed. Notices have also been put around the building informing patients that the work has commenced and to apologise for any inconvenience. FG asked if these notices could also be printed in red so they stand out better. This was agreed, RB did highlight that she had reorganised the notice boards and tidied them up and added some structure to them with specific categories. The large notice board will be used for specific target campaigns, next week being National Self-care week, this is the current theme of that board.</p> <p>RB informed the group that timescales are very tight, the project must be fully completed with the building completion certificate issued by 31<sup>st</sup> March 2017, this is a requirement by NHS England (NHSE) this will mean that the builders will be, on occasion working during the evenings and weekends.</p> <p>RB informed the group that the waiting room would be having an extensive refurbishment, and this might unfortunately lead to some upheaval for the patients, the builder is however making considerate plans to reduce disruption to the patients.</p> <p>FG asked who the appointed builder and Architect were, RB confirmed these to be Willow Homes based in Sleaford and CBP Architects based in Nottingham.</p> <p>The PPG discussed the above information and the general feeling is of relief that the work has finally been commenced.</p>	<p>RB -New Signs in red font for the waiting room</p>

<p><b>6. Feedback from Patients:</b></p>	<p>1: SAM reported she had received feedback from a patient that whilst in an appointment with a Clinician, who was believed to be a Registrar, the GP had used a stop clock to monitor the time of the appointment. The patient felt very uneasy about this and that she was being pressurised during the appointment from a time point of view.</p> <p>RB, JL and CM felt that whilst using this method isn't acceptable, it is likely that the GP was attempting to improve their own time management. This case will be looked into though and discussed with the Clinician involved.</p> <p>A group discussion then took place regarding the GPs at the Practice, and their tendency to run late, it was explained that our GPs try to be very accommodating, often dealing with multiple problems per appointment but more importantly giving the patient the time they need, the unfortunate part of this is that they do run behind at times. The PPG felt that the GPs were doing the right thing, and providing Reception kept the waiting patients informed, that this wasn't unacceptable.</p> <p>2: SAM highlighted that one of the GPs, again believed to be a Registrar wasn't shouting patients correctly from the waiting room, she appears to stand in the corridor and shout from there, rather than entering the waiting room, making it difficult to be heard.</p> <p>RB informed the group that the Call system and TV screen displays had gone faulty and wouldn't be replaced at the present time due to the building work, and the need for them to be relocated. The Practice is currently looking at alternative options.</p> <p>At the moment the Clinicians have the option of collecting patients personally for an appointment or using the tannoy system.</p> <p>3: LB had heard complaints about the telephone system and the on-going struggle to get through to the Practice.</p> <p>RB stated that this was an on-going issue, and that there isn't an easy answer to it in the interim, the Practice Reception is constantly very busy and as such the Receptionists answer the phone as quickly as possible whilst also dealing with all the other work involved including patients waiting in the queue. We unfortunately do not have additional space to accommodate additional staff members and staff holidays and illness have contributed to the difficulties at present.</p> <p>It is expected that once the building work is completed that the pressure will be reduced for the Reception team.</p> <p>RB said one consideration is to reduce the time period for which repeat medication orders are taken over the phone as its important to find the right balance of options to order medication but also the time the Practice has to action such requests, and deal with phone requests etc.</p> <p>RB informed the group that there are additional options for ordering</p>	<p>OLMC Management to investigate and feedback to Clinician.</p>
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	<p>repeat medication and indeed book appointments including</p> <p>Automated telephone system</p> <p>SystemOnline</p> <p>Popping Prescriptions in the box</p> <p>The group had a discussion over the use of the online and telephone services, some of the group using these services regularly and some finding it more difficult, it was acknowledged that not all patients would feel comfortable in ordering medication online or over an automated system.</p> <p>RB informed the group that the Practice is expected to have 10% of patients signed up for online services during the 2016-17 financial year, with the target for 2017-18 being 20%. The practice is currently exceeding this with a sign up rate of 23%.</p> <p>SM asked if the Prescription box would be retained, RB informed that this would be the case but it would be in the new Dispensary.</p> <p>SAM asked if the new Dispensary would have a letterbox for prescriptions to be placed, JL informed the group that we haven't confirmed what type of door would be installed yet, but patients would be able to use the current letterbox if a new one isn't installed.</p>	
<p><b>7.</b></p>	<p><b>Staff Update:</b></p> <p>RB confirmed the Zoe Taylor had now left the Practice. The group were positive about Zoe's contribution to the Practice and wished her well in her new role.</p> <p>RB informed the group that on an interim level, the Practice will be using locum Nurse Practitioners until the full time vacancy has been filled.</p>	
<p><b>8.</b></p>	<p><b>Any other business:</b></p> <p><b>CCG Survey</b></p> <p>RB brought a consultation that the Lincolnshire East CCG have undertaken with regards to proposed changes to the way prescription items that are also available to buy over the counter are prescribed, items including but not limited to Paracetamol, Aspirin, hay fever tablets, baby milk formula and gluten free products. It is being considered by the CCG that these items not be supplied on the NHS unless absolutely necessary as part of a cost cutting measure, as Lincolnshire has a very high prescribing cost.</p> <p>RB reiterated to the group that this is only in the consultation phase, but encouraged people to follow visit the Old Leake Medical Centre website and take part in the survey from there  <a href="http://www.oldleakemed.co.uk">www.oldleakemed.co.uk</a></p>	

This led to a further discussion as SAM had brought up that she understood any drugs brought back into the Practice had to be destroyed, and that this was process was at a cost.

JL explained that any drugs that are returned to the Practice, whether open and unused or not legally have to be destroyed, and that this process does cost for the removal of the drugs from the Practice.

As such extra care when ordering is requested and appreciated.

### **Fundraising/ PPG presence**

RB brought up about fundraising and the discussion in the previous meeting about targeting a specific item to fundraise for. RB asked the group if they would be prepared to do a treasure hunt as per last year to help fund 2 items for children to use in the new play area, namely 2 x wall panels for younger children at a cost of £220 and £150 respectively.

RB then suggested that the PPG might be better to have a presence in the waiting room, suggestion being that a few members at a time sit in the waiting room and show a presence and raise awareness of the group, chat with patients and use the opportunity to feedback to the Practice, any praise or concerns a patient might have.

A long discussion took place regarding the potential to fundraise, several members thought that the opportunity to fundraise using a treasure hunt had been missed as the flu clinics had already taken place. SM said that he felt reluctant to do fundraising due to his own time constraints.

It was then suggested that the PPG hold a coffee morning to both gain a presence and also fundraise with donations, this idea was discussed in detail.

The final agreement at present was that the PPG will try and get a presence together in the waiting room to speak with patients before looking at coffee mornings and so on.

FG suggested that pictures in the waiting room might be a positive idea.

CM suggested that the PPG chair, or nominated individual could write an article promoting the PPG group and this to be distributed into local Parish magazines, it was discussed about whether there would be a charge for this from Leverton magazine as there has been in the past. MJ will look into this with a contact.

RB highlighted that the fundraising to her, whilst a positive thing is secondary to the group getting a known presence in the community.

### **Federation**

MC asked for clarification on what a Federation is, following it being mentioned in the last meeting. RB clarified that the Federation is a very new thing, with several Lincolnshire Practices, mainly based on the East Coast but as far inland as Horncastle, Swineshead and to the

	<p>North up to the Mablethorpe area. The Federation had been created to pressure the local CCG to fund Primary care in providing certain procedures, of which they already do but are not paid to perform as this puts a strain on each Practice within their own budgets.</p> <p>RB explained that the CCG and Secondary care will take more notice of a Federation of several Practices and a larger patient population than an individual Practice debating about not being funded for services.</p>	
	<p><b>Date of next meeting</b></p> <p>The next meeting date was agreed : 18<sup>th</sup> January 2017</p> <p><b>Meeting closed: 15.30</b></p>	