

OLMC

Old Leake Medical Centre

PATIENT PRACTICE GROUP (PPG) MEETING 22nd March 2017

Minutes of the meeting held on the 22nd March 2017 at OLMC.

Present:		
Mrs R Bell	RB	Practice Manager
Mrs. J Lote	JL	Dispensary Manager
Mr. C Maddison	CM	Deputy Practice Manager
Mr M Jacques	MJ	PPG Chair
Mrs S Martin	SM	PPG Vice Chair
Mrs J Albon-Smith	JAS	PPG Member
Mr S Maude	SM	PPG Member
Mrs L Bulbick	LB	PPG Member
Mrs N Evison	NE	PPG Member
Mr B Pierpoint	BP	BBC Councillor for Old Leake Ward

	Item	Action
1.	Apologies: Apologies received from Andrew Clark, Frances Grant, Patricia Smolenaars, Barbara Forth and Malcolm Caukwell	
2.	Approval of previous minutes of 18th January 2017 The minutes of the previous meeting of the 18 th January 2017 were approved with the following amendment. Close of meeting time corrected to 15.23 from the previously stated 14.23.	
3.	Matters arising: MJ introduced Barrie Pierpoint to the meeting as our Local council representative; BP was welcomed to the meeting by the members present.	
4.	Building update: RB informed the group that the expected completion date is now expected to be Mid May. The project is currently around 6 weeks behind schedule. RB confirmed that NHS England (NHSE) had approved funding for the delay in the project beyond the original deadline of 31 st March 2017. RB informed the meeting that the next stage of the project is the new dispensary, which is on-going. The pavement at the front of the Practice is now being reinstated and the protective fencing should be removed within the next few days, allowing better access to the	

	<p>Practice. RB stated that the Practice would ideally like then to place bollards into the grassed area, as originally agreed at a previous PPG meeting to preserve the grassed area in front of the building.</p> <p>The extension at the back of the Practice remains on-going and should be at roof level imminently.</p> <p>RB highlighted that the footpath, which directs patients to the car park is currently closed off, with an alternative route already in place, the Practice would like to keep this closed when the building work is completed due to Health and safety, but also that it would allow for an additional parking space. BP queried if this would affect any property owners, who might have access restricted from their properties, and if so maybe the Practice should write to them out of courtesy. It was felt that no properties would be affected. It was agreed to keep this closed upon completion of the building work, with the patients having convenient access via the other passageway.</p> <p>SM brought up the issue of parking, as he had received negative feedback from patients regarding this issue; he stated he had asked them to come up with a solution as it is a long term problem, with no realistic solution, although it should improve slightly when the building contractors are no longer present.</p> <p>It was queried as to whether or not, the new development next to the co-op could accommodate any additional parking spaces, BP advised that the plans had been long approved for that site, and as such he believes there will be limited parking for residents only.</p> <p>It was suggested about educating patients that have been dropped off by a friend or relative to encourage those who have dropped them off to park away from the vicinity of the medical centre and pop back to collect the patient at a later time. It was felt whilst the idea in principal is good, it would be unlikely to succeed.</p>	
<p>5.</p>	<p>GP Forward View</p> <p>RB briefly explained that the GP 5 year Forward view (GPFV) is basically a plan of how we improve access to General Practice and how General Practice can be improved in the future but also about improving Patient education on which type of Health care professional can best tend their medical needs.</p> <p>RB emphasised strongly that nothing has been confirmed yet, and this is still all very much at a consultation and planning stage.</p> <p>Some points from the GPFV are, does everyone who requests an appointment really need a face to face appointment with a GP? – Could a telephone consultation, online, or Skype consultation be more appropriate.</p> <p>RB said, the use of Nurse Practitioners, Pharmacists, Paramedics, Nurses etc, as an alternative to seeing a GP is something to consider but would require patient education on the best health professional to see for each problem.</p> <p>The GPFV is centered on improving access to Primary care services, with an obvious desire to reduce hospital and A&E attendance being a</p>	

	<p>consideration, as part of this 7 day GP access, from 8am to 8pm will come into effect in the future. RB stated that this model for GP Practices would not be sustainable for all Practices and as such, it is likely Practices would create Federations to meet this requirement. It would be likely due to the size and similarities between the Practices that Old Leake would work alongside Stickney, and Spilsby Surgery in providing the additional weekend access, with one of the Practices opening for routine access on a rotational basis This is however by no means confirmed or being discussed by the Practices currently.</p> <p>A consideration at the moment is that the Boston Practices have offered to pilot a hub scheme for routine appointments between 6.30pm and 8pm to allow for access, RB isn't sure how this would work, but the hub centre may be based at Pilgrim Hospital, as it is likely to have the infrastructure in place to cope.</p> <p>The GPFV has 10 high impact actions. 3 of these were briefly discussed:</p> <p>Active signposting: This is about signposting the patients to the correct healthcare professional, and as such improving access to GPs for more appropriate cases. The suggestion with this, is that the role of a Receptionist would become more of a 'Care navigator' role, which additional training for the Receptionist, and also likely a more prepared script before booking an appointment and some pre-determined questions, to allocate to the best health care professional.</p> <p>Different types of consultations: As mentioned above, this covers the consideration of telephone calls, Skype, online consultations as well as consultations with other health care professionals.</p> <p>Developing the team: It is felt it is better to have a better range of health professionals to serve the patients care better.</p> <p>RB highlighted that the Practice had a high amount of DNA appointments, although this figure had reduced over the last couple of months from an average of 24 hours per month of lost appointment times (Due to Did not attends) down to 19 hours per month.</p> <p>SM and LB felt that Boston and surrounding area would benefit from a walk in centre, but acknowledged that the cost of such would be extremely high.</p>	
<p>6.</p>	<p>Appointment System</p> <p>RB informed the group that a meeting had taken place between the Management team and Partners of OLMC regarding the appointment system due to the strain it was currently under.</p> <p>A suggestion that arose from that meeting is to introduce sit and wait clinics into the Practice, as opposed to the current urgent appointment system.</p> <p>This is at the planning stage and some proposed clinic templates have been devised and will be discussed with the Partners. It is felt that patient who call between 8am and 10.30am will be booked into a sit</p>	

	<p>and wait clinic, which starts at around 10am, their appointment will activate once they arrive at the Practice. There is likely to be a similar process in the evening.</p> <p>CM advised the group that in designing new proposed clinic templates, he had researched average amount of appointments (routine and urgent) offered by Practices and found that Old Leake is above the National average for offered appointments.</p> <p>MJ queried as to what would happen if a patient was to call for a sit and wait appointment, for example at 10.25am but couldn't get through on the phone until after 10.30am due to Reception pressure. RB felt that the pressure on the Receptionists should ease once the building work is complete, however, consideration would be given in such circumstances if they did arise.</p> <p>BP suggested that a notice board be set up detailing about appointments, and general guidance information on how OLMC works. RB informed the group that she had put an information sheet together, which the Old Leake News had kindly agreed to publish. A discussion then took place regarding placing it in to other local parish magazines and group members will make contact with the respective magazines.</p>	
7.	<p>Education Events:</p> <p>MJ confirmed he had made contact with the Red Cross about providing a basic first aid course for members at an Education event but was quoted £300 to provide this service; it was felt by the members that this was too expensive. MJ has made contact with a local provider of First Aid training and is waiting for a response.</p> <p>SM brought up about the Practice having an education event about the changes to the building and Practice upon completion of the work, this had been discussed at the earlier meeting.</p> <p>CM felt that this would be better discussed at the next meeting, by which time the building work will hopefully be close to completion and better planning of the event can take place.</p> <p>Suggested months for the events were agreed at July and September/October.</p> <p>We will need to clarify the availability of the Old Leake Community Centre but the events would seem likely to be on a Tuesday or Thursday evening.</p>	<p>MJ to await for response from First aider.</p> <p>Plans to be finalised at the next PPG meeting.</p> <p>CM to check available dates with OLCC for July and October.</p>

<p>8. Care Portal</p>	<p>CM updated the meeting on the NHS Care Portal following the last meeting. The Care portal has been created to allow instant access, providing the patient has given permission. This will assist help care professionals including A&E instant access to your records.</p> <p>CM confirmed that the scheme is currently being piloted and feedback has been positive from the pilot Practices and patients.</p> <p>There are still some outstanding queries and issues before full implementation, but this is expected to be in December 2017, Practices are to be given 1 month notice period before activation.</p> <p>The Practice will keep patients updated and literature will be provided nearer the time.</p> <p>Please see link below with further details</p> <p>http://lincolnshirehealthandcare.org/en/care-portal/</p>	
<p>9. Feedback</p>	<p>No feedback had been received by the Practice. RB informed that the Friends and family feedback forms are not working well in the Practice currently; this is attributed to Clinicians not providing them to patients at the end of a consultation.</p> <p>Patients had fed back to the group about the Parking difficulties, which has been talked about extensively, including in the meeting today.</p> <p>NE had received feedback regarding the waiting time to see a particular GP from several patients, we do offer urgent on the day appointments but can't guarantee a particular GP.</p> <p>RB informed the group that if a GP wishes to review a patient, they should be providing the patient with a white card to present a Reception; it was acknowledged that not all GPs are doing this correctly.</p> <p>The group discussed why the GP appointments seem to be slightly in disarray with little continuity. RB, JL and CM all explained that the GPs keep changing their mind on how best to work the appointments, and depending who is the senior GP on the day, can dictate how the system works. The group felt this unacceptable, this was noted by the Practice and it was made clear that with the change to the appointment system, we would be looking for a guarantee of no interference from that point.</p> <p>SM enquired regarding patients receiving letters from a private company called 'Blue Crest' inviting them for private health checks at a cost of £167. BP uses this company for a second opinion, and has said the GPs are aware of them. The group agreed they would like an official response from the GPs regarding how much attention they pay to these reports</p>	<p>GPs to provide a response.</p>

<p>10. Staff update</p>	<p>RB informed the group that as the building work completes, there will be staff changes, most notably in Dispensary who will become a standalone entity within the Practice and will need cover for their own Reception area.</p> <p>Much of the workforce planning is under consideration at the moment and assigning hours across from departments to manage workflow correctly.</p> <p>RB stated that she would like to look at changing the opening hours for Dispensary, with opening at 9am instead of the current 8.30am and also closing for an hour at lunch. This would allow the dispensers' time to catch up with tasks, and unpack orders. This is only under consideration at the moment and hasn't been confirmed.</p> <p>CM confirmed that Dr Adeel would leave the Practice on 3rd April as part of her training rotation, and Dr Juliet Avoseh will start on April 5th for 18 months.</p> <p>The group passed comment about the turnover of GPs, CM commented that this was due to the trainees we have, and that whilst the rotating maybe difficult at times, they were an important part of the Practice, that we are fortunate to have, mainly due to their desire to be taught under Dr Sinha.</p>	
<p>11. Any Other Business</p>	<p>MJ informed the group that he had met with the Head teacher of Old Leake Primary school regarding the opening of the back school gate, which is in close proximity to the new dispensary building site, and the concerns regarding this, with all the traffic for the surgery, building traffic and now also the school.</p> <p>The Head teacher has agreed to close this gate until the building work is completed, but would need to give parents one weeks' notice before implementing the change.</p> <p>BP enquired about Pneumonia jabs, and who is eligible for such vaccinations, RB confirmed it was patients over 70, and invite letters had been sent out. The Clinician will discuss during consultation if the patient is considered vulnerable.</p> <p>The shingles vaccinations were also discussed and this is based on various cohort for invitations.</p> <p>Date of next meeting: 17th May 2017 at 2pm</p> <p>Meeting closed: 15.40</p>	