

CARADOC PATIENT PARTICIPATION GROUP

Minutes of Meeting held on Wednesday, 8 February, 2017

at Soken House, The Triangle, Frinton-on-Sea

Present: N Churcher, Chairman; J Heard, Secretary; L Ash, Treasurer and 28 members and guests.

1. Opening of Meeting:

a) The Chairman welcomed everyone to the meeting including guests: Denise Raven, Practice Manager and Lynn Stimson, Primary and Urgent Care Manager, ACE.

b) The Chairman pointed out fire exits and toilet facilities

2. Apologies for Absence: Mr & Mrs B Allen, A Burleston, A Churcher, R Cooper, B Hendry, G Greenslade, A Grottick, C Roberts, Mr & Mrs J Rowland, S Smith, Mr & Mrs D Watson, Mr & Mrs F Wilkinson

3. Minutes of the previous meeting held on 17 November, 2016: Proposed by John Floyd, seconded by Carol Whitelaw

4. Future of the Caradoc PPG: The Chairman confirmed that Jenny Heard would be standing down as Secretary. He thanked her all she had done since the PPG started and presented her with a gift. Going forward Neil confirmed he would be happy to continue as Chairman, Linda Ash as Treasurer and Sue Opperman as the representative at the PPG area meetings. Someone from the Surgery would type up notes of future PPG meetings, with bullet and action points. The Chairman would look after the emails and correspondence for those not on email would continue to be sent out by the Surgery. There being no objections, the proposal was carried.

The Chairman asked for any ideas on how the PPG should be run. He added that in three years the Surgery had come a long way, was now much better for the residents of Frinton and he would not want the PPG to end. It was important that the Surgery received feedback, it wasn't about complaining but providing information which could be passed on anonymously. The Surgery would be picking up some of the admin and they paid for the hire of the room and liability insurance. Regarding making patients aware of the PPG, the newsletter appeared in the FRA (Frinton Residents' Association) magazine which is delivered to 5,000 households; articles appeared in the local paper and the minutes were on the Caradoc website. Ideas for publicity were Street Life, Town Council noticeboards, community magazines covering Kirby Cross and Gt Holland. Comments could also be put on Friends and Family cards at the Surgery and Ace had a Twitter feed and are on Facebook. Several members raised concerns that without a Secretary the PPG would fail. The Chairman reassured them that it wouldn't if they didn't want it to. He would make sure that people were kept aware of what was going on but it was a two-way process and gave his contact number: 0794 4382794.

The Chairman suggested that meetings continue to be held quarterly and if an additional one is needed then members would be contacted. With changes happening within the NHS such as Colchester Hospital linking up with East and West Suffolk Hospitals as opposed to Basildon and Chelmsford, members' views were vital. It was suggested that two of the meetings could be linked with the publication of the FRA magazine (March and October) where dates of meetings could be publicised.

Mrs Leech stated that, as a fundraiser, she was disappointed that after nearly three years the money collected had never been spent. The TV was still not working which would be such a help to all. Mrs Raven responded that she was just as frustrated about the TV although she was hopeful that the problems would soon be resolved. Initially there had been problems getting a power point, then it was questioned whether a TV licence was required. They were currently waiting for a software box to be mounted on the wall above the TV. The delay was totally unacceptable and ACE was trying to resolve the problem.

A member asked about the mailshot from Pharmacy2u. Denise advised that it was nothing to do with the Surgery. It was up to patients if they wanted to sign up with them but the process was no different from local chemists, all prescription requests have to come from the patient and be signed off by the Surgery.

5. Caradoc Surgery Update:

Denise reported that they now had funding to upgrade the telephone system to provide additional lines and voice recording which supports the reporting system. They would be able to monitor the volume of calls and help develop services for the practice. It would aid staff training by providing information such as how many calls were answered and how long it took to answer them. The current system can't cope with the huge volume of calls.

Regarding 'flu vaccinations, Denise reported that the number administered last year was significantly reduced owing to a lot of patients going to local pharmacies. What they may not have realised is that it had financial implications for the practice. They are working towards receiving supplies in September this year and hope eligible patients will support the practice.

They have been working at encouraging patients to complete the Friends and Family feedback cards. This was essential to making improvements. Denise's real concern was that some adverse comments were made anonymously and she therefore couldn't respond so asked that if patients did have concerns to please make contact with her.

Ms Stimson reported on the Demand and Capacity Audit being undertaken to plan future services. Having received the results of the audit undertaken in mid-January, a further audit was carried in three parts:

- One week every single person who rang or came in to the Surgery was asked the reason for the call/visit
- They looked at a number of consultations by GPs and clinicians to establish whether it could have been dealt with differently
- Two weeks ago they carried out a triage when everybody that week who wanted an appointment on the day was called back by a clinician and signposted to a Nurse Practitioner or Nurse or directed elsewhere. Information is being processed at the moment.

They know that some processes make it more of a muddle. For example where a patient is asked to make an appointment following results of investigations this causes huge frustrations. They have started to look at the process by talking to reception and clinical staff. For non-urgent cases, reception will try and make contact within a 48 hour period and if they cannot make contact will then send a letter with an appointment. They may offer a telephone appointment. If urgent, they will continue to try and make contact. She added that there is a lack of the use of telephone appointments.

Ms Stimson emphasised the importance of correct questioning by receptionists so that patients are correctly navigated. Too many urgent doctor appointments are taken with up with requests for sickness certificates, insurance letters, etc. Additional funding is being made available for further training for the navigation roles. The appointment system is going to be looked at and there will be some changes.

ACE as an organisation is offering educational sessions of 20-30 minutes providing valuable information, e.g. diabetes and falls prevention.

A Q&A session followed:

- Q. Patients are being asked questions either on the 'phone or in person in front of people at reception
- A. We are aware of confidentiality, the design of reception isn't ideal and going forward we are looking at making improvements. Patients only have to answer if they are happy to tell. If not, they are shown a list of conditions that the Nurse Practitioner can deal with and only have to say yes or no or just say it's personal. When patients are called back (triaging) they are told they need to be in a place where they can speak confidentially.
- Q. If there are opportunities to run educational or self-help groups, e.g. dementia, would it be possible for the premises opposite to be used?
- A. Network Rail own the building which is believed to be currently leased to M&M Chemists. Cllr Turner to investigate.
- Q. What is the latest on a hearing loop system being installed at the Surgery?

- A. This is currently with the Estates Team – Denise to chase up
- Q. When the Surgery ‘phones a patient the number is not identifiable and may be blocked or just treated as an unsolicited call and not answered. Is it possible for a message to be left?
- A. Patients can contact their telephone provider and ask them not to bar the Surgery number. It was confirmed by a member of the audience, a BT customer, that when he receives a call from his Surgery the call display shows ‘Doctors’. Messages can only be left if the patient has agreed. The onus is on patients to get results for any tests, do not assume it is ok.
- Q. The Chairman asked if there was any objection to him using PPG funds to buy a microphone for use at meetings. There was general agreement.
- Q. A member commented that there was pop music being played in the room where a blood test was being taken
- Q. Can the appointment system be explained? When a doctor wants a blood test and to see the patient in a week’s time and you’re told to ring on the day
- A. There are appointments on the day and slots available in 2, 7 and 14 days’ time. The pre-bookable appointments are released two weeks ahead. Receptionists are as equally frustrated as patients when they can’t offer an appointment.
- Q. Are doctors able to make follow-up appointments for patients?
- A. Yes, they can but they don’t see it as their role
- Q. Are you taking on new patients and should this be kept under review with all the local planning applications?
- A. The number of patients remains pretty static and there are no plans to close the list as this puts pressure on other practices. There are issues particularly with new residential homes and acute hospitals discharging patients
- Q. We hear a lot of things not being done, the TV, hearing loop, is there a problem with local funding?
- A. Previously there was a good facilities management contract with Carillion sourced by NHS England. Since 1 July the contract has been awarded to Mitie and there have been problems with them fulfilling the contract. It hasn’t been about money. It was confirmed that GP practices don’t get paid per activity.
- Q. A lot of patients who ring in the morning are asked to ring again after 2pm.
- A. A lot of patients won’t entertain seeing the Nurse Practitioner who has experience of working in the Minor Injuries Unit, and insist on seeing a GP even for minor illness. It is essential patients are correctly navigated. A lot of staff training is needed as the job has changed. Patients also need to be educated, there are telephone appointments in each doctor session and they don’t always need to see a doctor. Tell the receptionist why you need an appointment so they don’t have to ask.

6. Action and Matters Arising:

- a) The Treasurer reported that as of 29 November there was £605.66 in the bank. £64.50 has now been refunded by the Surgery for PPG indemnity insurance making a total to date of £670.16 in the account.
- b) The Chairman reported that the format of the FRA’s magazine was changing with no more articles in there for free. A donation of, say, £25 would need to be made if the Caradoc newsletter is to continue to appear in the magazine.
- c) The Chairman urged support for the CCG’s consultation on the future of minor injury units in Tendring and the Walk-in Centre in Colchester. It would be a disaster if the unit at Clacton Hospital closed and apart from the inconvenience of travelling elsewhere what would happen to the physio, blood testing facilities, etc. The next consultation meeting was being held on Saturday, 11 February between 2pm and 3pm at the Columbine Centre in Walton.

7. Any Other Business:

The Chairman reported that Mrs Myrna Liles had been elected to the Health Forum Committee.

Future meeting dates were suggested: w.c. 13 April; 13 July and 12 October.

The Chairman drew attention to the Colchester Park and Ride service now having an additional stop along Northern Approach Road for visitors to Colchester Hospital.

8. Closure and date of next meeting:

Date of next meeting to be advised. The meeting closed at 8.40pm.