

**HEREWARD GROUP PRACTICE PATIENT PARTICIPATION GROUP (PPG)  
MEETING HELD AT THE PRACTICE ON TUESDAY 24th APRIL 2018 AT 6.15  
PM.**

**1. PRESENT**

Mr B Sadler (Chair), Mrs K Dolby, Mrs J Payne, Dr I Wheatley (Partner), Mrs D Galloway (Practice Manager), Mr T Reacher, Mrs J Reacher, Mrs P Howes, Mr R Rose.

The Chair introduced and welcomed Mrs Roberta Roulstone who has shown interest in joining the group. Mrs Roulstone was a former midwife for many years and has lived in the area for over 25 years.

*(Kindly note that since the 24 April meeting the chair has been informed that Di Roach has now left her position at Barchester Care Home. Following a discussion with Dr Pears, the new manager Katya Petrova has been in contact with the chair. Katya has been invited to attend the next PPG meeting in order to represent the care home patient views.)*

**2. APOLOGIES**

Mrs J Richardson, Mr R Casbault, Mr M Wright, Mrs M Wright,

**3. MINUTES OF LAST MEETING**

These were agreed as a true record and signed by the Chair.

**4. PATIENT APPOINTMENTS/RECRUITMENT UPDATE**

The Surgery offers patients with a choice of care services by operating with Monday open access, Saturday morning (2 bookable GP's), and GP Bookable appointments 08:00 to 18:30 and bookable minor illness appointments with the Acute Team.

Mrs Galloway stated that Acute Illness Team which consists of two paramedics and two nurse practitioner's supported by the duty doctor is now fully up and running. As part of further ongoing development within next 4 – 6 weeks, the activity of the Sr Nurse practitioner will be expanded to providing appropriate telephone call backs (now taking approximately 2 hrs per day) thereby releasing further GP time for bookable appointments.

The PPG welcomed the additional the Acute Teams 600 patient appointments per week. These being specifically targeted for on the day or next day non critical issues but the PPG challenged if patients were aware of the new services. Also how was the patient flow was handled by reception as the patient's first port of call?

Mrs Galloway confirmed as follows:

- Receptionists have a detailed list of issues that the acute team are clinically trained. If after initial review a GP opinion is required then the patient can be seen immediately by the duty doctor.
- Advertisements have been made in the local free magazine. More work will be done on advertising the Hereward services locally.
- The telephone incoming call message has been changed to inform patients of their appointment choices. The message was recorded by Dr Wheatley which seems to have helped acceptance of patients providing initial information in regard to their issue and thereby getting the fastest and most appropriate service.
- There has been a lot of positive feedback from patients.
- GP's are saying the new system is working and their working day is tending to being taken up by more complex issues

## **5. DASHBOARD INDICATORS**

The PPG recognised the obvious improvements above. However the Chair indicated that the recent dashboard information circulated by the Surgery was not helpful in understanding why the time for named GP's bookable appointments was still not reducing in real terms. An example was produced of GP availability from the online EMIS service where named GP waiting times were in the order of 3 weeks. The recent patient survey had indicated that some patients needed to take time off from work to attend a GP appointment.

The above led to an exchange of views between the PPG and the practice. In summary:

- The Hereward Group policy is to see all patients on the basis of care and preventative care. It can mean additional diagnostics and administration. For example blood tests.
- Hereward is the largest surgery in Bourne (by patient numbers) with 12600 registered patients and growing annually.
- The practice is still trying to recruiting an additional full time GP but that is proving difficult and taking longer in the current environment.
- The practice still must plan for and accept new patient registrations as the town and surrounding area grows with the new housing developments.
- By patients signing up to the EMIS online service it can provide patients with immediate visibility to cancelled appointments or GP embargoed slots being released. By telephone the receptionists have access to the same information. If the requirement is minor then the acute team may be the quickest route.

- All patient data is held on the practice computer so it is also possible to be seen by any available GP in an emergency. They can access a patient's history from the computer record.
- It was agreed that PPG would continue to monitor the improvements in the GP bookable appointment route but accepts the lack of a full complement of GPs puts added pressure on the surgery currently. Text service reminder may help the no show appointment situation and prescription availability.

## 6. CQC INSPECTION

Dr Wheatley confirmed that there was no news from CQC regarding the December Inspection. The inspection seemed to go well. More news is expected by the next meeting.

## 7. GP ALLIANCE

Dr Wheatley confirmed that the CCG preferred way of operating was through scale. However the practice was not fully briefed on the GP Alliance activities.

The welcome news was over the last few days was a new Care Co-ordinator (Carly Fisher an experienced and well qualified nurse) had been assigned to the Hereward surgery tasked with helping frail patients and co-ordinating with the GP's and the LCC Community team. Assignment of these care co-ordinators is being driven by list sizes. Carly's task is trying to keep the old and frail out of hospital. Only GP assigned patients will be prioritised by Carly.

*(Please Note – The Chair and Mrs Galloway met with Carly Fisher on 11<sup>th</sup> May as information on the Care Co-ordinator role was not clear at the PPG meeting.*

- *Carly has accepted an invitation to our PPG meeting on 26<sup>th</sup> June to explain her role and what is being achieved to date*
- *Full time Care Co-ordinators are being assigned to those surgeries with a patient list above 12,000 patients.*
- *Carly is seconded from Lincolnshire's Community Health Service (to the Alliance?)*
- *She is already keeping people out of hospital.*
- *Frail fearful people can ring every day but some now being referred to Carly. Obviously going to be very busy lady if the referred patient numbers expand.*
- *Really impacting on GPs time which is being released. (Hopefully for bookable appointments)*
- *The new service seen by the GPs and PM in a very positive light.*

- *Louise Johnson (ex matron from Spalding Johnson hospital) has the role of leading /understanding the issues with Keiran Harris a PM working for the Alliance in support.*
- *The initial appointment is for 12 months and is funded under the governments Bettercare fund. i.e £500k shared across South Lincs which includes Stamford Lakeside )*

## **8. MEETINGS ATTENDED.**

4 members of the PPG attended a presentation given by Julie Goy of EveryOne in support of the practices efforts to get a Carers award. Lucy Lynch being the Hereward Champion. Those that attended thought the event was excellent. We learnt that there was such a dependency on volunteer carers whose ages ranged from 5 to 95 years old. There are 70000 adult carers and 6000 young carers in Lincolnshire alone. There will be others unknown to various services.

## **9. ANY OTHER BUSINESS.**

### **Repeat Prescriptions**

Mr Rose complained about the way the changes to the repeat prescriptions arrangements had been implemented. The brochures provided by the CCG are factually incorrect. People are confused. Mrs Galloway explained that it was imposed by the CCG to save the NHS money. The issue covered a vast number of people and a vast number of medicines. The new process did impose extra work on the GPs although it was confirmed it did not provide a big money saver at Hereward when challenged. It was pointed out that for patients that ordered their prescriptions through the Chemists this had added an extra burden to deposit their green slip with the surgery. Mr Sadler confirmed that many patient groups were upset with the way the CCG imposed the changes although they support the intent. It was clear from the Cluster PPG Chairs group activities that the CCG could not or would not clarify or quantify where the savings were being generated. Some expressed concern that older patients may not reorder medicines being depressed with the change. Whilst patient groups were struggling with GP waiting times the CCG was using GP freed time for CCG administration activities. It was and remains a concern.

In summary Mrs Galloway confirmed that at Hereward they would still accept repeat orders over the telephone and patients can re-order online via the EMIS service or drop in the green slip.

## **10. DATE OF NEXT MEETING.**

Tuesday 26<sup>th</sup> June 6.15 pm at the Hereward Practice.