

Minutes of the Patient Participation Group Held on Wednesday 24th October 2012 at The Marsh Medical Practice.

Present:	Lorraine Green	Dr Graham Parker	Fraser Graham
	Joan Page	Jim Mahaffy	Sheila Pearce
	Terry Clayton	Manjit Bains	Abigail Crossley
	Ian Rowson	Elaine Bonnett	

Apologies received from Jane Caws.

Lynn Chapman took the minutes.

1. Introduction – LG welcomed and thanked everyone for attending. LG explained a little about the purpose of the PPG meetings and then members introduced themselves and told the group a little about themselves. LG handed out copies of “Terms of Reference” for everyone to read at their leisure which details the purpose/objectives of the meetings. LG also asked for a volunteer for Deputy Chair in order to cover in the unlikely event of her being absent.
2. MMP – Its place in the NHS – GSP thanked everyone for their attendance and stated that he hoped it would be of some value to them. He went on to say that he had been involved with healthcare all of his life for which he was very proud in both his father’s time and to date. He explained that we don’t always get it right and that there is always room for improvement. He went on to explain what will be happening in the very near future. He stated that from April next year the Primary Care Trusts will be disbanded and will be taken over by a Clinical Commissioning Group (CCG) for which there will be two in Lincolnshire. The Government felt that Doctors knew better than anyone the needs of patients’ care and therefore it will be in the hands of GPs to work out exactly what we need regarding healthcare and it is the first time ever where the budget cannot be overspent, not as a practice but within the CCG. Outside providers will be brought in to do such things as MRI’s, breast screening etc. and CCG’s will decide which services offer the best service and value for money. For once, bureaucrats will not decide where money is spent. He said that hospitals would be put under extreme pressure to achieve certain levels and if they didn’t come up with the goods, then the CCG’s would “shop around” for one that did.

LG went on to explain the Care Quality Commission (CQC) which has recently been introduced throughout hospitals, GP practices, nursing homes etc. Their aim is to regulate, inspect and review all adult social care services in the public, private and voluntary sectors in England and ensure that they are meeting national standards and share their findings with the public. A huge amount of work was involved in doing this but if you don’t

register by April next year then you cannot operate as practice.
Representatives from the CQC could drop in to the surgery at any time for a spot check to make sure we are doing what we should be doing.

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3. GP Funding and Contracts – LG stated the GP's are self employed and as such MMP is a business first. She explained that we are paid for basic core services (consultation with doctor) based on a national formulation which includes population, age and deprivation. The practice can then opt in or out of certain services which may enhance the payments made to the practice. Contraceptive services, maternity services and minor surgery are all classed as enhanced services and do not form part of the core contract. She explained that basic core payments provided funding for buildings, staffing etc. and any profit from dispensary was used to subsidise services such as phlebotomy (blood testing).

4. What is important for you? - GSP said that if all goes to plan, a new female GP would be joining the Practice in December.

Discussion took place within the group regarding access and appointments. It was felt that you could not always get an appointment to fit in around work, one's business and also for working people who are not ill enough not to go to work but need to see a doctor so it was felt that more prebookable appointments should be available for advance bookings. LC looked on computer for next available appointments for a doctor and the locum had one on Monday 29/10 and GSP had one on Monday 5/11 which were available to prebook. GSP did state that if extra hours were worked, this would be manipulated elsewhere in order to accommodate this.

GSP said that due to a change of partnership and the need to use locums quite often, it had been a very difficult year for everyone concerned but hopefully, this would change once a new GP came into the practice. Quite a few of the group were not aware of what Heather Beer our Nurse Practitioner could actually do and this to be advertised a little better so as to make people more aware. GSP said that the presence of the Nurse Practitioner had made a huge difference to Doctors consultations and that they were now dealing with more complex cases rather than routine appointments.

The group were asked how they would like to see messages put across regarding items of interest within the practice and it was decided on a variety of ways i.e. text messaging, parish notice boards, email,

communication booklets etc.

Did Not Attend (DNA's) The group were astounded to be shown statistics on the number of patients not attending for an appointment which they had already booked. The statistics showed that this year to date, **787** appointments had not been attended which equated to **11,636** minutes of wasted time for both doctors and nurses. LC to look into electronically sending out text messages to patients the day before to remind about

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appointments especially in chronic disease clinics i.e. diabetes, asthma, chronic heart disease etc. as these are more frequently not attended.

5. Any other Business – FG asked for a copy of the CCG newsletter to be emailed to him. LG to action.

Jane Caws who was absent from the meeting forwarded two questions to LG for inclusion at the PPG – Appointment times and booking and “Buddy system” whereby recently bereaved or people with mental/ physical problems could turn to someone for help and support but not instead of professional help. These were addressed and it was agreed that they should form the basis of the practice patient questionnaires.

LG stated that the delivery service was a free service and funded solely by the practice and asked for any ideas whereby it could be utilised better when the van is not in use.

Email addresses were taken from the group and LG to email a copy of Minutes to all concerned.

LG informed the group that four meetings would be held each year and venue would change from site to site.

LG Advised group that a Doctor may not always be available to attend all Meetings.

LG – Advert/article in Communication and Marshlander each issue.

LG to email suggestions for questionnaires to PPG.

- A) Appointments – Access/opening times?
- B) Buddy system?
- C) Use of delivery service?

Post Meeting

- D) Do you think your opinions are considered when discussing your problem with the doctor?
 - E) How can we improve the services we provide?
6. Agreed that Sheila Pearce would stand as Deputy Chair in LG absence.
 7. Time and date of the next meeting – The next meeting was arranged for Thursday 24th January 2013 at MANBY surgery from 10.30 a.m. to 12.30 p.m.