



Minutes

Boultham Park Medical Practice

Patient Participation Group

Annual General Meeting

8th March 2018

PRESENT: Isobel Webster (Chairperson)
Neil Hewson (Practice Manager)
Brian Harding
Janet Harding
Cathy Hanger
Maggie Pitts
Dr Efe Oteri (GP Representative)
Colin Damarell (Secretary)

APOLOGIES:
Rosie Damarell

Agenda Items

The meeting was opened at 18:30 hours.

1. Welcome & Apologies

Isobel welcomed all to the meeting. Apologies were given on behalf of Rosie Damarell who was unable to attend due to work commitments. Isobel reported that Sue Drakes had resigned and thanked her for her contributions during her time with the PPG.

On behalf of the Practice, Neil expressed his thanks for Sue's time and effort for supporting the PPG. Neil also thanked Isobel and Colin for their time as Chairperson and Secretary.

2. PPG Business

Isobel asked if there were any nominees to take over from her as the Chairperson for the PPG. Isobel volunteered to continue in the role.

Janet proposed Isobel as the new Chairperson and this was seconded by Brian. Carried

Colin volunteered to continue as Secretary unless anyone else would like to take over from him. There were no other volunteers.

Proposed by Isobel and seconded by Brian. Carried

Action

All Agreed



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3. PPG Meeting Dates for 2019/2020

A discussion was carried out to identify convenient dates for PPG meetings to be held over the next year. The dates for the meetings was suggested as:

- 6th June 2019
- 5th Sep 2019
- 5th Dec 2019
- 5th Mar 2020 (AGM)

These dates would be reviewed nearer the time of each meeting to ensure a minimum of 50% attendance.

4. Minutes of the Last Meeting

Isobel asked for it to be confirmed that the minutes were a true record of the last meeting. This was proposed by Brian and seconded by Cathy. **Carried**

5. Patient Council Meeting

Cathy reported that the last meeting she attended was 3.5 hours long and although she had not received the official minutes, she outlined the points raised:

- a) There was a general unhappiness with patients being unable to contact members of PALS. This was recognised as they were short of staff
- b) Car parking issues
- c) Lincolnshire Pain Management Service was also under review as there was a waiting list of 4 to 6 months. This was mainly due to there being no specific location for the service and there was a general feeling of the service being undervalued. This was hoped to be addressed on 1 April 2019 which will hopefully improve morale
- d) Connect Health are to provide their service across 20 CCGs
- e) Nettleham PPG are to review their Practice standard letters to ensure they are "reader friendly"

6. Practice Manning Update

Neil provided an overview of the manning status of the Practice. He advised the PPG:

- a) A new partner for the practice joins in May 2019. Dr Patel will bring the partnership back to 5 GPs

All Agreed

All



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- b) Dr Jenny Fraser (GP Registrar) is leaving us in the first week of April and Dr Kiani will replace her. We hope Dr Fraser will be back with us in Aug 2020.
- c) Gaynor Edwards – Advanced Nurse Practitioner is now in post – 4 sessions per week.
- d) Katy Vick is our new Practice Nurse
- e) We are also expecting a further nurse, name tbc, to be joining us at the end of April.

The new nurse starting at the end of April is part of a scheme being run by Health Education East Midlands and the CCG to try and invest in succession planning across Lincolnshire. In this case, it means trying to bring qualified nurses into Practice Nurse positions without leaving a ‘recruitment hole’ in other the GP practices. There are currently circa 150 Practice Nurses in Lincolnshire and this scheme aims to train an additional 10 new practice nurses this year; we hope there will be a continuation of the scheme in future years. We are very pleased to be part of this scheme which will not only see us contribute to the training but will also bring additional nursing capacity for our patients in the near future.

Podiatry is no longer completed at the Practice and Neil is currently waiting to find out how the Physiotherapy service will be commissioned.

7. Reception

The reception team have all recently taken part in ‘signposting’ training as a move towards becoming Patient Care Advisors. This way they can better help direct patients to the most appropriate service or clinician for their needs – thus cutting down waiting times. The GPs currently see a lot of patients who don’t necessarily need to see a doctor and who would be better served by seeing a different clinician eg GPs don’t need to see people with self-limiting conditions or minor ailments – these are better covered by the nurse practitioners and we now have a wider range of Clinicians and skills available at the surgery than ever before.

If patients can be better signposted to the correct clinician, then the waiting times for GP appointments will hopefully reduce a little and the GPs can focus on patients with more complex health needs. To do this, the reception team have been directed by the GPs to ask, at the time of booking, about the nature of the

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appointment being requested as it depends upon what the patient is coming in for as to who they need to see. This requires the reception team to ask patients for outline information about why they need an appointment. In doing this , they are acting on behalf of the doctors and they are not trying into personnel. All our staff are bound by a strict duty of confidentiality.

Currently, the reception is fully manned

8. Telephone

A new telephone contract has been signed which is due to start during the middle of May 2019. This will improve the process of booking appointments in the morning rush period and falls nicely with the training the reception staff have received to enable them to “signpost” patients to the right clinician.

9. Changes to the GP Contracts 2019 – 2020

A significant change to the Practice contract is that 25% of appointments are to be bookable on line. This will affect those patients that are not on-line. This may require clinics to be restructured to accommodate the changes to ensure fairness and is a big piece of work for the Practice and we have no choice but to implement this. We advise as many patients as possible to register for online services which can be accessed either through a PC or a mobile device such as a tablet or mobile phone

Neil

The new GP also contract involves the implementation of Primary Care Networks (PCNs). This is a new way for practices to work and collaborate and a new way for NHSE/CCGs to commission services and we are still feeling our way through the process. In essence it will mean many GP services are commissioned by the CCG/NHS with the Primary Care Network rather than individual GP s or the federations (eg Optimus) that we have until recently been building up and working together on services such as improved access.

Initially the PCNs are aimed at working at scale, in conjunction with other providers and an early target is increasing appointment access still further, although we are already at the limit of staff endurance and this only serves to put more strain on those doing the clinics and creating even longer working hours.

There is a move within the PCNs to look at additional staff roles such as clinical



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pharmacists (we already have these), advanced physios/paramedics/physician associates and social prescribers. This latter role is new and is looking at ways to introduce additional help for patients by way of social prescribing. This means support for people who attend the doctors for reasons other than traditional medical needs i.e. they don't have medical needs as such but do need some support such as to help avoid social isolation which can lead to conditions such as loneliness, stress, anxiety, self-neglect etc, There are many aspects to social prescribing and we are still awaiting further details on the initial requirements before we can look at implementation.

Neil

10. Health Campaigns

Neil informed the PPG that the Practice currently will be take part in the new primary care commitment to support six annual campaigns amongst which are:

- a) Childhood Vaccinations
- b) Cervical Screening
- c) AAA Screening for over 65's
- d) Others still to be decided

There are still a significant number of young children who are not brought for either their primary or pre-school booster vaccinations. While we do understand the need for parental choice, we do strongly encourage the update of these vaccinations.

Cervical screening has recently been in the press a lot with the diminishing number of attendees. The system of screening has been restructured nationally with an aim to improve detection rates by looking for the HPV virus and will also reduce waiting times for results. There will be an accompanying education process for patients with the nurses explaining the results at the time of their appointment. There is no change to the actual screening test procedure with the patient, it is just a change to how the samples are tested and the way results are explained. The Practice is actively trying to promote cervical screening which helps promote early detection of abnormal cells which can be indicative of other problems but which if caught early can be treated.

11. Any Other Business

Until recently prescriptions for controlled drugs had to be signed for at the



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surgery, we are now able to send the vast majority of these prescriptions directly to a patient's pharmacy of choice. This is both a safer and more expeditious way to process these prescriptions and saves patient from having to come to the surgery to collect them. We are advising as many people as possible to sign up to have their prescription sent directly to their pharmacy of choice. This will help save the doctors time; reduce queues at reception and save patients from making unnecessary trips to the surgery. This is a win-win- situation which we hope patients will help us with.

All

The PPG needs to recruit new members which will be posted on the Facebook page and in the Newsletter. Neil will also send out a message about this to patients registered with the patient reference group.

Neil
Colin
Isobel

12.Next Meeting

The next meeting is planned for Thursday 6th June 2019.

All

Colin Damarell
PPG Secretary

