



Minutes

# Boultham Park Medical Practice Patient Participation Group Meeting 2nd December 2021

**PRESENT:** Colin Damarell (Acting Chairperson/Secretary)  
Neil Hewson (Practice Manager)  
Brian Harding  
Janet Harding  
Cathy Hanger  
Liz Laidler  
Dr Coffey (GP Representative)

**APOLOGIES** Isobel Webster  
Angi Smith  
Sandra Williams  
Rosie Damarell

## Agenda Items

The meeting opened at 18:30 hours.

### 1. Welcome & Apologies

Colin welcomed all to the meeting. Apologies were given on behalf of Isobel, Angi, Sandra and Rosie.

### 2. Minutes of Previous Meeting

Colin confirmed that everyone had read the previous minutes and asked for a proposal that the minutes were a true record of the last meeting.

Proposed Brian  
Seconded Janet

### 3. Matters Arising

Janet queried about whether Dr Anaegbu had started the GP Fellowship which was to include IT and patient access particularly for the elderly and vulnerable patients. Dr Coffey advised that it is more likely to involve topics within the particular needs of the PCN. The IT element would be particularly useful in the current time.

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## 4. Practice Update

Neil presented an update which is summarised as follows:

### a) Parliamentary Review

Neil had only recently received an email advising of a Parliamentary Review into the future of GP Practices and they are wanting responses. The Local Medical Committee (LMC) are doing one and they have asked for individual practices to do a reply and also included an offer for PPGs to make a submission based on what on the future of General Practice. Such things considered are around continuity of care. The PPG agreed to submit a response and Neil would forward the email for the PPG to discuss. Unfortunately, there is a short timescale for completion being 14<sup>th</sup> December 2021.

(After the meeting, Colin contacted the PPG members who agreed to send him their own opinions which he would then collate into a single response which would then be discussed before sending)

The Review has been initiated by Jeremy Hunt.

### b) CCG Consultation

Neil reminded the meeting that there was currently a CCG Consultations taking place in different areas of Lincolnshire. The consultation I son various topics (such as Stroke). Neil was keen to ensure that patients of the Practice were informed of these. As the details of the consultations are sent to the PPG, they are included in the Practice Newsletter. Patients are advised to look at the following web page for the latest information:

<https://www.lincolnshire.nhs.uk/get-involved/our-campaigns/changes-to-nhs-services>

### c) Practice Care Capacity

Neil advised that the Practice is currently running beyond a sustainable capacity to try and provide safe and viable patient care. They are stretched to the limit particularly when you include the COVID and FLU vaccinations that are being delivered.

The Practice is drafting a patient letter to explain and manage their expectations as it is felt that the media and politicians are constantly undermining the efforts of the Practice staff by raising expectations beyond anything that is realistic to deliver. It is also having a

Colin

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detrimental effect in that it is turning people away from considering the profession. It has also led to an unwelcome increase in staff being abused by patients due to incorrect expectations. The draft left has also been sent to the CCG and LMC for their consideration so they are also aware of the situation. **Morale at Boultham Medical Practice is at an all-time low as the rate of effort is unsustainable.**

Patients need to acknowledge the extra time and effort that the staff at Boultham Park Medical Practice do to provide the outstanding care they are renowned for.

The patient letter will be published on the webpage/Facebook and a special edition of the Newsletter. The PPG and PRG will also get copies.

This is purely from Boultham park Medical Practice and not the Apex Group and the Practice felt it was time that they 'fought their corner' to make their patients aware. **Not a day goes by without abusive calls to the Practice which often leaves the staff in tears. Patients are not aware that it is not unusual for the GPS to complete fourteen hour days and then are having to deal with emails whilst at home.**

Patients have to show more consideration for the Practice staff and what they are endeavouring to achieve on their behalf. Continued abuse by patients instead of support will only result in people leaving the Practice with the obvious consequences.

Dr Coffey added that what is being experienced at Boultham is also happening elsewhere and it doesn't help when newspapers also write disparaging comments about GPs. He has not known a worse year in his 30 years as a GP. The Practice is understaffed despite trying to recruit in an area of the country that is well known for being difficult to recruit into the NHS/GP Services.

Patients need to know the truth – the General Practice as a profession is at breaking point as there are not enough in the profession to deliver the service expected and Boultham Park is no different.



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Brian added that this feeling is also felt within other public services such as the Police, Ambulance and Fire Service. Dr Coffey confirmed this when he had to wait six hours for an ambulance 999 call!

Dr Coffey then gave a slide presentation which was introduced by an initial slide showing that the Demand from the Practice is greater than Supply. His follow up slides then quantified this. Some of his examples included the Lincolnite reporting that there is a shortage of 200 GPs in Lincolnshire over the next four years.

However, Boultham Park has managed to recruit two GPs despite current conditions which is good news. It is now a case of retaining these GPs.

d) **accuRx**

The Practice has signed up to start using accuRx for patients which is a digital consultation and triage facility. This will start in the New Year on a reduce scale where it is only available for certain times of the day. Hopefully this will increase once the benefits are identified. However, the provision of this service still requires manpower to manage it. If a doctor is using accuRx, they are not physically seeing a patient in the consulting room.

accuRx will also rely on patients being able to use the digital service so not every patient will be willing to use the service. It will have to be a balanced approach.

The Practice recognises there is a place for the 'digital world' in GP practices. For example: in the past two months, 1800 patients were booked for their COVID injections using the text service. This was far more time expedient then making 1800 telephone calls.

e) **COVID Vaccinations**

These were started in the middle of October and are run every Tuesday night and a few Saturdays too. They are being delivered at the Practice rather than Ruston's. This means that space is limited and they can't get as many people through in the timescale due to the size of the waiting room and ensuring people are indoors during the inclement weather but it does make it easier for the staff. However, there is still a high level of 'Did Not Attend' (DNA) which again impacts



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on the Practice target of delivering vaccinations in a timely manner and affects other patients as a consequence.

As a side note Dr Coffey stated that with reference to the changes in rules around who can have the booster and when, they get the information first through news media before official channels. This means that patients think they are entitled to a booster before the Practice can officially distribute them (or update stock!). Again, patients then get frustrated when told by the Practice that they can't yet have the booster until the right things are put in place.

#### f) Flu Vaccinations

There have been 2200 patients vaccinated. **(Please note that this is a total of 4000 vaccinations on top of the normal workload of the Practice)**. These are run as four lines of patients at 1 minute intervals. The vaccine delivery has been a shambles nationally. The Practice took delivery of their last batch last week compared to previous years where the Flu Vaccination was completed by mid-October. Again – this has adversely impacted the Practice. In addition, where patients have chosen to use a Pharmacy – notification has not been forwarded to the Practice and they end up chasing people who have already received their flu vaccination. This has caused issues administratively. Once again, there have been lots of DNAs where patients have admitted to not having genuine reasons for not attending. The Practice staff feel that many patients do not care that they have caused further problems for the surgery.

All

#### g) NHS App for Mobile Phones

This has been the most downloaded app this year (mainly for the COVID Vaccination records) but is also used for the online-services so you can order repeat prescriptions etc. However, this has caused an increase of calls to the Practice by patients asking for their 3<sup>rd</sup> Party services password. This is issued with the paperwork when people first sign on for online services so patients should retain this paperwork and check it first before ringing the Practice.



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## h) Obesity

The Practice is mandated to encourage over-weight people to lose weight and the BMI calculations are what the NHS uses. This then requires the Practice to have patients weighed and height measurements. Consequently, the Practice has taken advantage of COVID Vaccination to obtain an updated BMI calculation. Neil asked the opinion of the PPG whether they thought this was a good idea.

It was discussed at length about the benefits, for example Diabetes prevention and other measures and there were mixed reactions from those present. Although it was accepted that the reasons why the Practice were doing it, it there was concern that some patients weight management is complex and may not have a positive effect. There are also those patients that might not attend the COVID vaccination if they knew they were going to be BMI assessed and that may cause a bigger issue.

It was agreed to rethink how the BMI issue is approached.

Neil

## i) Face Coverings (Masks)

Patients are to be aware that it is not an option and that face coverings are to be worn at all times whilst in the Practice. That said, there have still been a number of patients who have attended the Practice who have not chosen to wear a mask and declare that they are exempt. What people forget is the doctors at the Practice **know** who have the conditions to make them exempt. This is not acceptable and leads to unnecessary confrontation between patients and staff adding to the stress of the staff. **It is important that in the close confines of the Practice that the staff and patients are protected as much as possible. All patients must wear face coverings.**

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At this point, Brian personally thanked the Practice for all they have been doing particularly under such stressful times with the added problems from confrontational patients.



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## 5. Any Other Business

1. **Text link for vaccination appointments** seem to be hit and miss. Has this been addressed?  
Neil responded during the meeting and confirmed that there had been some errors where the link was sent but not the booking action. It has been a steep learning curve for the Practice but it all seems to be working OK now.
2. **Repeat Prescriptions** on occasions can become out of synchronisation if there are multiple prescriptions involved resulting in some patients having to request their medication at different times. This can cause confusion and some repeat prescriptions being missed. It was agreed by Dr Coffey that this could happen because repeat prescriptions start from the date they were first issued, which obviously does not necessarily apply to all the medication a patient may have on their list.  
To synchronise repeat prescriptions with multiple medications would also reduce the work of the doctors during the reissue periods. Unfortunately, there are in the region of 80,000 monthly prescriptions issued and to synchronise all will take time. Sometimes it cannot be done because some medications are issued in 28 days and others in 31 days.  
Dr Coffey stated that it is really difficult to do this logistically which everyone agreed is very difficult. Dr Coffey is going to talk to the pharmacist to see how this process may be improved.
3. **Is Neil's answer phone message a legal requirement to be so long?** It was agreed that this will be reviewed and was noted by Neil.

Dr Coffey

Neil

## 6. Next Meeting

The meeting concluded at 20:00 hours. The next meeting is the Annual General Meeting planned for Thursday 3<sup>rd</sup> March 2022.

Colin Damarell  
PPG Secretary