



MAYFLOWER MEDICAL CENTRE (MMC)
PATIENT PARTICIPATION GROUP MEETING
Monday 25 April 2016 at 18.45

Chair: Marilyn Jones (MJ)

Attendees:

Marilyn Jones – Chair
 David Smith (DS) – Deputy Chair
 Lizzie Stovell (LS) – Practice Manager
 John Butcher (JB) – PPG Member
 Michael Loveridge (ML) – PPG Member
 Louise Armstrong (LA) – PPG Member
 Dr R Ghosh (RG) - GP
 Patricia Paxon (PP) - PPG Member
 Note taker: **Kate Larden - Admin Clerk – Minute taker**

Apologies

Sue Swan - PPG Member
 Sheena Parsons- PPG Member
 Wendy Burt - PPG Member
 David Rutson – PPG Member
 Anthony Whitmarsh – PPG Member
 Ann Haylett – PPG Member
 Jacky Walton – PPG Member

AGENDA

3.	Minutes of the last meeting The minutes from our previous PPG meeting were reviewed, approved and signed by the chairman.	MJ
4.	Matters arising from those minutes: Calling screen – to be discussed as part of the agenda.	LS
5.	Health Forum Committee (HFC) update – MJ attended the Tendring PPG Liaison in January with AW held at Weeley. Health Forum Committee - A proposal was put forward for the new Health Forum Committee to be made up of PPG Members creating a direct link. This was welcomed by attendees sadly it was rejected by the Health Forum Committee as at present they felt that PPG's were at different stages of their development. People who do not attend booked appointments. MMC (Mayflower Medical Centre) have a process of monitoring this and letters are sent out to patients who do not attend (DNA). After three warning letters, it's taken to GP's who will make a decision on whether patient should be removed from list. Doctor's take into consideration mental health issues, elderly, learning difficulties etc. There was a significant reduction in people not attending GP appointments since the system changed to the telephone triage system but we still have a number who DNA nurse appointments.	MJ
6.	Meningitis B inoculations for babies over four months old: DS asked why we weren't able to offer this vaccination to children outside of the age range specified. Unfortunately this a government policy for the NHS as a whole, not a policy of MMC.	DS

	<p>The vaccine is supplied directly from the NHS and GP surgeries cannot purchase more than needed. The guidelines and vaccinations are controlled at a higher level. We have heard, although not confirmed, that the Oaks Hospital are holding a waiting list to do these privately IF they are able to get the injections themselves. Currently the vaccine will be offered to babies aged 2 months, with a second dose at 4 months and a booster at 12 months. There is currently a national campaign to try and get the policy revised by the NHS.</p>	
7.	<p>Baby immunisations Practice policy:</p> <p>DS had received a complaint regarding the waiting time for baby immunisations from a parent who had been told it was over a month from when the baby was due to be immunised (unclear when patient called asking for an appointment). LS responded to this query advising we have a member of staff (Trudy Adams) who is solely responsible for the administration and appointments for baby immunisations. She knows what immunisations are needed and when, time frames, appointments and holds a cancellation list so that when a baby does cancel, another baby is booked in to keep the waiting to a minimum. Trudi also keeps track of babies that have been born to registered patients but haven't registered the baby with us and as postnatal/first immunisations are due, will call the mother to remind mum/dad to register their baby with a GP. MMC consistently reach the higher target which is in excess of 90% for immunisations completed in the timeframe required by the NHS which demonstrates our processes are robust. We have also checked with the nurses and have been told that other than Rotavirus which does need to be done before the age of 21 weeks, all other immunisations can be done on scheduled in accordingly and caught up if needed.</p> <p>In order to offer appointments we must ensure all our nurses are up to date with their training and we currently have one nurse waiting to attend the next course available which is in June.</p> <p>Flu clinic/letters were raised at this point as very confusing last year as to what patients should be having – flu/shingles/Pneumococcal. Many people felt the letter was indicating they were due all three injections but it was in fact if you were eligible for either all or some of those listed. Following this feedback, members of the PPG have agreed that the letter will be sent to selected PPG members before it is posted for feedback.</p>	DS/LS
8.	<p>Emis Access:</p> <p>From March 2016, patients with Emis Access are able to log in and view consultations, lab results, immunisations and problems (GP's will approve access to consultation and problems before it is given). Patients will only be able to see the coded entries and not the text typed in by the GP for that consultations (for instance some may just have 'telephone encounter' as their consultation). If patients currently have Emis Access but can't see their medical records the password will need to be reset. Blood results will only see results filed by the GP. It's felt that this new service may cause concern for patients which is worrying given that we do not have enough resources to respond to every query.</p>	LS
9.	<p>Nurses Open Access / Treatment room:</p> <p>Looking at the possibility of closing the treatment room as a walk-in service to appointments only. When we compared the number of patients attending the walk in service daily versus the number of appointment that would be available – we would have enough appointments with the current clinics would continue along-side these. This would mean less bottle necks of patients all arriving at the same time (Monday mornings/Friday evenings are particularly busy), patients wouldn't have to wait as long to be seen, patients with COPD/Asthma/Diabetic concerns could be booked in with a nurse that specialises in this area. Currently we have high number of complaints because of the wait for a walk in service – some patients feel that waiting 20 minutes after walking in is too long. Feedback forms left often have negative comments about the wait. In response to the feedback and complaints we officially started the process of investigating alternatives and questioning whether there is a different/better way of running the treatment room. So far, reaction to the change has been positive from the staff, a survey has been running asking patients attending the treatment room for their preference between appointments and walk in and there are more in favour of appointments.</p>	LS

RG raised that she has worked in three other surgeries and in A&E and feels that many patients do not appreciate the resources offered at Mayflower. We aren't a walk in centre or A&E yet we are often see patients coming in with cardiac type chest pains – they are seen within ten minutes, ECG completed, ambulance called, notes and patient prepared for transfer to hospital. We believe there are no other surgeries in the area that offer this service where patients can often be seen the same day.

Concern raised by PPG members that without treatment room, something that doesn't seem serious may mean that patients won't be given the same treatment that they currently get with the treatment room. Point made that life threatening illness will be still be seen and cared for but patients will be triaged accordingly and if it's not life threatening, may have to call and make appointment the next day. Patients are still more likely to be seen quicker than they would at other surgeries where the wait is 2-3 weeks or in A&E where the wait can be 4-5 hours.

PPG agreed that investigations should continue to explore option of appointment only treatment room.

Pro's and con's of having more appointments rather than open access services discussed were:

Pro's	Con's
Easy to arrange around staff availability	More DNA's
Help determine training needs	
Encourage a steadier flow of patients with less bottle necks	Overflow / urgent – how do we deal with them?
Less Pressure	More pressure (allocated times)
Schedule in babies	
Less time when nurses do not have patients	Less time when nurses do not have patients
Ensures even workload	Ensures even workload
Easier to arrange follow up (more available appointments)	Delays?? What if problem patient? Back-up plan
More time for chronic diseases	Will patient expect/request more phone backs?
Ensures patients are seen by specialised nurses when needed (Asthma/Diabetes)	More calls through reception to arrange appointments
Less people in waiting room (noise levels will reduce)	More complaints (appointments/change)
Less pressure on front desk	Patient survey
Less complaints (waiting times)	Reduce emergencies (patients call 999 if chest pains)
Staff morale	
May encourage patients to use other available services (111 / pharmacy / MIU) – can't just 'pop in'	

10. **Suspension of patient registering:**
PPG aware that the list was closed in March. LA queried whether this had been done as a response to Fronks Road CQC inspection. LS confirmed that it was not in connection to Fronks Road CQC response but a number of factors including being three GP's short due to maternity leave/sick, a rising number of patients registering each day and in the best interests of both our our patients and staff. When we moved to Fryatt Hospital our list was approximately 16,000, when we suspended our list in March we had over 18,000 patients. We have been lucky in being able to cover the GP's that are on leave with regular locums and we have another GP who we are hoping will join us in May. Fronks Road are the only other surgery in the area registering patient, there are a number of other surgery's in difficulties in Clacton and Frinton.

LS

	<p>LA queried if we have patients who live abroad and are still registered here. LS responded that we look out for patients who have moved and not advised us, we will then attempt contact with them and ask them to register closer to new address. The NHS also have a system of checking patients by writing to them 2-3 times asking for a response. If no response is received, they are automatically removed from our list by the NHS – not by MMC. A recent complaint is from a patient who has been removed by the NHS due to no response, he has asked if he could register again at MMC. PPG were in agreement that if due process had been followed and no response had been made, we cannot make an exception to register patient whilst our list is closed.</p> <p>NHS England recommended we do not hold a waiting list of patients. There will be windows where we open the list because of numbers falling again due to deaths/moving away. This will be advertised on website etc.</p> <p>PPG members asked if the closure of list would have led to more patients going to A&E because they can't be seen by a GP due to waiting times at Fronks Road. RG didn't feel that it would have led to more patients going to A&E. Our GP's work very hard to make sure patients get a call back and an appointment if needed. A typical day involves six hours of back to back calls for triage and messages in addition to the appointments, visits and admin work. Patients who need an appointment do get appointments, many other surgeries it's 2-3 week wait to be seen by a GP without even speaking to a GP first.</p>	
11.	<p>Feedback from Chair on her experience in treatment room/Reception:</p> <p>MJ as Chair to PPG spent some time with our staff at MMC both in the treatment room and in reception speaking with patients waiting. First stop was the treatment room (having signed confidentiality agreement) and obtaining consent from patients first, MJ reported she was very impressed with the wide variety of conditions dealt with by the nurses and the duty GP being available for the more difficult complex cases. MJ was impressed by the competency with which the nurse dealt with a variety of conditions. MJ said was struck that some people do go through the treatment room for things that could have been treated with over the counter medicines or advice from the pharmacy.</p> <p>Waiting room opinion from patients was mostly positive. Feedback from patients was continuity of care seeing different GP's each time and another feeling we weren't sympathetic to mental health problems. It was asked if we have anyone 'in-house' for these situations – we have leaflets and posters for 'Health in Mind' and the website is very good. Most patients asking for help would be referred to Health in Mind but patients can also self refer.</p> <p>A few patients mentioned problems with the self service log in screen not picking them up and patient being missed/not called. In these situations, staff do try and call out in reception to make sure that patient hasn't arrived but this is not always heard due to noise level. In addition, comments were made about the information screen i.e the odd assortment of conditions on one page and the size of the font on the screen not being readable – this is a work in progress.</p>	MJ
12.	<p>New member of staff:</p> <p>We are looking at employing a part time pharmacist at MMC. Still a work in progress and not yet confirmed but we expect it to be for 3 days a week. The Pharmacist will be able to assist with: Medication reviews, travel vaccinations, flu jabs, medication queries (computer room and messages), may be able to help with chronic diseases and the duty team. They will also be doing a prescribers course whilst here.</p>	LS
13.	<p>Calling screen (monthly item):</p> <p>Feedback from PPG members is the different slides coming and going is hard to read/focus and currently feels messy as you have video about various conditions and adverts on the same screen all at once coming from different directions. Screen is also hard to read.</p>	

	We are working to tidy up the screen and take this feedback into consideration as we are working through each screen. We have recently added a page regarding PPG, the new stop smoking service run by Provide and our new Dementia clinic.	
14.	<p>Any other business:</p> <p>Coffee Mornings - Asked to inform that Hospital Fellowship for the Sick has had a recent coffee morning, another one will be held soon.</p> <p>111 Service – seems to be getting worse – RG responded that it’s not clinically based now and is run by non medical staff who are given a script/form that is cast widely to make sure it includes everything. For instance – a call about a reaction to food/meds could be anything from a mild rash/eyes running through to anaphylaxis – more patients are sent to A&E because of the precautions staff to take to consider all possibilities. There is a real issue with the system as it is now – it needs to be manned by medically trained individuals. Out of hour GP’s are also limited as they don’t have access to patients notes to know the background of the patient or which medications they patient has tried etc, more patients are sent back to their GP for review or sent to A&E because of this.</p> <p>Home Blood Pressure Monitors – MMC have a small number of home blood pressure machines that are loaned to patients over 14 days to monitor their blood pressure twice a day. A number of these haven’t been returned. Moving forward, we would like to ask the patient to sign an agreement to say that they will pay or replace the machine if lost, not returned within 14 days or damaged. PPG agree that this should be done going forward.</p> <p>Social media – recently there was negative feedback about Mayflower Medical Service. This has a very negative impact on our staff who work hard to provide the best service possible for our patients. We have taken the view that these patients will be asked to leave and removed from our books. PPG in full agreement.</p> <p>Mayflower Medical Centre Facebook page has been removed for the time being as feedback was that it was negative and not used for the purpose it was set up for (sharing information). We are looking to set up/launch a new page in future as a closed group and rules about usage being set out. ML has agreed to help with this once it’s in progress.</p>	
	<p>Meeting closed: 8.30pm</p> <p>Date of next meeting: June 20th</p>	
	Actions to be taken:	

Signature: _____ Date: _____

Signature: _____ Date: _____