

Mayflower Medical Centre (MMC)
Patient Participation Group Meeting Minutes
28th June 2018

Chair: Michael Loveridge

Attendees

Tony Whitmarsh (Vice Chair)
Kate Larden (Deputy Practice Manager)
Jenni Whitmarsh
Penny Gander
Audrey Renshaw
Joyce Fitch
Pat Lowry
John ?
Louise Yaxley
Valerie Harper
Bryan H ?
Tom Johnson
Patricia Paxon
Marilyn Jones
Ann Coogans
Pauline Gosling
Joan Cooper
Marguerite Kramer
Louise Armstrong
Marilyn Jones (Minutes Secretary)

Dr Abu- Seido Senior Partner was present for part of the meeting but had to leave at 6pm

Apologies

Elizabeth Davis
Philip Davis
Sheena Parsons
Sandra Howlett

1. Opening Statement

Michael Loveridge (ML) introduced himself as the recently elected Chairman of the PPG. He welcomed the increased number attending and outlined his vision for the future functioning of the PPG. He considers that the group requires revitalizing and membership needs to expand. He had produced a document supporting his views which was circulated. A copy of this is attached to these minutes to obviate the need for repetition.

2. Minutes of the last meeting (18th April 2018)

These were circulated

3. Officers Elected

Details of the election appeared in the minutes above. Michael Loveridge confirmed as Chairman and Tony Whitmarsh as Vice Chair.

4. What are PPGs

ML referred to his paper. Emphasised that they should engage in a 2 way conversation between Practice and patients for the benefit of both. Also to become involved with encouraging better understanding of health needs, and patients taking on responsibility for their own care with appropriate support.

He explained that MMC PPG is now a member of the National Association of Patient Participation Groups (NAPP) This organization is able to provide useful assistance to PPGs and there is a wealth of information available from them.

PPG members are able to access the members section of the NAPP website, using the following :

Username: harwich@mail.com

Password: [bluewhale89](#)

2.

5. Aims and Aspirations

ML used examples of areas in which the PPG might assist. They included Diabetes, Stroke and Advance Care Planning for emergencies and end of life care. (ML asked that anyone wanting to know more about Advance Planning, who doesn't have internet access, contact him). ML proposed sending out survey forms for possible interest in volunteering to be involved in any support work.

This prompted some discussion around self help groups. ML asked that patients with an interest in or suffering from these areas contact him. Several members reported the apparent lack of support for stroke victims. The ageing population is a fact of life but we cannot write them off!

Discussion took place around the demands made by Government on General Practice with Dr Abu- Seido explaining the increased pressures.

6. Issues for discussion with Practice

(a) Staffing is an ongoing issue. Failed to recruit to the 3 vacant Doctor posts. This is not a problem specific to MMC but our geographical position does not help.

2 Nurses have been recruited and Amanda Parker has been upskilled to work as a Matron working more closely with the Doctors. There appears to be a greater demand for Nurse appointments than Doctors and there was general satisfaction from those who had been treated by the nurses.

There has been an increase in the number of Reception staff to work with the new telephone system

(b) Telephone system: Much discussion and some dissatisfaction expressed with the continuing difficulty in getting through. It was felt inappropriate that the initial message heard states that abuse of staff will not be tolerated. Whilst all agreed that this should be the case, some patients felt that its position in the conversation unnecessary. KL reported that it is a requirement and stated that a lot of abuse is received by staff.

LA remarked that Option 4 just drops off the system. KL said that they were aware of this and trying to resolve. Apparently the system is still going through the previous BT arrangement and they are awaiting the CCG to free up the NHS IT team

(c) WiFi This is due to be available from 29th June

(d) There continues to be issues around access to patient records and prescriptions. AC reported that because she orders medication for herself and her husband, she has now been told that she must have 2 separate e mail addresses. This is not practical and will doubtless cause other patients problems. KL would look into it

Questions raised about the completeness of patient notes i.e. has all information been transferred from the old "envelope" records to the computer? Apparently not yet . Work still ongoing.

(e) Question raised about the closure of list to new patients. KL replied that in reality the patient list was not closed but new people to the area who wish to register with a doctor, are advised to contact NHS England, who will then allocate them to a particular practice. This means that new registrations are managed in a more controlled way. Nevertheless it means that numbers remain high.

(f) Question raised about the number of patients who do not attend (DNAs) for their appointments. KL reported that the total for the last twelve months was **3494**. Concern expressed about the high numbers. KL advised that if a patient does not attend for 3 appointments without good reason they are removed from MMC's list.

(g) Discussion around support for chronic health conditions. Some concern around support for Stroke patients

3.

Dr Abu- Seido had to leave the meeting at 6 pm

7. Practice Statistics

KL provided numbers of patients being treated for various conditions as follows:

Coronary Heart Disease (CHD) 611
Heart Failure 148
Stroke 331
Hypertension 2631
Diabetes 1128
Chronic Obstructive Pulmonary Disease (COPD) 368
Epilepsy 133
Cancer 468
Palliative Care 74
Mental Health 155
Asthma 918
Dementia 148
Depression 206
Chronic Kidney Disease 481
Atrial Fibrillation 389
Learning Disabilities 84
Peripheral Arterial Disease 114
Rheumatoid Arthritis 125

TW expressed surprise that the number for Dementia appeared low. It was explained that a definite diagnosis was only given after specific tests had been confirmed.

KL reported that Mental Health is a considerable drain on the Practice, particularly as there is so little support locally. Suicidal patients have to be advised to contact the Crisis Centre!

8. Complaints

KL reported that most complaints were dealt with locally. There were 40 official complaints, but the majority were deemed to have been dealt with appropriately by the Practice by NHS England.

Concern expressed about use of Social media in respect of making complaints. LA defended its use for certain purposes but condemned rudeness.

9. A.O.B.

(a) Extended opening hours Monday – Fridays 8am-8pm will commence at MMC from September. The Practice will be linking up with a number of other Practices – St. James. East Hill Colchester, Great Bentley and Abbeyfield, in order to provide cover and wider expertise in specialist areas. Further details later.

(b) ML reported that he had become aware of items that could be bid for to be provided by various organisations. A water cooler was one such. MJ asked about 24 hour Blood Pressure Monitors as she had been aware that the Practice had only 2, and one was broken. KL confirmed that both were currently not usable. Perhaps these were items worthy of consideration. It was suggested from a member that a Suggestion Box be situated in the Waiting Room.

(c) LA asked whether a Doctor could have a specific slot on the agenda of any future meetings. KL replied that the Duty Doctor would be present but would have to leave should he be required.

The meeting closed at 7pm.

ML apologized for the slightly unstructured format of his first meeting in the Chair, and thanked everyone for attending.

Date of Next Meeting **Wednesday 29th August 2018 at 5pm**

Signed

Date