



## **HOLBEACH MEDICAL CENTRE** **PATIENTS PARTICIPATION GROUP**

### ***Minutes for the PPG meeting 27th May 2015***

**Present:** Trevor Cook TC, Cindy Foley CF, Mark Murfet, Alan Piggins AP, Graham Scorthorne GS, Sue Scorthorne SS, Jackie Sheldrake JS, Don Waltham, Val Watkin and Heather Whitehead HW.

1. **Apologies:** Eilene Keeling and Joyce Waterfall.
2. **Minutes of previous meeting:** Minutes of the meeting of 29<sup>th</sup> April were read and accepted. One member noted she had not received emailed copies of the minutes. She was asked to update Graham with her email address and he would ensure the database was modified.
3. **Matters arising:** There were none.
4. **Chair's report:** Graham had nothing to report other than the fact that the group still lacked a secretary.
5. **Secretary's report:** Nothing to report.
6. **Treasurer's report:** Jacquie reported that currently the PPG had a balance of £1031.67. In May a donation of £10 had been received but £29.99 had been spent on flowers. Graham reported that one member of the perimeter group had phoned to support the gift of flowers to Dot following her tragic loss.
7. **Healthwatch report:** As Eilene was absent there was no Healthwatch report but she had informed Graham that currently she had nothing to report.
8. **News Correspondent's Report:** Sue stated that she had nothing to report.
9. **Practice Manager's Report:** a) Val explained that under new guidelines instead of an annual survey, a Friends and Family Test was conducted on a monthly basis. The issue of appointments always showed up on this as an issue in spite of all the actions being taken. However it was pointed out that this is true of all other surgeries in the area too. b) Val asked if the PPG would be interested in conducting their own survey of patients as she suspected that many would be happier to inform the PPG of their concerns rather than the practice. It was agreed that this issue should be considered further. c) Re: queueing for appointments, Val pointed out that some people have started queueing between 7.00 and 7.30 each morning in order to secure an appointment. She explained that until a qualified doctor or nurse is on site no patient can be allowed into the waiting room under current Health and Safety legislation. For this reason patients queueing are not allowed to wait in the waiting room until an appropriate member of staff has arrived.

**10. Future Programme:** It was explained that at the next meeting, efforts would be made to persuade Jayne Thomas of Lincs2Advice to attend and explain the workings of this new support system in the county. Core meetings are scheduled for 24<sup>th</sup> June, 30<sup>th</sup> September, 28<sup>th</sup> October and 25<sup>th</sup> November. Jayne Thomas who represents Lincs2Advice is to be invited to speak at a future meeting. In addition it was hoped that one or more of the surgery staff would be prepared to come along and tell us about a typical day in the surgery. Following on from Val's point earlier in the meeting, the development of a practice survey will need to be considered. The next Board Meeting will be held on 10<sup>th</sup> June at the usual venue.

**11. Fund Raising Ideas and Initiatives:** It was agreed that as we needed to raise £3,700 in order to provide the surgery with the screen and had £1031.67 currently, efforts should be made to raise the balance. The idea of a treasure map was suggested with squares. This would cost £1 per square, could be promoted both in the surgery and at other events, and could raise a substantial amount. A competition to guess the name of a dog with dog prizes was also suggested. Local events where these competitions could be run included Holbeach Country Fayre, 20<sup>th</sup> and 21<sup>st</sup> June, (Cindy would be in attendance and could promote the competition) the Food Festival, 4<sup>th</sup> July, and a three day Music and Beer Festival. Jackie offered to help by sitting in the surgery and selling tickets or whatever.

**12. AOB:** Mark informed the meeting of a strange success measuring system used by the NHS in relation to ambulances! Apparently if an ambulance arrives to deal with a patient within six minutes of a call, but the patient subsequently dies, that is recorded as a success! If on the other hand the ambulance does not arrive until nine minutes after the call, but the patient lives, that is recorded as a failure!

**13. Guest Speaker: Dr Alistair Bell** kindly attended our meeting in order to answer a number of questions posed by members of the PPG. He started off by explaining that the practice is owned and funded by the doctors in the partnership. They pay for the building, the staff, and the drugs prescribed. He stated that he was self-employed and on an annual contract with the NHS to work as a GP. The NHS pays the practice for the use of the facilities and for the drugs they supply, but always in arrears. Regarding newspaper reports concerning the building of a new surgery for Holbeach and the amalgamation of the two Holbeach clinics he stated that there were no plans for this to happen. Should a new surgery be built then both practices would inevitably wish to be consulted and involved. So far no concrete plans have been produced for consideration. In addition he pointed out that the cost of the surgery would be in the region of £4M to cater for fourteen and a half thousand patients and that as NHS England has no money to pay for such a facility, the likelihood of it ever being built is remote. In addition he pointed out that as Holbeach Medical Centre (HMC) was built in 1985 with Littlebury built in 1987, the perceived need for new facilities was not outstanding. He went on to explain that Spalding has three surgeries for 30 to 40 thousand patients and their need was likely to be seen as greater than that of Holbeach. With reference to appointments he explained that nationally there was a shortfall of 13,000 GP's and that Holbeach struggled to gain additional recruits, as did the rest of Lincolnshire. For those in need there are always appointments he stated provided that people are willing to see an available doctor rather than one specific GP. He pointed out that as the population increases the number of GP's does not follow. When asked why HMC prescribed tablets are not always the same as hospital prescribed tablets he explained that the hospital obtains medications from HMSO servicing whilst HMC and other practices purchase through wholesalers. Inevitably there will be differences, often based on cost and what GP's are allowed to prescribe by the NHS, but all medications prescribed will have the same generic formulae. Regarding patients accessing information on-line regarding their conditions, Dr Bell stated that

he was in favour. He welcomed patients taking an active interest in their own health and well-being and suggested that if all patients followed the advice provided they might need to visit their doctor less frequently. The CQC report was highlighted and Dr Bell was forthright in his assessment of the inspection and the subsequent report. Two weeks prior to the inspection the inspection criteria was changed. The inspectors who attended lacked the experience to adequately judge a practice like Holbeach and the whole procedure started on the wrong footing with an antagonistic approach from the inspectors from the outset. The reason for this was explained to those present. In addition one doctor was away. Overall he reported that they were no better or worse than any other Lincolnshire based surgery but comments regarding patient care were excellent. In conclusion, after an illuminating and forthright session, Dr Bell predicted that as Lincolnshire NHS was expected to save a further £20M this year, there would be austerity in the health service for a further three years. He was thanked for giving of his time and for dealing with the questions posed.

**14. Closure:** The meeting closed with a reminder that:

**The next meeting is scheduled for WEDNESDAY 24<sup>TH</sup> JUNE 2015 AT 6.30PM.**