

**Committee Meeting of Alford Group of Doctors Patient Participation Group
1.30 pm Friday 11th March 2016 at Merton Lodge**

Attended: Peter Hawkyard (Chair), Sarah Harley, Pat Hawkyard, Pat Mowbray,

Practice: Ian Atkinson

Apologies: Pam Maplethorpe, Graham Marsh, Len Reeder

- 1) **Welcome/Introductions:** by Peter
- 2) **Minutes of the last Meeting** (15th Jan.): Agreed correct except that apologies for today's mtg should have been from Pam, not Pat.
- 3) **Matters Arising:**

TV Screen – now sorted.

Clearer signage – **Action b/f**

Hearing aid Batteries – now in stock at the surgery

Grass in the Gutters – Ian said this would be done by Pete once the work on the rooms was finished

Action: b/f Ian

- 4) **News from the Practice (IA):**

CQC Visit: The inspection had now taken place on 18th February starting at 8 am and finishing at 4 pm. Overall the report was good. Peter had been present. 5 members of the CQC attended. Started with a tour by Dr Tant, Dr Woppard, and Ian followed by a presentation on the practice. Four areas found to be 'good' and one 'requires improvement' – the latter referred to safety re: prescription security. Cleanliness was 'highly commended'. The practice was appealing against one or two items in the draft report. Ian will email out a copy of the final version.

PPG members offered their congratulations, appreciating that it had been no mean feat but adding that they had expected no less.

TV Screens: Issues with timing on the downstairs screen now sorted. New TV screen now in the upstairs waiting area which is linked to the one downstairs. Aiming to include some videos in future e.g. Why patients don't always need to go to A&E.

Staffing: All replacement staff now in place. Two additional members of cleaning staff had been appointed making four in total, including one male.

Still advertising for a GP and a Nurse Practitioner. Dr Woppard going part-time from April. Dr Limage continuing to work two days per week plus extra odd days.

Peter had suggested to the CQC that the CCG should try part-time hours for GPs over 50 retiring from full-time. Ads for GP now with the BMA and 'Pulse'.

Complaints: 2 since last mtg, plus 1 with the Ombudsman (NHS England had upheld but the patient was not happy)

Abusive Patients: 1 removal since last mtg. A letter of apology had been requested within a deadline but none had been received.

Current Waiting Times – next routine appointment:

Nurses: next Monday

HCA: next Tuesday

GPs: next Monday

Nurse Pract: next Monday

Triaging: Monday to Friday sessions working well. Wednesday to be included wef April. GPs would like sessions every morning and this is currently under discussion with an expectation that it will happen later in the year.

DNAs: Audit delayed again due to CQC visit; info will be available for next meeting.
GP appt DNAs Nov '15 to Jan '16 inc: 220

Premises - Interior changes: All doctors' rooms downstairs now done. Upstairs nearly complete. Work on Reception starts next. In future waiting patients will be called to a room number (1 to 10) rather than 'Dr X's room' to avoid confusion as doctors will not always be in the same room.

Opening Hours – change: Wef the second Wed in April the surgery will be closed to patients from 1 to 5 pm to allow for admin, meetings, training, etc.

Family and Friends Test: April '15 to Feb '16 = 68 replies.

33 = Extremely likely, 28 = Likely, 5 = Neither likely or unlikely, 1 = Unlikely, 1 = Extremely unlikely

5) **Chairman's Report:**

CCG meeting

On 28th January there was a CCG meeting held at Louth Hospital. The first item on the agenda was a presentation by a lady cancer patient who had recently moved up from London to Lincolnshire. She was currently undergoing treatment for a secondary cancer at Lincoln Hospital. She was asked how the treatment at Lincoln compared with London (Charing Cross). She replied that is was very comparable except for the travelling but even though that took an hour each way, the 6 mile journey across London took just the same amount of time. The chairman thanked her for coming along and was pleased that her treatment in Lincoln was comparable with London. The meeting proper then started and I have selected the items which I think may be of interest to our Patients.

There is to be an increase in funding from 3.05% to 3.5% from April but it will be performance related.

Health Inequalities

1. Lincolnshire East has a high level of deprivation compared to other areas in Lincolnshire.
2. High proportion of the population in the 60-69yrs of age bracket. Proportion of younger adults is significantly lower than England average.
3. Life expectancy is slightly lower than England average.
4. Obesity in the Skegness and Coast CCG Area is the highest in all Lincolnshire and significantly above the national average.
5. Prevalence of cancer, diabetes, coronary heart diseases and strokes are significantly higher than the national average.
6. Numbers of referrals and admissions to hospital are higher than national average and amongst the highest in Lincolnshire.

<u>Statistics</u>	<u>Lincs East CCG</u>	<u>National Average</u>
Diabetes	7.7%	5.8%
Heart Disease	5.3%	3.4%
Stroke	2.5%	1.7%
Hypertension	17.2%	13.6%
Depression	12.3%	11.7%
Cancer	2.3%	1.8%
Cancer Admissions	4.8%	2.8%
GP Referrals	22.0%	19.1%
Emergency Admissions	9.4%	8.9%
Obesity	13.1%	10.7%
Smoking	26.1%	20.0%

The good news is that Lincolnshire has the highest percentage of people quitting smoking in England. Priorities are obesity, alcohol and tobacco.

Deprivation

Lincolnshire East has an average deprivation score of 23.8% which is the highest in Lincolnshire. It is estimated that 19.3% of children in Lincolnshire East are living in poverty. This is lower than the national rate for England at 20.6%.

Listening Event

On 4th Feb there was a listening event at Boston Football Ground hosted by the CCG. These meetings are useful as those attending get access to the members of the CCG and are able to get their points across to the people responsible for organising services on the patients behalf. On our table we had a representative from NSL who are the organisation providing transport to hospitals for the patients requesting it. It was enlightening for them to confirm that the rules of provision are quite strict. i.e. ; Cataract or hip replacement ,– if you are a car owner you can claim transport after the operation (being unable to drive) but you are not entitled to an outward journey when you are able to drive. This can, and does create much aggravation but they must stick to the rules no matter how ridiculous it may seem.

Area PPG Meeting

On 23rd Feb I attended the Area PPG meeting at Skegness. We had a guest speaker from Parish Nursing. This organisation is sponsored by the Burgh Baptist Church and provides nursing care free of charge to those in need of spiritual nursing as well as the normal type nursing. It is run by volunteers who are all SRN qualified, The contact is Monica Beckwith on 01754 811114. Next meeting's guest in April will be a representative from the Choose and Book system which we have been asking for some time.

Cancer Bus – this was on BBC local news recently. Not used for two years – funded via fundraising and Lottery.

6) **AOB:**

Sarah requested clarification on send out of minutes. Agreed Ian to give Sarah a list of relevant email addresses. Peter to sign the minutes off then Sarah to circulate final version.

Ian said that LCHS have provided a 'Ward Round' to local Nursing Homes staffed by the Community Nursing Team but it is futile. Sometimes only occurs every 3 weeks and results in lots of referrals to GPs, which means more work for the practice. Complaints have been made to the CCG from a number of practices but nothing changes. Previously, GPs from Alford practice did their own weekly 'ward rounds which was much more effective.

7) **Next Meeting:** 1.30pm, Friday, 22nd April (Please note this is changed from the 29th suggested at the mtg)