

Minutes of PPG Meeting 01 December 2015

Present

Pauline Coulthard (PC) Elisabeth Clarke (EC) Sandra Reed (SR)
 Angela Austin (AA) Sue Sullivan (SS) Derek Wood (DW)
 Elaine Wood (EW) Dr Mohammed Dewji (Dr MD) Caroline Rose, PM (CR)

Apologies : Shobhna Dave, Beverley Tavares, Daphne Tibbles, Vinayak Supekar

	ITEM	ACTIONS
1.	<u>Minutes of Last Meeting</u>	
1.1	Minutes of last meeting on 06 October 2015 were approved. New members were welcomed to the meeting.	
2.	<u>Flu clinic, Saturday 17 October 2015</u>	
2.1	The overcrowding situation that arose at the above flu clinic between 10 and 11am was discussed at length. Dr MD listened to the account of those PPG members present and then provided his observations of events that led to the problems encountered.	
2.2	It appears that a considerable number of patients, in spite of having been allocated an hour timeslot from 8am to 12 noon in which to attend for vaccinations, arrived between 10 and 11am. There were also patients who had been booked to attend one of the subsequent three clinics, but wanted to come to the first clinic because of an unfounded fear of vaccine shortage, also arriving between 10 and 11am, thereby adding to Saturday's numbers.	
2.3	PC advised that, when asking at the time the reason for the sudden overcrowding, she was told by staff that practitioners were including general health checks along with vaccinations. She was later advised that these checks had been dropped because of the resultant backup. Dr MD acknowledged that patients felt at risk of losing their places in the queue and reacted accordingly.	

2.4	Dr MD advised that these additional checks were not in fact dropped and were also included in subsequent clinics, which PPG agreed ran well. The smoother running of the second and third clinics was enabled by requests from Hilltops via notices and texts that patients attend only during their allocated appointment time and day. The PPG was assured that, despite events during the 17 October clinic, the same numbers of patients came through the doors on each of the first three flu clinic days.	
2.5	Dr MD emphasised that potential fire risks during crowded times were addressed by having all side and rear doors open and directing patients to leave via those doors. Some patients, however, were reluctant to do so, preferring to make their way through the crowds to the main doors.	
2.6	Conditions that developed outside Hilltops because of ensuing parking issues were also discussed. Dr MD pointed out that traffic was beyond the control of Hilltops staff and this was acknowledged. Dr MD and CR suggested that, in order to avoid further repeats of traffic and parking problems, the PPG issue recommendations to patients to walk to the surgery where possible. SR pointed out that many patients attending for vaccination include the elderly, parents with small children in tow, those with mobility problems and with chronic illness, so walking is not always an option. SR added further that the PPG issuing such recommendations could be viewed as patronising. Dr MD agreed but suggested that the risk of appearing patronising was worth taking and that advice to walk is something that he would advocate.	
2.7	DW added that, just because patients might take offence at such recommendations, it was better than doing nothing, thereby allowing such a situation to develop in the future. He further pointed out that keeping patients happy is surely one of the things that the PPG wants to achieve. PPG members therefore agreed that, prior to next season's clinics, they will put together a campaign to remind patients of the importance of adhering to appointment times <u>and days</u> and, where possible, walk to the clinic. Dr MD emphasised that by both Hilltops and the PPG working together to distribute these suggestions, the likelihood of success is considerably increased.	PPG

2.8	<p>PPG members who were present at the flu clinic reiterated their concerns that the situation had been allowed to develop in the first place, reminding Dr MD that any proposed systems were clearly not being adhered to. Patients were being directed to seats to prevent queues growing longer, but SR, EC and PC pointed out that there were not enough seats to accommodate the patients being directed to them and, in any case, many of them understandably insisted on joining the queues for fear of being overlooked, the checking-in system being suspended during flu clinics.</p>	
2.9	<p>SR suggested that it would have been better if the entry doors had been temporarily closed to prevent further overcrowding and allow the queues to clear. Whilst this would have been unpopular, it would have lessened risks.</p>	
2.10	<p>It was acknowledged that the first and final hours of the first flu clinic went very well, with patients happy at being in and out so quickly. It was also acknowledged that the second and third clinics ran according to plan. Dr MD advised that in fact even more data was collected during those clinics.</p>	
2.11	<p>PC asked if those additional checks included the pneumococcal vaccination because she was not offered hers. SR added that she was not offered this vaccine either. (as was understood within Item 3.11 of the meeting Minutes dated 04 August 2015). Dr MD advised that the pneumococcal vaccination is a once-only vaccine that is offered if certain conditions are present. Patients with these conditions are flagged up when their details are entered into the system, as at flu clinics, and they are the patients who are offered the vaccine. Those without this criteria are not. SR pointed out that this information had not been provided during previous discussions on the subject, hence the item in the Minutes and subsequent misunderstanding.</p>	
2.12	<p>There was confusion concerning the fourth and final clinic, which was apparently cancelled. AA advised that, on arriving at her appointed date and time at this clinic, and following a text reminder the previous day, she was told that there was no flu clinic. She was subsequently given her vaccination, but not before encountering confusion amongst staff who were apparently unclear about any procedures that might have been in place following the alleged cancellation.</p>	

2.13	<p>Following AA's request for explanation, Dr MD said there were three reasons: Firstly, many patients had attended on the first flu clinic day instead of their allocated day, thereby reducing remaining numbers, secondly not all texts were received and, thirdly, the clinic was not cancelled but reduced. CR added that there were in fact 133 vaccinations booked on that day and this was the reason for the reduced, not cancelled, clinic. AA pointed out that she was told by staff that the clinic was actually cancelled, and Dr MD conceded that she was given misleading information.</p>	
2.14	<p>EC asked how many vaccinations are given in total. DrMD and CR provided numbers as 4,000 invitations being given out and between 2,500 and 3,000 being taken up by the end of the clinics.</p>	
3.	<p><u>News from the Practice</u></p>	
3.1	<p>DrMD explained changes to proposed Government funding allocated to GP practices in various areas, which is now not being distributed as previously understood. Funding has been considerably reduced and has affected issues such as health campaigns, social care, etc., which was previously intended to be unaffected by cuts. GMS services have seen between 9 and 11% reductions.</p>	
3.2	<p>The situation is exacerbated by the shortage in Milton Keynes of medical practitioners. 9% of GPs in MK have gone abroad in the last 15 months to work. MK wants to recruit but there are insufficient practitioners available.</p>	
3.3	<p>CR advised that within the Prime Minister's Challenge fund there were 35 – 40 pilots. Two are confirmed to continue, not including Hilltops.</p>	
3.4	<p>Government plans are for GP surgeries to provide a 7 day per week service, this being cheaper than providing increased services in hospitals. However, 90% of results show patients don't want 7 day GP opening hours. Patients are in favour of Saturday am opening and longer hours on Monday - Friday.</p>	
3.5	<p>Lack of funding is demonstrated by the fact that the UK spends only 8% on health, whereas the rest of Europe spends 12%.</p>	

3.6	<p>To cover shortages, Hilltops GPs are seeing an extra four patients per day. This involves additional prescribing, referrals, etc. and is therefore unsustainable. In order to sustain additional appointments, on Tuesdays and Fridays, one GP is now allocated to receive on the day appointments only. Also, one of the 48 hour release appointments was allocated for release a week earlier. CR will provide copies of slides showing current appointment statistics.</p>	CR
3.7	<p>CR explained the proposed changes to appointment allocations from January 2016. From January 2016, fewer appointments will be bookable six weeks in advance. Currently, four appointments per GP are available six weeks in advance, two appointments per GP are available 48 hours in advance and the remainder are available on the day. Following analysis of patient surveys, it is proposed that this be changed to two appointments per GP available six weeks in advance, four appointments per GP 24 hours in advance and the remainder on the day. This will be for a three month trial and, as is required in all GP practices, this is subject to PPG agreement. This agreement is confirmed.</p>	Hilltops
3.8	<p>It is hoped that the above changes will also reduce the number of DNAs. In spite of the various methods available to cancel unwanted appointments, DNA figures for October are 149, which is a welcome, albeit small, reduction. DrMD pointed out that this equates to 25 hours' lost consultation time.</p>	
3.9	<p>PC drew the meeting's attention to an email she has received from the local council detailing a forthcoming all party review group to discuss patients' difficulties in obtaining GP appointments in MK and to look into possible solutions. Those present discussed the implications of this issue being discussed by politicians in the absence of health practitioners.</p>	
3.10	<p>Two trainee nurses have joined Hilltops – Kerry, from this month, and Karen, who started in June and is now providing most of the services also offered by Jenny and Minura. Two long term locums will also be arriving in January 2016.</p>	

<p>5.</p> <p>5.1</p> <p>5.2</p> <p>5.3</p> <p>5.4</p>	<p><u>Update on PPG</u></p> <p>SR provided CR with a copy of the PPG's Aims and Objectives document.</p> <p>EC reported on the progress of Teapots in its new location at The Church of the Holy Cross. Numbers are growing, albeit slowly, with the new venue being more accessible. Teapots is benefiting from the ongoing support of AgeUK and CarersMK, who continue to attend regularly.</p> <p>SS offered to place invitations on the Friends of TMA Facebook page, and this was welcomed.</p> <p>SR reminded the meeting that it is hoped the PPG new commercial gmail account will shortly become available to distribute Teapots invitations as well as regular 'newsbites' to those patients who have provided email addresses for PPG communications.</p>	
<p>6</p> <p>6.1</p> <p>6.2</p> <p>6.3</p> <p>6.4</p>	<p><u>AOB</u></p> <p>At the PPG meeting on 04 August 2015, guest speaker Kerri Channa of Red Cross MK discussed the proposed help being offered to refugees and asylum seekers in MK. At her suggestion, it was agreed that it would be beneficial if Hilltops patients could be made aware of the practice's approach to providing services to refugees and asylum seekers. However, following discussion at this meeting, it was unanimously agreed that providing information on the services offered to specific groups of patients is inappropriate and therefore no such information will be made generally available. CR confirmed that all people wishing to be treated at Hilltops will be accepted as patients.</p> <p>CR confirmed that patients failing to attend for appointments are now sent a text pointing out that they failed to cancel a booked appointment.</p> <p>Progress on the location of an on-line complaints form was discussed. CR advised that a feedback form exists for this purpose.</p> <p>The question of attendance of PPG members at Hilltops Partners' admin meeting was again raised. CR advised that this is not permissible because Hilltops is a business.</p>	

6.5	The request for hand sanitising gel was reiterated, pointing out that this is available at the Newport Pagnell practice. CR again advised that it is the partners' decision as to whether sanitising gel dispensers are provided or not. As well as risks already described at previous meetings, there is a possibility that children could utilise their natural curiosity, resulting in risk to themselves if they ingest the gel as well as considerable mess from spillages.	
6.6	PPG members asked that their NAPP certificate be displayed in a more prominent area, preferably near the information screen in the waiting area.	Hilltops
6.7	PC asked CR if she would like a summarised list of outstanding items from previous meetings, for ease of reference. CR said she would, so SR will provide this.	SR
6.8	SR asked that, in light of successful book sales, the PPG replace the current bookcase with a larger one. CR said this depended on available space, but if we provide measurements of any proposed replacement this will be considered.	PPG
6.9	The issue of GP photos in reception was again raised - patients are still asking for photos of GPs in reception. CR and DrMD reiterated valid reasons for being against this and pointed out that those GPs who do not want photos of themselves on display cannot be made to do so.	
6.10	The updating of the Hilltops website was raised, and DrMD confirmed that PPG can contact the IT department in order to make an appointment to sit down together and have these updates to be implemented.	
	The next PPG meeting will be on 02 February 2016 at 18.15. Those wishing to join pre-meeting discussions can meet prior to this start, from 17.45.	
	The meeting ended with thanks to all attendees.	