

ELMHAM PATIENT PARTICIPATION GROUP

MINUTES OF THE MEETING HELD ON THURSDAY 13th September 2018

Present: Chair - Roger Thorneley (RT), Secretary -Liz Waddy (LW),
Susan Brock (SB), Ken Walton (KW), Linda Rose (LR), John Mallen (JM), Ted Sansom
(TS)

From the Practice: Judith Wood (JW) Dr Griffiths-Jones

In attendance: Gina Eames (GE) (Swanton Morley PPG)

Apologies for absence: None

The general meeting was preceded by an open forum attended by 15 North Elmham parishioners who are not currently members of the PPG.

The additional attendees had not requested an opportunity to attend the meeting to allow them to air their views on their recent experiences when interacting with the Practice.

There was an overall feeling, very strongly delivered, that the services provided by the surgery had significantly deteriorated recently.

The responses from the Practice are in bold text apart from JW's presentation.

The grievances put forward were as follows:

- The lack of continuity of care - many of the audience felt very strongly about the loss of their previous experience of being cared for by the same GP or nurse on a regular basis.
There was also a significant dislike of having to share with the receptionist the details of their problem.
JW explained that the Practice had experienced significant staffing problems (mainly difficulty recruiting GPs, which is a national problem) over the past few years meaning that continuity was much more difficult to provide. The Practice now has the equivalent of four and a half full time GPs compared with seven in the past.
She sympathised with patients' reluctance to share details of their illness with reception staff but explained that the receptionists had been given specific training from NHS England to enable them to signpost patients to the most appropriate person to meet their needs.
In addition, the Government has recently made it mandatory for Practices to join together to start "working at scale" to provide increased access to appointments especially out of hours. Continuity has had to be sacrificed in order to achieve this.
Dr Griffiths-Jones added that staff illness can result in cancellation of appointments and it is often difficult to provide an alternative practitioner who is free and has the skills to deal with the problem.
- There was concern about the manner in which telephone calls to the surgery were handled, particularly if the person calling was in some distress.
JW said that if specific instances could be cited she would certainly investigate them.
- The audience felt that there was a lack of understanding by the patients about where they should seek help in a medical emergency and constructive suggestions were made from the floor about how the Practice could disseminate advice about

this in the local newsletters and on the website. There was a general feeling that it would be helpful if the Practice could communicate more with the community about the kind of developments which were discussed at this meeting.

JW made notes about these and said she was happy to progress the suggestions as much as possible. She explained that the Practice does publish information on its website and in quarterly newsletters. The surgery also uses social media although it accepts that this is not available to all. RT stated that he does send Practice news items to 4 different village newsletters.

JW offered to produce an annual report on developments at the Practice for the local magazines and will send the newsletters to the editors of Elmham News. One of the attendees suggested that bulleted Practice news items could go on an A5 flyer to be sent out with the Elmham News.

The group felt that these updates should include a balance of positive and negative news items in terms of changes at the surgery.

- A question was raised about whether the Practice can place a ceiling on its list size as the staff were obviously struggling with the growing workload. When do you decide that “enough is enough?” A number of individuals voiced significant concern that the practice accepted some patients from the Dereham area. JW explained that a Practice can only close its list with permission from NHS England (NHSE) and must make a compelling case to do so. Two Dereham practices had closed their lists in the past and as a result of this any new patients were allocated to Elmham by NHSE. The practice cannot refuse to take these patients.

The Practice list size has now grown to 10,000 which is an increase of several thousand over the past few years and has coincided with a fall in the number of GPs at Elmham. The attendees were informed by JW that the Practice has a meeting of all the partners next week to discuss the possibility of list closure, but she could not make any promises that this would happen. All the complaints and suggestions made at this meeting would also be taken back to that meeting for discussion and actioning where possible.

- The feelings of one family were forcibly expressed in terms of their significant grievances with a senior GP about the attitude towards, and management of the symptoms of a family member who was subsequently admitted to hospital. They had not yet submitted a formal complaint but were about to do so. JW offered the family the opportunity to discuss this further with both herself and the GP concerned stating that the Practice would always take a complaint like this very seriously and investigate it thoroughly. RT explained that the PPG was not the correct forum for a specific personal complaint to be addressed. JW discussed that the practice (like all GP practices) had a formal complaints procedure in place and reviewed significant events monthly.
- In view of all the considerable concerns expressed by the additional attendees JW gave an overview of a presentation she had given recently to Swanton Morley PPG. The nature of the GP contract changes and the financial implications on the Practice was explained. The Practice is currently paid £87.92 per patient per annum to deliver patient care which is a reduction compared to funding in the past. Reduction in funds available to the Practice compounded by difficulties over GP recruitment has made service provision very challenging. The Practice has however managed to put in place a number of additional services including a Mental Health nurse, and an additional pharmacist has just been appointed. Appreciation of the services of the

current pharmacist was expressed.

The Nurse Practitioner team has a number of wide-ranging skills including supporting the GPs in surgery, home visits, and visiting Care Homes. The GPs continue to see the more complex patients.

The GPs do, however, continue to visit those patients nearing the end of their lives. JW described the difficulties in introducing a new computer system recently (this was at no cost to the surgery and will improve communication channels with other Practices and the hospital). There have been 23,966 bookable appointments available since April - the doctors see approximately 23 patients a day in surgery at 15 minute intervals as they are seeing the more complex patients. **THERE HAVE BEEN 1040 BOOKED APPOINTMENTS SINCE APRIL WHEN THE PATIENT FAILED TO ATTEND.** Some of the attendees felt that the Practice should fine defaulters but JW explained that the surgery is unable to do this. It was felt these numbers could be published in the waiting room.

There was concern expressed by the audience about the inability to make an appointment with a GP directly as they had done so in the past.

It is difficult for the GPs to meet this demand so in an attempt to address this issue the Practice has introduced a TRIAGE system whereby a GP will telephone back those patients who have requested to see a doctor. The GP will then decide if a doctor is the person best equipped to deal with their problem or if they can be managed by, for example a Nurse Practitioner or the Pharmacist. The maximum number of call backs in one day to date has been 81.

Several patients had experienced difficulties booking appointments ahead (as instructed to do so) and it was explained that the issues with the computer system have made this difficult recently. **Both JW and Dr Griffiths -Jones agreed to investigate this further.**

- **A great deal of concern about the future of General Practice was expressed by the attendees. This was shared by the surgery staff present.**
- Some attendees asked about the role of the PPG.
RT distributed 15 copies of the aims of the group along with this year's Chair's report.
GE suggested that the attendees might find it helpful to join the PPG as our group has bi-monthly updates from the Practice. One or two people did express an interest and were encouraged to attend.

A very short AGM followed the open forum and the Minutes of both the last AGM and the July meetings were approved and signed.

It was agreed to defer agenda items tabled for this month for the general meeting until the November date.

JW gave a brief overview of the flu clinics. These are available for the over 65s only at the surgery. Clinics will run in late September, October and November.

Date & Time of Next Meeting - Thursday November 8th, 2018 at 7.30pm