

**Minutes of the Meeting of the Spilsby Surgery Patient Participation Group**  
**Annual General Meeting held on Wednesday 10 October 2018 at 7.00pm at**  
**Spilsby Surgery**

Present: Dorothy Dobson (Chair) DD  
Mo Jarvis (Secretary) MJ  
Julie Rajput JR  
Gill Clark GC  
Jane Strunin JS  
Pam Lancaster PL  
Bill Rose BR  
Jason Longstaff (Practice Manager) JL  
Dr. Noel O'Kelly (Senior Partner) NOK  
Dr Stephen Savory SS  
Dr James Howarth  
and two patients/ members of the public

**1. Welcome and Introductions**

Dorothy welcomed committee members, surgery staff and patients to the Annual General Meeting of the Spilsby Surgery Patient Participation Group (PPG).

**2. Apologies**

Christina Holmes

3. The Minutes of the AGM meeting held on 11 October 2017 were read and accepted as a true record of the meeting. GC proposed and JS seconded that these Minutes be accepted and signed by DD.

**4. Secretary's Report:**

The following Report was read out by the Secretary:

At the PPG meeting in November 2017 Dorothy Dobson was re-elected as Chair, Christina Holmes as Vice Chair and Mo Jarvis as Secretary.

Meetings continue to be held on the second Wednesday of each month, apart from August and December, at the Spilsby Surgery.

All PPG meetings are attended by Jason Longstaff, Practice Manger, who gives feedback on surgery matters and from various meetings he has attended. Dorothy Dobson remains Chair of the PPG Chairs' Group and attends monthly East Coast locality meetings and Christina Holmes attends the ULHT Trustee Members' Meetings – information gathered from these meetings is fed back to the PPG members at their meetings or sooner if necessary and included in PPG minutes. Any information regarding meetings to which patients are invited to express their views is displayed on the website and screen.

The annual Flu Clinic for those under 65 was held in the Franklin Hall on 6 October, and for those 65 and over a further clinic will be held on 17 November. The PPG offer their support at these clinics and are present to answer any questions from patients.

Discussions which have taken place this year include:

- The Parkinson's Nurse who is now a permanent position in Louth.
- The Emergency Care Practitioners who have been with the surgery since April 2018 and proving very helpful.
- The importance of the Care Co-ordinator/s.
- The ongoing concern re the number of DNAs.

Following each PPG meeting a copy of the minutes from the previous meeting is available for inspection on the Surgery website, and virtual members are made aware of this. All patients can view the minutes on line. Information regarding DNA figures, training dates and dates of clinics are shared in local magazines.

## **5. Chair's Remarks**

The Chair (DD) reiterated what had been said by the Secretary. She stated that she had been Chair of the PPG for some time and thinks we are still a benefit to the practice and have a good understanding of what is going on in the area.

DD chairs the Chairs' Group and attends Patient Council meetings with CH, making representations about many things and also learning and understanding what is happening in the local services.

DD stated that we are very lucky that Jason Longstaff attends the PPG meetings – he is always willing to work with the PPG and takes on board any constructive concerns the group has and takes these back to the partners. The PPG does not deal with the clinical side of the practice but are on occasions able to provide information to patients which they would not ask for themselves. DD thanked JL and stated that he is always very willing and helpful.

At the present time the PPG is very concerned at the length of time taken for smear results to filter through to patients. This is a major concern for the seven practices in the group and representation will be made.

DD also thanked all staff at the practice – those who work on reception, administration, and in the dispensary – and said that at time they all work in very difficult circumstances but keep their cool and do the best they can. On occasions some patients can be very rude to them.

DD also expressed her thanks to the clinicians and stated that we are very fortunate to have such a good team – good reports are heard about them.

DD thanked the PPG committee and also those people who bring their concerns to the group. She also thanked the two visitors attending this meeting.

## **6. Committee Nominations**

JR resigned from the committee. She was nominated by JL to rejoin the committee and this nomination was seconded by MJ.

## **7. Questions from Patients**

There was a question regarding the chaplaincy at the practice. JL explained the procedures which have had to be followed and was pleased to report that the final paperwork and contract is ready to arrange for this service to commence very shortly at the practice. This will offer a drop-in/self referral/referral through the GP team to patients who require/wish to have support/help: this service will be of much benefit to patients. The chaplain will be non-denominational.

There was a question about a letter sent to a patient stating that if a patient is over 75 they will have a named co-ordinator/GP – clarity was requested on this point. Every patient does have a named GP: GPs like to offer continuity to patients but very often patients have to see whichever GP is available when they wish to make an appointment. There has been a process in place for some time to identify those patients who are particularly vulnerable and support is offered. Letters were sent out to patients following instructions from the Government.

'Group sessions' information recently appeared in the press. It was stated that if a new surgery is built there will be more space to offer such sessions to patients. At the present time group sessions have not proved to be particularly effective, and in some areas these sessions are run by text messaging or video meetings. JH stated

that such sessions can be very helpful in the case of patients diagnosed with diabetes.

There was concern about the time between routine appointments – now about five weeks. SS stated that at the present time this is about four weeks. Another Registrar will be joining the practice in December 2018 and this will help the situation. JH discussed ways in which follow-up appointments can be sorted and save time for patients – the practice tries to be innovative. Because we are not close to an A&E Unit there is more demand for appointments with GPs. NOK reiterated the importance of the duty doctor who deal with emergency appointments. There is still a problem with patients missing appointments, but the text reminder system has proved to be really helpful. The duty doctor is available Monday to Friday from 8.00am to 6.30pm.

## **8. Senior Partner Remarks**

Dr O’Kelly addressed the meeting as follows:

- Thanked everyone for coming to the meeting and especially thanked the committee and officers. He stated that he sees the PPG as an integral part of the practice.
- Informed the meeting that the practice has George who works with many vulnerable/frail older patients. She has good knowledge and offers a lot of support. The service has now been extended to Stickney and Old Leake with the team being led by George.
- The ECPs working within the practice are very useful and sometimes visit patients at home and in Care Homes. They are widely accepted and very experienced. If we get bigger premises there will be good opportunities to train further staff and young doctors.
- The capacity at the practice is going to get better. A female doctor has been appointed and will hopefully take up post in November 2018.
- A lot of work has been carried out re building new premises. The process is ongoing and looking quite hopeful at the present time. The practice’s proposals are supported by the CCG – draft 10 of the proposal is currently awaiting the approval of the CCG (ie they would pay the rent on the new building). The whole process is inching in the right direction.
- The Spilsby Practice is also a training practice whereby future GPs are trained. SS/JW/SSh are all involved in this process. An STP3 will be joining the practice in December 2018 for 12 months. It is hopeful that there will be a reasonable throughput in the coming years.

- Lincoln University will receive its first intake of medical students in 2019. This should hopefully bring more academics to our area.
- STP/GP Forward View – the aim of this is to try and balance the books and get better quality in the services provided. A lot seems to be put into secondary care rather than primary care. GPs see most of the patients but only receive 8% of the moneys which are attached to certain ideas/areas. Further money not released unless the population is 30,000 – 50,000 patients.
- Care Navigators are not part of the normal agenda of NHS England but it became hard for them to ignore data provided, so that has proved a major success. More experienced personnel have time to co-ordinate care and liaise with other agencies: this is a brilliant system.
- Two years ago the practice offered extended hours but this has changed. Spilsby is allocated an extra 2 appointments a night and 6 at weekends. These appointments will be in Ingoldmells which is not very good for patients living in Spilsby. They are booked through the Care Navigators with patients giving permission for their records to be shared.
- NOK said all the GPs at the practice work very well as a team – they are all very passionate about the service being provided.
- NOK stated that all other clinical staff is wonderful. One of the Practice Nurses is still on maternity leave, but once she returns the availability of the other Practice Nurse will get better.

## **9. Any Other Business**

None

DD reiterated her thanks to the whole team at the practice. She stated that the PPG will, as a group, help and support patients in any way they can.

DD thanked everyone for attending the meeting.

The meeting closed at 8.00pm.

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