

The Sidings Participation Group

Minutes of meeting held on Wednesday 15th Feb 2023

Chair: Phillip Bosworth
Secretary : Sue Fidler

Present – Tim Boardman, Mike Forbes, Pat Bowles, Gordon Allen, Alan Pickering, Susan Humby, Roy Humby, Gillian Brown, Alan Brown.

Practice: Trudi Van Haren

Omnes: Kevin Murphy

Apologies: None

Approval of Minutes: January 11th

PB not well and minutes would be brought to next meeting for approval.

Chair:

PB briefly updated the meeting, focusing on events surrounding the last few weeks.

Matters Arising:

It was confirmed a Freedom of information had been submitted re Standard Contract. A short discussion took place.

A short discussion took place with regard to non-attendance by three prospective members. They had been notified 3 times each with no contact in return. It was unanimously agreed contact would be sent accordingly referring to their lack of attendance and consequent removal from the PPG.

The Chair welcomed Director, Kevin Murphy – Head of Primary Care for Omnes. and Ian Scott ICB Network Manager.

Confirmation received re Lauren, Sidings Manager, was unwell , but would be returning shortly. Meanwhile Trudi would be acting manager (in her role as Deputy Manager) to the Practice. Dr Barrett will be leaving the Practice due to potential support issues. It was confirmed additional Locums had been brought into the Practice.

Salaried GPs presented an issue but Locums were readily available.

The Chair expressed his concerns re: locums versus salaried GP and in particular, Patients with long term illnesses requiring continuity, requiring Doctors to engage fully and familiarize themselves with a complexity of notes. Patients prefer to see the same Doctor from a confidence and trust perspective. There is only 10 minutes and it is not enough enough to research relevant notes - fully discuss illness and options to get the best outcomes for each individual, for all.

It was confirmed that active recruitment re: permanent GPs was ongoing. A general discussion took place. It was reported two GPs had confirmed an interest in working within the Practice. A general discussion took place.

An overview was given via Kevin Murphy as to the working of the Practice to - date, emphasizing continuity of locums working within the Practice, building a good relationship with Patients and Staff.

The Chair wished to emphasize, on behalf of the members that Jane Bacon, in the past, had stated the whole of the workforce would be resourced fully, expressing the groups concerns that the Group had been misled from day one.

Need Confirmation re: will there be three new services starting at the end of March?

PPG not consulted as yet. Any change involving new services would normally involve discussion with PPG. Questions were raised re: staffing based on (potential) new skills for the new services and work load increases versus current services and staffing

Evergreen and use of patient data - no further information on this particular GDPR matters since initial meeting with Mark Hindle at the initial meeting.

KM confirmed he would be attending our meetings, bringing information on all the questions raised.

A. KPIs from Contract outstanding.

B. Evergreen APP - GDPR Dta use of patients- still not answered re: questions raised.

Repeat prescriptions versus reviews -raised by a member of the meeting.

Following a short discussion it was agreed that the App needed some tweeking, The inability to add free form text for prescription queries was better on System One on-line. Difficulties in navigation were mentioned with the App.

Review of drugs was discussed. It was felt that System on-line was a good and preferred way forward, for adding medical prescription queries in the freeform text box which is immediately available under the list of medications.

A brief discussion revolved around staffing issues and in particular job safety – retention and recruitment.

It was confirmed by Trudi that there had been more appointments made on line and confirmed by a recent audit undertaken last week. Can the group have sight of the audits?

A list of all staff names and their jobs (positions) was requested. For a happy workforce it is important to have good communication flowing both ways.

Kevin Murphy:

KM was able to confirm his attendance at the Surgery as 2 days per week.

KM wants stable workforce and agreed that changes need to be done better and well with a regard to communication within the team. Also the PPG had no consultation.

There are aims in the process of being set out re: teams, communication being key. KM confirmed he had spent a lot of time speaking to staff, listening to their concerns concern going forward.

The Chair requested a list of all staff, re: their roles and it was confirmed this would be provided.

Evergreen APP – it was pointed out by a member that some GPs were not available on the APP with no confirmation as to specific messages being received via the APP to the Surgery. It was confirmed that when appointments were available they would be shown on the APP. (to be reviewed)

LPFT:

At this point a Team from LPFT had arrived and ready to give their presentation Sarah Cox, Participation Coordinator, LPFT NHS Foundation Trust Mental Health - to discuss the new Norton Leas concept and over view of the new Adult Acute Mental Health Ward.

Pilgrim Hospital, Ward 12 not fit for purpose, separate bedrooms and bathroom facilities were to be introduced within the new complex.

Land has been cleared and is now ready for rebuild.

It was hoped that parity with Lincoln, and improvements in service would be beneficial to Boston and surrounding areas including the coastal area of Skegness.

There was to be a 19 bed stand alone ward. The case for improved services had been endorsed and accepted, with planning permission to be put forward in March.

Alan Patterson:

Costings - 34.2 million - Lincoln two wards, £25.3 million improvements made hence additional costings for Norton lea. Including a 32" Hi Pad in each room - an interactive system where patients can watch TV, do puzzles etc. Basically a de-escalation system.

A given timescale for completion has been given for Summer 2025 – there being a 75-85 week build programme.

IHP - Integrated Health Projects are the Contractors.

P22 process for this type of work – good price restriction validated, general overview given . A PE21 regeneration project.

Ward 12 at Boston Pilgrim Hospital will be vacated, but existing services on the ground floor will remain along with some mental health services.

Ward 12 upstairs will remain vacant for the time being.

A view of the ground floor was presented to the group, the brief being for space and light, along with fresh air. Clinical representations being taken into account have been incorporated within the design.

There would be a designated area for Vaping outside. Visitor day rooms - all rooms being multi purpose, family , multi-faith, changing places, adults – wellness, café ,plus small shop for in-patients and visitors alike.

Can also be used by other groups - autism, veterans, cinema for evenings .

All staff will be transferred from existing ward at PILGRIM HOSPITAL, will take up to two years to fully finalise.

Well known and historical Staffing issues raised re: desirability of Boston discussed - Two main factors being the publicizing and selling of Boston and along with work life and appropriate contract to encourage staff to settle and remain within the area.

It was confirmed that wards would be designated with male and female corridors.

Sarah 16th June 2023 opening day at Lincoln will be a public event, mail shots will be sent out to PPGs.

It was confirmed there would be a full clinical team with an equal parity between Lincoln and Boston. It was confirmed that our MP Matt Warman did not attend a meeting to discuss the plan.

It was felt Boston is not promoted as it should be. Many key advantages from the region.
6 practices in the PCN. Recruitment is still an issue.

Thanks were given to Sarah and Alan for their time and informative presentation.

It had been noted that ICBs would have financial pressure placed on them. ICBs must reduce their annual budget by 5.8 per cent.

It was felt that some GP Practices need additional help in order to become more aware of services re: mental health.

For further information - LPFT website a.paterson @ NHS.Net.

Dates of 2023 meetings, PB to circulate. Action.
Meeting finished 6.35 pm
Next Meeting March 15th 2023.