

Beacon Medical Practice

Meeting Minutes

Reference:	PPG meeting
Date:	24/02/2016
Time Commenced:	14:00
Time Concluded:	15:50

People Present:	
I Bradbury	PPG member
S Carey	PPG member
M Chisnall	PPG Chairperson
C Christopher	PPG member
E Freeman	Guest of SD
L Hemingway	PPG member
J Hodder	PPG member
V Hudson	BMP Operations Manager
N Hutchinson	BMP HR Administrator (note taker)
E Thompson	Lincs East CCG Dementia Action Alliance
C Willbye	PPG member
Apologies:	
A Bliss	PPG member
C Brockwell	BMP Practice Manager
G Brown	PPG member
J Caine	PPG member
P Chapman	PPG Vice Chairperson
M Crane	BMP IT & Data Quality Manager
S Dennis	PPG member
R Roe	PPG member

Initials	Notes
MC	<p>Welcomed all to meeting. Introduced local councillor EF, invited by SD. Introduced ET from Lincs East CCG Dementia Action Alliance. Here to do a presentation.</p>
ET	<p>Stated her role was programme lead for Lincs East CCG. Done a lot of work on developing a Dementia pathway for local area. Involved collaborative working including Lincs East CCG and Lincs County Council. Purpose is to improve pathway for both people with and carers of people with Dementia locally. Would give an overview, invited questions and feedback. Has presentation on powerpoint that could be sent to interested parties. If that is the case, to let MC know. Part of joint strategy has involved system review and consultation. Process has identified areas for improving peoples Dementia journey. Six areas:</p> <ol style="list-style-type: none"> 1. Pre – diagnosis. 2. Diagnosis. 3. Learning about the disease. 4. The right help at the right time. 5. Managing difficult times. Support to live at home, support to be independent. 6. Care, compassion and end of life care. <p>There is a list of actions people sign up to.</p>

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This is not a verbatim account of the meeting but how the note taker perceived the meeting

SC	Asked where ET had been for the last three years? In her personal experience of dealing with Dementia she had no help.
ET	Apologised for SC's experience. Since working in Dementia is aware of the lack of support some people receive.
SC	Continued that the main issue is that people won't diagnose it.
ET	Responded that she was not a Clinician, so was unable to comment on that but will take this feedback back to service.
SC	Stated her late ex-husband had Parkinson's disease. Can get Dementia or Dementia with Lewy-Bodies as part of this. No one in Skegness would define it.
ET	Discussed how it is now a Govt. priority to improve diagnosis. GP's respond to patients who present symptoms. There is little support. It is hard for GP's. A patient may go to GP with a memory worry. It could be a clinical issue or other issue. Might do tests to help detect, or if other issue, treat to reverse issue. Can be a dilemma. Those who present will be referred to a memory clinic. They would diagnose not GP. There is a stigma around this. People are scared of the diagnosis. Systems have been put in place within NHS to resolve this.
SC	Commented that she had not realised Dementia was a terminal disease.
ET	Repeated that she is not a Clinician but was aware that it is defined as a long term condition. Although depends on type and severity of Dementia.
SC	Discussed her late ex-husbands case. Dr's say it is terminal. Dr's did not discuss what would happen. It was a terrible shock and I couldn't get the answers I wanted.
ET	Replied that she was sorry and nothing she could say now could change that experience but part of her role was trying to make a change for people to improve on the past.
CW	Talked about voluntary group involved in, for both people with and carers of people with Dementia in Skegness. Finds it such a reward to be able to support people. Meets first Friday of the month at the Methodist church on Alghitha Road. Between 10 – 12, all welcome. It's free, also raise funds for taking people out. A really lovely place to go.
IB	Felt that a key issue was identifying that carers also need support. GP Practices have a role to play in this, in identifying and referring. People then have a choice on whether to access.
CW	Referred back to stigma. People are frightened. Discussed group established in CSL with TT. No one came to it which was a shame. A lot of effort was put in.
ET	Continued that it is an aim was to improve diagnosis rates. Aware there are issues getting people to engage. People should be less scared with work now being done.
MC	Agreed about issue of getting people to attend such places. Felt mental health issues are the 'stigma of our generation'.
SC	Agreed that her late ex-husband felt embarrassed.
CC	Talked about his personal experience of Dementia, as a carer for both his wife and also a close friend. Discussed issues with care homes and paperwork faced and also rules and regulations. Couldn't even book a GP appointment without having power of attorney. Felt care workers in home have no time for residents and amount of paperwork is horrendous.
ET	Agreed about amount of paperwork in care homes. Is a necessity as they are required to be risk adverse.
CC	Commented that paperwork is not done for the benefit of the individual but done to protect the local authority.
MC	Noted that with complaints and compensation culture, you could understand why

	they do this.
CC	Felt care workers don't even have enough time to read paperwork. Discussed domiciliary care where calls can be 15 minutes in duration. Carers can't even meet a person's needs in that time and that's without reading paperwork.
ET	Explained that another part of project she was involved in was working with other organisations on how to support and access. Discussed Lincs County Council commissioning new service once diagnosed. Now able to offer family support services. To support people with Dementia, their family and their carers. Ensuring that they can all access information, support, signposting, navigation services, health and legal help.
CC	Asked how easy these services would be to access.
ET	Partly relies on self-referral. Exciting to see this happen, to see change, but will only really see change when people on the ground start accessing.
CW	Stated that at voluntary group support is given to people who need help filling in forms such as PIP forms. The forms can be unbelievable. With the group, help is there if it's needed and the people that attend know that. Dr's should be able to tell people what they're entitled to. If you don't ask, you don't get, but how do people find out about how the system works? It's sad that not many people come forward or volunteer.
ET	Stated that a directory of local services had been put together. Citizen's advice had been funded to provide specialist support.
CW	Talked about how present system can be unfair. Aware of a resident of CSL, as those that finance are aware that she has £1000 in bank they won't fund her transport for treatment. Expected to pay £90 herself each time required to attend. Can't afford that and £1000 isn't even a lot for life savings. Volunteered to take her myself at my own cost, she can't be expected to pay that.
ET	Advised that the first port of call for people whether patient or carer should always be GP.
CC	Asked if BMP had a specific lead GP for Dementia?
VH	Responded that all Practitioners are able to support with this.
ET	Commented that a concerned GP would refer to memory clinic. Memory clinic if there is a need (is dementia) will refer automatically to family support services.
LH	Asked if GP's should advise on who people should get in touch with?
ET	Replied the GP should refer to memory clinic, the clinic refer on.
SC	Asked if there was a local memory clinic.
ET	Believed the local service for Skegness was based at the hospital. Would eventually like to have clinics within practices. Discussed Dementia Friends community. All care and support for you and your family through Dementia support network. Within this there will be H&SC support and support network funds, for things such as activities, group transport etc. Looking to support those affected earlier on, hopefully slowing progress, ensuring support in place for if things go wrong. Dementia Friends organised by Alzheimer's society. Trying to make people more Dementia aware. Provide sessions that aim to change people's outlooks. A back to basics approach. Support and advice on how to adapt as changes happen. Signposting to services. Advice on how to think differently. Aim is to keep people well longer. Can't underestimate the impact dementia has on people not just those with, but those that support. Dementia action alliance is a social movement. Aim is to change communities into dementia friendly places. Support in Boston, Louth and Skegness areas. Invited people to attend next meeting. Planned for Spilsby in April. Details from MC. DAA are also looking for a chairperson if anyone is interested. Round the table people and organisations pledge actions to support dementia in

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	the community.
CC	Discussed concerns with charity fundraising on where money actually goes and who benefits.
JH	Referred back to stigma. Noting that it's all very well offering services but the biggest problem is getting people to wherever these things are to help them.
CW	Commented that as dementia progresses those with it are less aware, its family, carers that have more awareness and concern about issues.
IB	Saw key issues as allowing breaks for carers of people with Dementia. Entitlements to weekends or even afternoons away to give them a break. Something as simple as this gives people the strength to carry on. Potential in future to end up costing NHS and social care millions of pounds more.
ET	Talked about assessment process. The need to engage with primary care to work together to identify a register of carers, after assessment. This would help identify the people IB referred to. Discussed on-going piece of work on emergency respite, an area which needed to improve, considering factors such as cost and ease of accessing.
JH	Commented that the earlier people get to these places for help, the better.
ET	Informed the meeting that 15 May is Dementia awareness week across UK. Events taking place across Lincs East CCG area. Includes a pop-up at Hildreds centre in Skegness. Any other suggestions appreciated. To give to MC for forwarding to ET.
MC	Confirmed that date for Hildreds would be 17 th . Would be cited outside Home Bargains. All day event.
MC	Read out and asked for apologies. * see attendees above. Commented none received from FB, EG or TT.
MC	Asked if anyone had any comments from previous month's minutes.
CC	Stated that he had and asked that what he said be minuted. SD at last meeting stated that BMP was a multi-million pound business. Etc. Felt appalled by those comments. Found them inappropriate. Added that SD sits on all councils and all committees and if that's how he feels, then he shouldn't be on PPG. The NHS belongs to all of us and those comments were not right.
LH	Asked for an update on walk-in centres as he didn't feel any progress was being made. (Brought in a list of centres locally for BT/VH/CB to look at).
VH	Talked about difference between surgeries and walk-in centres. Not looking at walk-in's directly. Looking at surgeries to compare like for like, to see if there are better appointment systems out there. Bourne and Horncastle recently visited. BT hoping to attend next PPG meeting to feedback on progress from these visits.
LH	Commented that this goes on month after month and is just dragging on.
MC	Responded that this is a national, not just local problem. Added that the local GP shortage was not helpful.
CC	Talked about how in past at surgeries when you just arrived and waited to be seen, how much better this system was.
MC	Replied that the concern with that is the volume of patients at BMP.
VH	Reiterated that the appointments system was still under review. BT is still looking at. Two new CP's had finished induction training and were now taking appointments, this will alleviate some pressure. Evidence of such already this week with appointments still being available after 9am.
MC	Contributed that she was able to get an appointment for herself this week after 11am when she phoned up. Was able to get a cancellation.
IB	Stated that in his opinion part of the problem is the telephone system. If it's not

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	working properly, then it creates a problem. Commented on later appointments being released online.
VH	Confirmed that as well as appointments released online, they are still released over the phone, via an automated service as Practice is closed. May be automated but appointments can still be booked over the phone.
EF	Referred back to the matter of mental health issues. Suggested that it would be useful to have some psychiatric input from hospital. Could this not be rotated in? For some patients 10 minute appointments are not enough. This extra support could nip a crisis in the bud. Informed meeting about her career background and clinical knowledge and experience in this area.
VH	Noted the suggestions and stated that she would pass them back to CB.
SC	Asked if appointments could be booked with the new CP's online?
VH	Responded that this was not the case at present for CP's but will look at this with MCr.
CW	Commented on the difficulty of trying to cancel an appointment on automated system. Due to a fault, despite trying numerous times, this resulted in her being informed she had DNA'd.
VH	Confirmed that she will liaise with MCr, to look for faults in system.
SC	Asked if there was any progress with Practice appointing any additional GP's?
VH	Confirmed that there are potentially two interviews. Awaiting clarification an update on when interviews will be.
MC	Informed that she had managed to set a meeting with both local MP's MW and VA. Meeting arranged to take place at 14: on 08/04/2016. Meeting is purely open to Executive PPG members to attend. Meeting to take place at Royal Arthur Centre. Ingoldmells. Spoken with CB and PC. AGM is also due, so proposes that it take place also on 08/04/2016 at 15:30 after meeting with MW and VA? Informed EF that as a guest only and non-member, she would be ineligible to attend meeting.
*	All agreed that this was acceptable.
MC	Confirmed details for minuting: On Friday 8 th April 2016 at 14:00 there would be an Executive PPG meeting with MW and VA. Following straight on from this, at 15:30 the PPG AGM would take place. Both of these meetings will take place at the Royal Arthur Centre in Ingoldmells.
MC	Referred back to a draft letter that RE had drafted in July 2015 to local MP's. Asked members to look at and consider questions they would like asking to MP's. Questions to be given to MC at next PPG meeting on 18/03/2016. Asked NH to distribute copy of letter to members when issues minutes from this meeting.
MC	Discussed difference between PPG member and Executive member. All patients are members. Those that sit on PPG representing their surgery are Executive members. SD is the liaison between PPG and ELDC.
LH	Asked EF is she would like to become a PPG member?
EF	(Considered this and then accepted) Yes.
LH	Proposed EF joining PPG. (Please see footnote).
*	All present were in favour. (Please see footnote).
MC	Welcomed EF as a member. (Please see footnote).
IB	Reflected back on letter RE had drafted. Felt it would be useful to bullet point key points, as lots of inter-related issues were incorporated into letter.

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	Sees the funding issue for TR's as a key area for discussion.
MC	Informed the meeting that next month's PPG meeting had a change of date, due to Easter. Moved from 23/03/2016 to 18/03/2016. Was now on Friday prior to. Would still take place at BMP Skegness at 14:00.
MC	Asked VH to present Practice Managers report in absence of CB.
VH	DNA's were down in previous month. Also down on last year which was good news. In January the Practice received nine complaints. Two were related to administration and seven were medical complaints. There was also one comment with regard to the appointments system. Patient had found it difficult to get an appointment, so instead of using emergency triage, they had opted to go to out of hours for treatment. CQC final inspection report had been received. Rated as good, which is excellent news. CCG had not met since previous meeting, so nothing to feedback in that area. New copy of patient newsletter produced and available.
IB	Commented that from report, it's interesting to note that far more Nurse DNA's occur than GP.
VH	Acknowledged this, stating that a possible issue with Nurse appointments is how many can be booked and how far in advance. Possible that people forget.
MC	Discussed the PPG chair meeting that she had attended. One topic covered was the mobile chemotherapy unit, not being used, sitting at LCH. Service has anew Manager and this has been taken up with them.
EF	Suggested that Healthcare at Home could be looked into in relation to this.
MC	Replied that this was an area being looked at already.
EF	Informed the meeting about the difficulties in recruiting people with specialisms into the local area. Part of team with SD working on new development plan, looking at planning for the future. Looking at ways to attract people to area. Discussed geographical problems and issues with infrastructure in Lincolnshire that deters specialist Dr's and Nurses from area.
CC	Felt caravan site owners had a responsibility to contribute to area. They need to put their hands in their pockets, which they don't.
EF	Assured CC that these issues are being looked into. Gave scenario of a person who may live in Sheffield and pay council tax to that authority, but they actually live here for 10 months of the year. A loss in revenue to this area. ELDC and LCC need to find a way of getting revenue for cases like this. There are around 37,000 vans and miniscule council tax is collected.
CW	Felt van owners were under impression that they pay council tax as get billed £600 by site owners.
LH	Agreed with this statement, adding that they are unaware they are paying the site owners fees.
CC	Felt there was a clique of councillors in both Skegness and ELDC.
EF	Commented on volume of patients per GP in area was 14000/1.
MC	Corrected that the figure was actually 3000/1.
MC	Invited everyone around the table to introduce themselves to EF.
MC	Asked if anyone had any other business or matters of concern or praise?
CC	Wanted to praise Dr's. Had an appointment and was treated with nothing but kindness and courtesy at the surgery.
JH	Stated that she would like to praise the minor op's service. Found her experience to be excellent throughout, from Dr to all of the nurses.

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SC	Asked why the mobile MRI unit was situated at Fire Station and not at BMP?
VH	Confirmed that the reason was because it could not get onto the car park. Fire Station was nearest accessible location to situate it.
IB	Commented on the short distance of MRI unit. Still only across the road from BMP.
CC	Asked if there were any plans for emergency services to be situated at any holiday Parks this season?
VH	Was unaware at present time, as not provided by BMP. CCG arrange. Believes there are some plans.
MC	Confirmed information over Easter and between May to September.
JH	Commented that she felt a bus stop should be placed outside of Ingoldmells surgery, as underused. Easier for people from Ingoldmells to get on bus to CSL than it is ING.
LH	Stated that the Parish council had been in liaison for seven years with LCC who are responsible. LCC say not viable based on cost.
IB	Felt this was a key issue. Suggested communicating with Butlin's, as they may be prepared to contribute or pay. Would make a big difference.
EF	Discussed how from a councillors point of view, they would be looking for evidence on how not having a bus stop hinders the practice. Evidence is needed on paper. Stated that if said evidence is produced, she would be prepared to challenge LCC over the matter.
MC	Replied that she would communicate with LCC regarding the matter,
	MEETING CLOSED

Footnote:

Unfortunately, after being offered a position on the PPG Executive Committee, it has since been confirmed that Cllr Freeman is not a Patient at BMP and is therefore ineligible to join our PPG. Therefore, the offer has now been retracted.

Cllr Freeman has also been informed that for the same reason she will be unable to attend the meeting on 08/04 with local MP's MW and VA.

I have spoken to Cllr Freeman about this, explaining the position and giving her my apologies for the error.

I am sure Richard would have asked the question first, but I am still learning!

Marigold Chisnall
Chairperson

If you know of anyone on the Executive Committee that is not receiving minutes could you please ask them to contact me on either nick.hutchinson1@nhs.net or on my direct line 01754 897031 (8 – 4, Mon – Fri) to resolve this.

Kind regards
Nick