

Beacon Medical Practice

Meeting Minutes

Reference:	Patient Participation Group Meeting
Date:	27 th February 2017
Time Commenced:	14:00
Time Concluded:	15:00

People Present:	
I Bradbury (IB)	PPG member
C Brockwell (CB)	BMP Practice Manager
F Brown (FB)	PPG member
S Carey (SC)	PPG member
P Chapman (PC)	PPG Vice chair Person
M Chisnall (MCh)	PPG Chair Person
S Dennis (SD)	PPG member
J Fletcher (JF)	BMP Dispensary Manager
E Gasson (EG)	PPG member
L Hemingway (LH)	PPG member
N Ridley-Hutchinson (NH)	BMP PA/HR Administrator
T Tansley (TT)	PPG member
T Whitworth (TW)	Visitor
Apologies:	
A Bliss (AB)	PPG member
M Crane (MCr)	BMP IT & Data Quality Manager
V Hudson (VCH)	BMP Operations Manager
R Roe (RR)	PPG member
M Turton-Leivers (MTL)	PPG member

Initials	Notes
MCh	Welcomed all to meeting. Introduced TW to meeting as guest, possibly interested in joining PPG. Welcomed SD back to meetings.
TW	Discussed background and wish to get involved to try to improve experience.
MCh	Requested apologies.
NH	Confirmed that apologies had been received from MCr, VH, RR and MTL
MCh	Had received apologies from AB. Asked all present to review minutes (25/01/2017).
TT	Commented on issues raised on page 5. Updated meeting that CSL Residents Association in conjunction with CSL Parish Council had been successful in getting axed bus route reinstated. ELDC will fund for an additional 12 months from 1 st April 2017. Will monitor service over this period, so needs to well used.
PC	Asked TT if she'd had any success with the Call Connect service?
TT	Advised that she had been in contact with them and they would be attending the April Residents Association meeting.
MCh	Asked those present if they were happy with meetings continuing on Mondays as previously discussed?
*	Consensus was Mondays were a better day to hold meetings on. Preferable to Wednesdays for people's availability.
CB	Asked whether there had been progress regarding Cllr Fry minutes?

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TT	Responded that she had requested a copy of minutes but as yet these were not forthcoming.
FB	Commented on the wider issues and Practice response.
MCh	Advised that with regards to the Hardy's project, the Practice had not been informed of the meeting, so had no opportunity to respond.
TT	Agreed with MCh's comments.
CB	Informed the meeting that the CCG were now going to be the direct voice for the Practices, as projects of this scale (800+ projected capacity) have the potential to affect more than one practice in the area.
FB	Asked what the CCG would be doing?
CB	Responded that the Practice would know more shortly, as CCG was in the process of restructuring as S Brine who was heading up that area has moved on.
TT	Informed CB that she would make her aware if she heard of any more meetings in the CSL area. Questioned whether it was right that there were obviously two sets of minutes for this previous meeting?
*	CB distributed her minutes to PPG immediately after 25/01 meeting.
SD	Commented that it would not be legal from council perspective.
TT	Updated SD of discussion from last meeting. Cllr Fry had advised at a meeting that BMP had no objections as there would be no impact on services. Minutes from CB of same meeting state BMP would have concerns. MTL was at same meeting where Cllr Fry openly stated this.
MCh	Advised SD that BMP were neither informed about the Hardy's project or invited to attend the meeting, although they were a topic of conversation at the meeting due to Cllr Fry's comments. Discussed concerns about Practice and PPG not being advised of meeting. Commented on 106. Continued that if there were a potential 800+ more people coming into the area then there has to be measures in place to enable access to services.
SD	Informed that planning at council would only have ability to consult with so many parties on a particular project.
FB	Commented that surely something as important as this, then there was a duty to consult with health services?
CB	Suggested to MCh that they both raise this matter again tomorrow at the PPG Chair meeting.
IB	Discussed the need to clarify the process of who the council does consult with on issues as important as this.
CB	Agreed, adding that if they were not discussing it with Practice or CCG but were informing just NHSE as an example, the information they provided would more than likely just fall into some abyss.
FB	Advised that she would contact Chris Panton at ELDC for clarification on who was consulted.
SD	Discussed average volume of objections to proposals. Felt some people just object to any growth as they don't want change.
PC	Agreed with SD, stating that projects like Hardy's were necessary as area needs holiday makers to be successful.
SD	Agreed with PC comment. Discussed projects would lead to more employment, extended season would result in less seasonal and more permanent positions of employment. Councils have a responsibility to get the balance right. Felt CSL Parish Council in particular was a problem as they are in such disarray.
TT	Added that at the Hardy's meeting held in CSL, like her, there were lots of people who did not oppose the actual project, there is just the belief that the infrastructure to support it must also be in place. Does not want CSL to stagnate

	but things need to be in place for further growth.
FB	Informed meeting that under 106 agreements, Developers have a responsibility.
MCh	Asked CB to present her monthly Practice Managers report.
CB	Reviewed DNA's for period April to January. Feels they have now plateaued at around 5%.
SC	Noted volume of DNA appointments with PN's. 167. Discussed not being able to get a PN appointment herself as was informed that BMP had sent out 400+ letters out as reminders for people to book in for tests. Had a 2 week wait because of this.
CB	Reminded meeting that as discussed on previous occasion's most likely reason for DNA being higher with PN's is twofold. Firstly, more likely to be pre booked, so people may forget. Secondly, volume of appointments in comparison to CP/GP. Lots of PN appointments may be 5/7.5 minutes in duration. GP/CP tend to be on the day, so less likelihood of DNA. GP duration on average 10 minutes. CP on average 12 minutes.
SC	Asked if it was possible to find out why people were not attending?
CB	Responded that BMP do not have the available resources to do this. Suggested that PPG may wish to support in this if there was an ability to do so.
LH	Commented that he would be interested in supporting with this if able.
CB	To consult with MCr on this with issues such as confidentiality and IG to see if can be progressed.
EG	Felt frustrated by DNA's when other people cannot get an appointment and these people do not turn up.
SC	Informed meeting of some harsh comments that had been made about BMP on social media.
TW	Advised that he had also seen negative comments, mostly related to inability to obtain appointments. Discussed own inability to obtain appointment for his wife last week. Commented on time taken and volume of missed calls to arrange.
IB	Noted that people may have mixed experiences of the telephone system, but whether at 08:00 or 18:30 when appointments are released, has never had a problem. Maybe once or twice in three years had a problem.
FB	Agreed with IB and added that her experience had always been positive too.
SC	Asked how many appointments are available daily?
CB	Informed on process of releasing appointments. Mixed release of daily and pre-bookable. Cannot give a figure on daily appointments as it depends on clinicians working on each day.
PC	Commented on how good she found the CP's to be. Wondered if a problem was that some people just want to see a GP? Unaware of how good CP's are and how much they can do? In own experience they have been brilliant.
SC	Felt there might be a need to educate the public about CP's more?
CB	Replied that BMP have tried this through newsletters, website, tv screens in surgery. Discussed recruitment. Two Partners had attended LMC event at Louth for International GP recruitment. 26 potential GP's present. Speak good English, are fully qualified to practice in own country. Part of three year plan to increase GP numbers locally. Confirmed eight were interviewed. Partners liked five, hopeful of appointing two. Will hopefully be able to provide more detail and progress by next PPG meeting. Discussed Practice complaints since last meeting. Eight received. Variety of reasons ranging from appointment access to communication and attitude. Three suggestions had been received in suggestion boxes. One was a request for music to be turned down as felt it was too loud.

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JF	Replied that the difficulty with this is that the tannoy system is linked to same speakers as music, if music turned down too low, patients can't always hear their GP when they call out for their next patient.
CB	Advised that there was a suggestion that a cold drinks machine was put in at ING, which could be looked at. Thirdly was a comment that a patient had received a fast, reliable service and that the Dr's were nice. Issued LECCG medicines waste and repeat medicines processes handout to all present. Purpose is to put patient in control and reduce waste.
TW	Commented that he had seen information on this in surgery, asked when fully rolling out?
CB	Replied that it was in process of being phased in as per review. As per patients birthday.
TW	Responded that his was a good idea. Discussed issues of not being able to return any medication once collected.
PC	Commented that blister packs were also a successful way of reducing waste.
CB	Issued handout on changeover of patient transport provider from 1 st July. NSL service will cease as new contract awarded to Thames ambulance service.
SC	Asked if there would be a need for people to re-register for service or whether there would be any criteria change?
CB	Replied that the handout and accompanying press release was the only information presently held but was attending a meeting tomorrow and would enquire further.
LH	Discussed concerns about local health services being moved out of area. Particularly the news that potentially all maternity services would cease at Boston and be located at Lincoln only. Commented about distance to Lincoln and availability of ambulances to get someone to Lincoln when service already under strain.
FB	Advised that potentially the same would be happening with stroke services, which was alarming as Boston offer an excellent service.
CB	Discussed consultation process and the importance of getting people involved and keeping these services within area.
EG	Informed meeting that Boston had been voted third best in country and to lose it would be terrible. People need to fight hard to keep it.
TT	Discussed the logistical difficulties. Boston already 30/40 minutes away. Lincoln is around an hour away. That doesn't include waiting for an ambulance to arrive.
SD	Felt the Lincolnshire region was one of the most disadvantaged in the country.
MCh	Asked if there was any other business anyone would like to raise?
IB	Questioned referral screening process.
CB	Advised about orthopaedics and MSK service providing screening. Switching off AQP as previously discussed was now not happening.
EG	Discussed ULHT services and GP's referring. Concerned about people travelling out of area and whether local services were promoted?
CB	Advised that local services are definitely offered but as part of NHS constitution, it is a fundamental right that patient choice is always given. If a patient would prefer to be seen at a hospital elsewhere, that is their entitlement. Suggested that if there was a wish for more people to choose local, then surgeons need to play their part in creating a feeling of excellence and confidence to achieve this.
SD	Stated that he wished to compliment BMP on new repeat script service. Suggested text reminders for pre-booked appointments to improve DNA figures.
CB	Advised that text reminder service already operates but can only be offered to

	patients that choose to sign up. Cannot send out text reminders to patients that have not consented to service.
LH	Informed meeting of an issue with lady in ING who collapsed in village. Required defibrillator but requires code from Police. They gave wrong code so could not be used. Thankfully ambulance arrived shortly after. After being discharged, this lady received no aftercare was sent home to a residence with no electricity. Vulnerable and lives alone.
MCh	Advised that neighbourhood team should have been involved by hospital before discharge.
CB	Suggested that matter be reported to PALS.
TW	Advised that after being a guest today that he would like to become a member of the PPG.
MCh	Welcomed this.
PC	Agreed TW would be a useful addition to committee.
MCh	Reminded all that next meeting was scheduled for Monday 20 th March at 2pm, Skegness surgery.
*	Some members questioned why April and August dates were excluded from previously circulated list of meeting dates for 2017.
NH	Advised that the date in April it would have fallen on was a Bank Holiday. Also April is usually AGM month. No meeting set for August as usually members take this month off. Holidays etc.
TT	Asked if AGM was happening in April?
MCh	Replied that AGM could be discussed further in March meeting.
	MEETING CLOSED

Acronyms:

AQP	Any Qualified Provider
BMP	Beacon Medical Practice
CCG	Clinical Commissioning Group (LE Lincolnshire East)
CP	Clinical Practitioner (including Emergency Care Practitioner / Nurse Practitioner)
CSL	Chapel Saint Leonards
DNA	Did Not Attend
ELDC	East Lindsey District Council
GP	General Practitioner
ING	Ingoldmells
LMC	Lincolnshire Medical Committee
MSK	Musculoskeletal
NHSE	National Health Service England
PALS	Patient Advice Liaison Service
PN	Practice Nurse

Future Meetings:

March	Monday 20 th March 2017	14:00	Skegness Surgery*
April	No meeting – possible AGM month		
May	Monday 15 th May 2017	14:00	Skegness Surgery*
June	Monday 19 th June 2017	14:00	Skegness Surgery*
July	Monday 17 th July 2017	14:00	Skegness Surgery*
August	No meeting – Summer Break		
September	Monday 18 th September 2017	14:00	Skegness Surgery*
October	Monday 16 th October 2017	14:00	Skegness Surgery*
November	Monday 20 th November 2017	14:00	Skegness Surgery*
December	No meeting – Christmas Break		

***Conference Room**

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