

Beacon Medical Practice

Meeting Minutes

Reference:	PPG
Date:	27/01/2016
Time Commenced:	14:00
Time Concluded:	15:15

People Present:	
A Bliss	PPG Committee Member
I Bradbury	PPG Committee Member
C Brockwell	BMP Practice Manager
G Brown	PPG Committee Member
S Carey	PPG Committee Member
P Chapman	PPG Vice Chair Person
M Chisnall	PPG Chair Person
C Christopher	PPG Committee Member
S Dennis	PPG Committee Member
E Gasson	PPG Committee Member
L Hemmingway	PPG Committee Member
V Hudson	BMP Operations Manager
N Hutchinson	BMP PA/HR Administrator (note taker)
RL Rashid	BMP Partner/GP
Apologies:	
F Brown	PPG Committee Member
J Hodder	PPG Committee Member
R Roe	PPG Committee Member

Initials	Notes
MC	Welcomed all to meeting. Wished all a Happy New Year. Issued agenda to all. Thanked RLR for attending today and for representing GP's.
RLR	Thanked MC for the invitation to attend.
MC	Commented that it was nice to see EG back after being unable to attend previous meetings.
MC	Read out apologies from FB, JH and RR.
MC	Informed the meeting about a news article and the recruitment of GP's. Only 1 in 3 accepts posts. Some surgeries across UK have close due to lack of GP's. Conference in London on Saturday to discuss crisis. Felt BMP were handling staffing situation well with use of CP's and that they were a real asset to the Practice. Commented that Patients should be educated about CP's and what they are able to do. Enquired whether any Patient surveys had been carried out in this area?
CB	Agreed that for some Patients further education on CP abilities would be useful. Some people believe that they are Nurses. This is reason for job title change from NP to CP. Feels the message is getting out there though about CP role. To look at information on website, wrap around on Practice TV screens. Discussed how this was the way forward nationally for Practices. Works in a

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	similar way in USA.
RLR	Agreed that a level of opportunistic education would be beneficial. Practice utilises CP's well. Also useful in areas such as GP follow up appointments. Can explain to Patient that they will see CP for review appointments. CP's qualified to deal with and CP's will always make GP aware of all necessary information.
MC	Commented that from personal experience had found them excellent. Three experiences of appointments with and each excellent. Suggested an article on CP role in next Patient newsletter.
CB	Agreed that it would be appropriate to include. AR is currently working on next issue.
RLR	Informed the meeting about the regular training CP's receive at BMP.
EG	Agreed with the positive comments made about CP's and that some Patients did need educating about what a CP can do. Feels that if someone is poorly it shouldn't matter who a person sees as long as they get to see someone competent. Discussed how he feels that the PPG committee could also promote CP's and educate people about CP's.
MC	Suggested that it may be useful if she looked into an article being put into local newspapers on matter. Discussed Target and Standard for this purpose.
CB	Advised that she would put a list together of what a CP is able to do.
LH	Enquired how many CP's BMP currently employed?
CB	Responded that with the recent appointments of JSt, LD and NHa the Practice now employed a total of 8 CP's.
RLR	Informed the meeting about the level of experience and backgrounds of the new CP's, including casualty and intensive care backgrounds. Highly trained and competent additions to team.
MC	Moved on to the subject of the previous meetings minutes. Asked CC as CSL representative whether there had been any movement on car parking issues that had previously been discussed?
CC	Replied that he had not heard of any updates.
PC	Discussed how at present in CSL the car park opposite the Practice has free parking with it being out of season. Added that when in season, people would be able to park there for only £1.00 which she felt wasn't unreasonable. Added that concerns about the property previously discussed have been addressed to an extent as there were traffic cones outside the address in question, which she hoped was doing some good.
CC	Announced that parking at the carpark opposite the Practice would continue to be free up until April.
MC	Enquired whether there was an update on the times the doors of the Practice in CSL were opening to the public in CSL, following previous comment.
CB	Advised that MCr was unable to attend today's meeting because of other commitments. Will get an update from MCr for next meeting. Wasn't aware that it was still an issue.
MC	Asked whether there was an update on the voluntary care service in CSL?
CC	Commented that he wasn't aware of any. Discussed how there was an issue with the Parish Council office and that they had refused to put up a notice advertising the service.
MC	Asked there was any further update on previous discussion about hard of hearing Patients not always hearing when they are called for appointments?
CB	Advised that the matter was still being looked at and options such as names appearing on the new TV screens, or on a 'ticker-board' were still being considered.

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MC	Enquired whether there had been progress with purchase of new touchscreens?
CB	Informed the meeting that this had been done and the new screens were already in place.
PC	Stated that they were very good.
LH	Agreed that the new screens were an improvement.
MC	Asked the meeting to agree the previous minutes as an accurate account.
*	Minutes agreed as accurate.
MC	Asked CB to present the PM report and also to present findings on 106.
CB	Informed the meeting that she would begin with PM report before 106 update. Since last PPG meeting there had not been a CCG meeting, so nothing to report back on in this area. DNA figures, a rise but still comparable to last year's figures.
IB	Enquired why in October there had been a peak in comparison to August? Commented that he was surprised as felt there would be more DNA's during peak holiday season.
SC	Wondered if because weather is better in summer that people are more likely to come out and attend appointments?
CB	Informed the meeting that part of the reason may be that in August that there were fewer appointments on offer as there was more staff annual leave in this period. Less Clinicians available meant less appointments offered.
IB	Asked for an average figure of Dr's appointments offered per month.
CB	Discussed figures on report, 12,000 booked slots. 700 DNA, 13/14,000 offered on average between GP, CP, PN, HCA. Did not have a breakdown specifically of GP appointments only.
IB	Commented that he wondered whether people were less likely to DNA on a Dr's appointment then they were on a PN/HCA appointment?
CB	Discussed how it can be an issue for PN/HCA appointments as if people decide that they are not coming, they feel they don't need to or want to attend they do not always inform the Practice of this.
SC	Asked whether a factor of this could be to do with whether PN's make appointment with Patient at the time, or that there is an assumption?
CB	Confirmed that contact is made with Patients from list. With exception of anti-coagulation where appointments are made at time, PN's have slips, Patients take to reception to book.
IB	Enquired whether this could be highlighted in the next Patient newsletter? Stressing the importance of attending appointments made.
EG	Felt strongly about the issue of DNA's. Felt PM report figures indicated a loss of at least 2/3 days' work by clinicians, gone to waste by people not turning up. Commented that something must be done about this. Already spoken to MW local MP on matter informing him that not acceptable. Nothing has happened but intends to speak to him again on the subject.
SC	Expressed how she felt that this was not just an issue locally. It was happening all around the country.
MC	Agreed with SC that this was indeed becoming a national issue.
LH	Commented on the amount of NHS money lost on missed appointments and how this was unacceptable.
CB	Informed the meeting that she had written to MW local MP. Stated that as everyone aware he did not make the 10/12 meeting. Discussed time scale. Correspondence from RE was sent to him last June. Would be useful if he at least re-read this correspondence.
CC	Asked whether VA local MP had also been contacted, as MW represents Skegness and Ingoldmells, but CSL falls under her as MP.
MC	Commented that she is in communication with both local MP's. Aware that RE

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	had also corresponded with VA as well as MW.
PC	Advised the meeting that she had her own meeting with MW soon and enquired whether the committee felt it would be appropriate if she raised the subject with MW again at this time?
MC	Agreed that this would not be an issue. Would be useful.
SD	Commented that Fridays may be a better day to try to arrange meeting with MP's than Wednesdays. Felt may be easier if MW approached for date that is best suited to him.
MC	Asked whether a room could be used at BMP to facilitate a meeting if should be on a Friday?
CB	Responded that afternoon would be no issue. Meetings already take place in conference room in the mornings.
CC	Discussed concerns about VA MP. Doesn't visit area. Never been to CSL.
CB	Returned to PM report material. Complaints. 5 formal in November, 3 in December. Subject matter was lack of appointments, reception, clinical. 2 were later withdrawn. Suggestions and comments from Patients included: Patients who miss appointments should be fined. TV screens should bring up names. There should be children's entertainment such as toys and books. The music played should be better. Appointments take too long to get. It's hard to hear when a Dr calls your name. The music is too loud. Should get a text reminder of appointments. Practice had received letter of thanks about JSt and CL and their treatment of a Patient.
CB	Discussed staffing levels. As previously discussed a new CP and ECP started in January. In addition to this 2 independent expressions of interest have been made for salaried GP positions.
SC	Asked if CP's could be added to online booking as a choice for appointments?
CB	Replied that this request would be taken to appointments committee.
RLR	Felt a piece of work needed to be done with CP's. Who does what? Locations based. Sees their roles gradually evolving. Looking forward to GP interviews. Discussed probability of Practice appointing 1 of the 2 if suitable. Both expressed interest in part time working. Aim is to interview at end of February. Expressed how important it was for the Practice to not just get another GP. It needed a good one. One that fits in with our standards.
CB	Discussed update on 106 agreement. Met with MJ from CCG. Put forward case about TR's and permanent TR's. Many of whom have complex problems and are seen by the practice often. Working on document in relation to funds. Looking at figures per dwelling. Discussed principles applying to document. Felt our case was understood and was hopeful of a satisfactory outcome. Suggested 'watch this space'. Will advise of progress.
CC	Commented on his concerns about local area. Pressures on local infrastructure. Condition of roads with volume of traffic. Problems getting Dr's appointments. Feels continued expansion of caravan parks will make the problem worse. Discussed how the Parish Council had approached the local Diocese to see if site could be used at back of village hall in CSL for new surgery site. Discussed BMP leasing land from Diocese. Awaiting feedback.
CB	Was unaware that this approach had been made. Welcomed that people are forward thinking in support of BMP. Cost would be a factor to the Practice however.
SD	Advised that he saw BMP as a multi-million pound business and that as such

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	they should fund themselves. Believes BMP should show some get up and go as it is a big company. Stated this was not a criticism of BMP just a personal view.
LH	Asked whether there was any update on walk-in appointments. BT had previously attended meeting, stated would return and provide feedback of findings but has not done so to date.
CB	Discussed how BT had visited Bourne and Horncastle based on information provided at previous meeting. Not systems led to believe from meeting. To progress clear evidence is needed from a Practice of comparable size, as Practice is too vulnerable to change if not appropriate system. A small rural Practice is different to scale of BMP. It would have to be reliable, tried and tested before consideration.
LH	Responded that he was aware of a Practice in Manchester where they have walk in appointments and people are in and out in 20 minutes.
CB	Asked for further information. To pass to BT. Reiterated that for any change to be considered, would have to be absolutely sure that it was the right system for us.
RLR	Added that the staffing level of such a Practice would also have to be considered in comparison to BMP.
MC	Enquired about CSL evening surgery and how it was going?
CB	Responded that it had started and there was positive feedback.
MC	Stated that she had been made aware of a concern that in the evening there had been a problem as there was no chemist to go to.
RLR	Advised that this would not be an issue, as if required an emergency prescription would have been made that surgery is able to dispense.,
CC	Asked about evening surgery opening hours.
CB	Confirmed that the evening surgery was from 18:30 to 20:00.
VH	Added that the evening surgery operated from CSL on the first Monday of every month at CSL.
CC	Asked whether this was a walk-in surgery?
CB	Responded that no. the surgery was for pre-booked appointments.
IB	Enquired about appointment booking for this.
CB	Confirmed booking as per other surgeries.
SC	Asked whether this included online booking?
CB	Confirmed that this was the case.
CC	Asked when other BMP Practices opened late.
CB	Informed the meeting that Skegness opened late every Monday and Wednesday. Ingoldmells opened late every Tuesday.
EG	Commented on a previous concern raised about confidentiality at Ingoldmells. Asked if a room could be made available and a notice put up to state this.
PC	Advised that this is already happening. Has seen sign personally in Ingoldmells.
SD	Informed the meeting he had a colleague who was interested in attending future PPG meetings if there was no objection. She has previous experience in a nursing background in a large city. Her opinions and suggestions may be beneficial. She would be a good sounding board for ideas.
MC	Felt that this would be a good idea.
SD	Continued that in his role at council he speaks to MW MP on a weekly basis. Will put today's discussion points to him, as feels MW is genuine.
SC	Commented on recent personal experience about local nursing homes and that they are at saturation point. Aware that recently out of all local homes only 1 home had a vacancy for a new resident.
SD	Commented that he had a copy of a health report written about Skegness area. He would provide details for CB.
GB	Discussed DMO and its efforts to push the local area forward.

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IB	Referred back to SC's previous comments on nursing homes and reflected that there was a social care funding crisis.
SD	Agreed that it was at saturation point.
MC	Talked about the current Dementia awareness campaign and its usefulness at creating more general awareness.
EG	Commented on hospital beds situation. Feels there is no bed shortage. This is misinformation. Issue is that there is no place to discharge people to.
SD	Informed the meeting that in his belief that as the NHS was a no –cost service, this is the reason why people do not appreciate it.
IB	Disputed this comment. Advising that there is a cost to the service. It is funded by NI contributions.
CC	Agreed with IB. stating that it may be free at the point of use, however people pay for it throughout the whole of their working lives.
MC	Asked RLR whether she could explain about organ donation procedures?
RLR	Asked for clarification on context of question?
MC	Replied it was in relation to whether blood still had to be in organ?
RLR	Informed that there is a time limit. Blood cannot be coagulated.
SC	Continued conversation enquiring about life support and a person's wish to donate their organs when they die.
RLR	Discussed potential scenarios and outcomes. Advised meeting that she endeavour to provide further detail on subject for next PPG meeting.
GB	Commented on an issue her husband was having with diabetic pen. Quickpen humlin M3. An issue with 1 in 3. Asked whether this was a common problem.
RLR	Not aware of any issues. Nothing brought to attention.
LH	Uses same product twice daily. No issues to date.
MC	Referred back to setting up of meeting with MW MP. Friday 18 th March suggested.
*	Consensus from committee was that this was an acceptable date.
MC	Confirmed PPG next meeting would be 24/02/2016. 14:00 at BMP Skegness.
	MEETING CLOSED