

Meeting Minutes

Reference:	PPG Meeting
Date:	23/06/2015
Time Commenced:	14:00
Time Concluded:	16:15

People Present:	
Richard Enderby	Chair (PPG) Meeting Chair
Marigold	Vice Chair (PPG)
Cathy Brockwell	Practice Manager (BMP)
Vicki Coggins-Hudson	Operations Manager (BMP)
Bob	PPG member
Eddie	PPG member
Jan	PPG member
Paula	PPG member
Sid	PPG member
Sue	PPG member
Teresa	PPG member
Nick Hutchinson	HR Administrator (BMP) Meeting Minute Taker

Item	Notes
1	<ul style="list-style-type: none"> ▪ START 14:00 ▪ Welcomed attendees and thanked Dr Taiwo for making time to attend. Extended warm welcome to new members. ▪ Discussed plans for future continuity of meetings and minutes. Remiss in past but will no longer be case. ▪ Discussed Agenda, as copy issued to all present. To start with item 6 on agenda, as reason for Dr Taiwo's presence and would be unable to stay for full duration of PPG meeting.
Agenda	<ol style="list-style-type: none"> 1. Welcome and opening remarks 2. Apologies for absence 3. Election of Chairman, Vice Chairman and Secretary 4. Minutes of AGM 13 May 2015 5. Matters arising not on agenda 6. To discuss possible 'open surgeries' and note response from Practice 7. To note contract changes regarding PPGs – report from Practice Manager 8. To review members feedback on summer position at surgeries to date 9. To note the 'Roadshows' position and resolve accordingly 10. To agree a nominated person for each surgery to manage the noticeboard 11. To note the latest position / figures regarding 'Did Not Attends' (DNA's) 12. Practice matters – Report by Practice Manager 13. Update on meeting with staff representatives 14. Matters of concern / praise relating to patients 15. To confirm date, time and place of next meeting
6	<ul style="list-style-type: none"> ▪ Overview given for PPG belief in solution to PR/TR ongoing concerns would be 'open surgery' times. Felt would improve the service offered to PR and improve performance at BMP. ▪ Dr Taiwo as Chair of Appointments committee looks at PR/TR in role. ▪ PPG job is to support PR. ▪ TR is an issue as approach season and holidays. ▪ PPG consulted with CCG and LHA, both sympathise with case but are

Version 1.0

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

	<p>incapable of assisting.</p> <ul style="list-style-type: none"> ▪ Jeremy Hunt consulted. Discussed with at Mablethorpe. ▪ Both new local MP's consulted (Matt Warman & Vicky Atkins). Both very supportive and keen to make local impact, no agenda. ▪ On funding issue, possibly getting somewhere, we think. ▪ Raised during staff meeting (13) that staff feel embarrassed by system. Having to turn PR away, as appointments gone, then TR walks up and gets appointment. Feel have to whisper about appointments to TR's. ▪ Dilemma for PPG, role is to look for solutions. Suggestion of trial of open appointments 'ticket system' is preferred way forward. ▪ Practice in Lincoln discussed that operates a 2 hour 'walk in' slot daily. Walk in's also operate in other areas. To put it bluntly, patients feel very strongly about this and the TR situation. PR's feel that a TR gets beneficial treatment over them and can't understand why BMP can't allocate their slots in same way as PR appointments. ▪ For TR appointments, feel that they should have slots and when they have gone, they would have to go to A+E or elsewhere. ▪ Discussed abuse of system. A patient from Derby used BMP for second opinion as didn't like opinion of hometown GP. A patient from Sheffield, doesn't see local GP, waits to come to Ingoldmells, as can see a GP more easily. ▪ We know there is no more money in the NHS, that's why have to look at other options. 'Open surgeries' a way forward. ▪ <i>Dr Taiwo stated that he would give his response in 2 parts. 1 as GP and 1 as Appointments Committee Chair.</i> ▪ <i>Thanked PPG for opportunity to attend, listen to concerns and talk face to face. Stated was good to hear points raised.</i> ▪ <i>Stated system for appointments had now been changed. New procedure was that with 4 Nurse Practitioners and 1 Emergency Practitioner in team, PR would be seen by GP, TR would be seen by NP/EP. NP/EP working out of Ingoldmells and CSL. NP/EP would concentrate on TR population.</i> ▪ <i>Discussed how he came to work at BMP as he liked system in place for appointments. Aware issues, why took role as Chair of Appointments Committee.</i> ▪ <i>Has been to 5 surgeries around UK, including London, Lincoln, Derby to see how they operate appointment systems, also had own issues.</i> ▪ <i>Discussed locality and complexity of appointing GP's. 9/10 Dr's at BMP now, 4/5 years ago was 12. We cannot attract GP's to area. People do not want to travel.</i> ▪ <i>Discussed 'open appointment' system. Would disadvantage those that work full time and children. An open system would create a 'cattle market', don't think system works well. Needs structure.</i> ▪ <i>With regard to TR's, aware geographical problem in area. Holiday resort area, but most of us go on holiday and when we do, we become TR and if we became ill, we would want to see someone. TR have a right to be seen as well.</i> ▪ <i>Committee are open to looking at all suggestions. After each 2 hour surgery, there is 20 minutes admin time allocated, that would not fit with this system.</i> ▪ <i>BMP doing what we can and feels change to PR see GP and TR see NP/EP is positive move. Sitting and waiting is not the answer.</i> ▪ <i>We are looking for more Dr's. Will feedback PPG comments to Appointments Committee.</i> ▪ <i>Years ago Ingoldmells/CSL held open appointment system and it seemed</i>
--	---

	<p>to work well. Wouldn't you think about it?</p> <ul style="list-style-type: none"> ▪ <i>Asked how long ago this was?</i> ▪ About 50 years ago. ▪ <i>A lot has changed in that time. Patient expectations are higher now, reason why it is not feasible now. Would disadvantage certain groups.</i> ▪ Discussed that PPG were not advocating full time 'open surgery', rather that allocated times be provided to reduce pressure and appease PR's. A mix and match system of walk in and current booked appointment system. ▪ When people book and DNA, if people present could be seen, not lost appointments. When a person doesn't turn up it robs someone else. ▪ People already turn up now in a morning, as they are unwell and want to see someone. With phone appointments, people may accept the appointment but we know they do not always turn up. ▪ PPG has done testing, can take 30/45 minutes to get through for an appointment. So when finally get through people will grab what's on offer even if not really suitable. ▪ With a ticket system, if you know your number, you know how long appointment slots are, people could call in collect ticket, go away shopping or for a coffee and pop back nearer time. EG if you collect ticket at 8, you are number 34 and know that that appointment will be around 11am you could go home and return. ▪ Surely today's sophistication allows for this? Technology and systems should be used to benefit BMP and patients. Avoids the lottery and confusion of trying to make a phone or online appointment. ▪ Discussed TR payments received and volume of increase in TR population since system devised. Used to see 2000 TR now BMP see over 9000, current system not fair on TR either, not just PR. ▪ <i>Felt concerns had been addressed. Discussed triage option also in situ at BMP. In emergency patient gets put on triage list and will get a call back.</i> ▪ Discussed how in emergency Reception ask personal questions, don't always want to give that information to someone who is not the DR. ▪ <i>Mechanics of process. Questions have to be asked to establish fact. If it is an emergency patient will get a Dr call back. Cannot see everyone without triaging.</i> ▪ Suggested TR's be seen in Ingoldmells between 11-12 and when appointments gone, they are gone and TR would need to look at other options, such as A+E. ▪ <i>Would be unfair. TR's do not displace PR's.</i> ▪ Discussed surgery in Nottingham ticket system used in and successful. Information to be passed to VCH, to liaise with Dr Taiwo to arrange to visit and review. ▪ Discussed CSL, retirement area, people have to travel to find out no appointments after having to walk or get bus in all weathers. ▪ Discussed appointment slots, set at 10 minutes, Dr Taiwo confirmed that he will take the time he needs and if he needs longer, he will take longer. ▪ Dr Rashid complimented, very good service and never rushes patients. ▪ Question was raised why CSL holds no evening surgeries? Historic, to be reviewed in line with Skegness and Ingoldmells surgeries. ▪ Discussed how cannot treat TR different from PR, statutorily or ethically. ▪ Understand how appointment system can 'miff' people off but at end of day PPG have to support BMP in a balanced way. Giving BMP a hard time is not the answer. They are stuck between a rock and a hard place, if a nurse or Dr could see someone they would, but you can't give what isn't
--	---

	<p>there.</p> <ul style="list-style-type: none"> ▪ Don't want to give Dr Taiwo wrong impression, supportive of BMP, people thank goodness they are at BMP as opposed to some other Practices. ▪ PPG purpose is to be supportive of BMP, not critical. At meetings, we do say how well they do. ▪ <i>Dr Taiwo queried when next meeting of PPG would be as he wished to return with any findings from visiting other surgery/surgeries and to further discuss how PR seeing GP, TR seeing NP/EP was progressing.</i> ▪ <i>Also from Appointments committee, not aware of TR's being treated differently or preferentially to PR. If there is abuse or evidence of queue jumping action would be taken. Doesn't take comments as criticism, welcomes them, open to constructive feedback.</i> ▪ September was confirmed as month for next meeting, date to be confirmed at end of meeting. ▪ PPG position clarified, not advocating all ticket system, but an ability to offer for people prepared to wait. Options/suggestions for DNA's. Charging discussed for missed appointments. Cannot be done at present. System discussed of note on screen, GP / NP etc. calling patient sees and requested to discuss. Not resources available to make admin function to phone and remind people of appointments, or check whether appointments still required.
2	<ul style="list-style-type: none"> ▪ Apologies given on behalf of 5 PPG members
3	<ul style="list-style-type: none"> ▪ Richard happy to stand for another year as chair. Nominated and seconded. Unanimous, no other candidates. Accepted with pleasure, feels momentum building, PPG starting to get somewhere now in a range of areas including funding and new build site at CSL. ▪ Marigold nominated and seconded as Vice Chair. ▪ Nick nominated and seconded as secretary, as Annette Rasmussen sadly made decision to stand down.
4	<ul style="list-style-type: none"> ▪ No minutes presently from AGM. Notes will be produced for file.
5	<ul style="list-style-type: none"> ▪ Discussion on Drs coming up to retirement age. 4 not due to retire in near future. 5 are closer to retirement age. ▪ Letter to MP's discussed. Draft version issued to attendees for feedback. Purpose to support PPG cause. Genuine interest in constituency matters. ▪ Discussed progress on CSL site. NHS funding and BMP funding. Both MP's in support along with local population that uses surgery, no longer fit for purpose. Size of development means in all likelihood that will be 2016/17 as smaller sizes focussed on in 2015/16 period. ▪ Funding of TR population discussed. Everyone spoken to agree with case on financial support and no increases year on year since system introduced, despite population growth of sites in area. ▪ 23000 patients, 9000 TR, paid for 2000 TR. ▪ Unanimous agreement in letter being sent. ▪ Question was raised on why CSL is closed Thursday afternoons. In line with other 2 Practices of BMP, closure is for staff training and development purposes.
7	<ul style="list-style-type: none"> ▪ Discussed new requirement for PPG to offer/include membership of persons that are not themselves patients of BMP but are representatives of those that are, family members of patients etc. Put into core contract. ▪ Contractual obligation to have PPG. Funding in contract. ▪ Was discussed how PPG openly accept entire patient list as members.
8	<ul style="list-style-type: none"> ▪ Asked for feedback from attendees on appointments, whether better/worse/same in comparison to previous year? ▪ Felt that was good at present at CSL, but could get worse with 5 new

	<p>caravan sites being developed or due to open.</p> <ul style="list-style-type: none"> ▪ Need a cap on people coming into area temporarily. ▪ Accepted it is an issue but ELDC have the decision making capability for all planning and subject to their approval, people are powerless. ▪ Discussed previous meeting with Martin Jago in attendance. How effect on Practices was discussed with him. Only solution available is 106 agreements. Hard to do, caravan levy gone but 106 agreement still in situ. ▪ Discussed mobile medical treatment, aware Butlins has unit on site, was questioned whether a unit still situated at Golden Palms? Clarified that to understanding this year the unit previously situated on Golden palm would be a 'floating' unit across the area. ▪ Some feedback given suggested that to date appointment wise. An easier time was being experienced then last year. ▪ Discussed how if people are computer literate then it is an easier way of booking an appointment. Make more people aware of methods of booking appointments and also booking in, easier and quicker to book self in electronically than by queuing to tell receptionist you are here. ▪ Noticeboards discussed, felt that people aren't reading them. Information on appointments and booking in on them. ▪ Possibility of patient leaflet/newsletter discussed. ▪ Discussed making information more prominent, increasing size of print. ▪ Limited space to do so in Practices. ▪ Location of noticeboards discussed. ▪ Suggestion of putting noticeboards outside like Parish Council ones made. ▪ Nominations given for all 3 sites to monitor update and remove content for consistency and validity of information.
9	<ul style="list-style-type: none"> ▪ Consensus from attendees was that current system of PPG roadshows is not working, not attracting volume of interest anticipated. ▪ Last meeting at Barratt Court, given as example, poor turnout, despite location specifically requested and why held there. ▪ Assured word was passed to residents by Waterloo (facility landlords) of roadshow, date, time and location. ▪ Look at other options other than roadshow as way forward, as seems general apathy from population. Done for 2 years now, very limited support shown for. ▪ Discussion on similar experience of attendees in different fields in CSL and Ingoldmells. ▪ Suggestions as alternatives included PPG/BMP carnival float. Table in surgeries. Suggested leaflet on PPG be made available, who they are, what they do. Suggestion that table in surgery may be beneficial to PPG at peak times such as Flu vaccination times etc. ▪ Proposition made that Roadshows be dropped. Agreed by all present. ▪ Suggestions for alternatives to be looked at. To be put on next agenda.
10	<ul style="list-style-type: none"> ▪ Nominations received and accepted for 3 Practice sites for PPG members to maintain noticeboards (8).
11/12	<ul style="list-style-type: none"> ▪ DNA for April/May similar figures month on month. Slightly up on last year's figures. ▪ 743 DNA in April. 666 in May. Nurse heavy, from pre-booked appointments. Main site was heavier with GP's than CSL and Ingoldmells. ▪ Complaints in April totalled 11. Analysed to trend spot. 3 were GP/Admin related, the others were medical. In May there were 7, 4 of which were medical. ▪ Discussed 2 new Practice Nurses joining team, one in post 15/06, other

	<p>commences 29/06. Lost 1 Clinical Practitioner in May, simply due to fact found employment closer to home. CP worked closely with over 75 population. And on unplanned admissions and care plans. Looking at options for replacement including replacing post with NP to look at possibility of more hours achievable in that post as part of nursing team.</p> <ul style="list-style-type: none"> ▪ Project CSL has gone quiet at moment but aware larger projects are on back burner until 2016/17. ▪ ENT surgeon appointed from Coventry. Should relieve issues due to backlog at ULHT, also save people travelling to Boston/Lincoln. ▪ Was asked if blocking multiple appointment making would reduce DNA situation? ▪ Reply that can't stop access or take people rights away, blocking would also affect prescription service online. ▪ CSL 2 receptionists praised for resolving an issue previous week in relation to an incorrect medication received by patient. Both dealt with without fuss and happily. ▪ Figure of £64 million quoted as being cost of DNA's in England in a year. ▪ Courtesy calls again raised by attendee, logistically not an option. 23000 patients and limited resources. ▪ Waiting time to book in discussed again, as lady on crutches missed her appointment slot whilst queuing. Again confirmed that easiest option for those able is to book in electronically. ▪ PPG to look at option of volunteers in surgeries, to show people how to book in on screen. Aware older people may be more reluctant to use this option. ▪ Discussed how some patients may even be unaware that it is there, or may see it and think it will be complicated, so would rather queue even if this is the longer option. Can show how easy it is to use. ▪ Question was raised on when phoned Practice for an appointment was given one time slot, when popped into Practice was given opportunity of earlier slot. Why? ▪ VCH responded that this would be because an appointment would have been cancelled during that time and this vacant slot had then been offered.
14	<ul style="list-style-type: none"> ▪ Ann Nix retirement raised. Sad as good relationship with patients. PPG thanked Ann for all her hard work, did an excellent job. ▪ People complaining at CSL, staff get a lot of flack on reception. People are very rude and as small/open area is embarrassing for staff. ▪ People in habit of visiting CSL when not important. Part caused by Dr Baxter when working at BMP, people visited to socialise. Couldn't get in building on a Tue/Thu. ▪ Repeat prescriptions raised and wastage, people getting but not taking. Attitude of I'm entitled to it, so I'll have it. Are medications reviewed? ▪ Medication review held annually. Those that sign up to electronic prescribing service, easier to monitor as questions must be asked and answered. Meds review and MOT held on certain patients birthday month. ▪ Prescribing to be put on agenda for next meeting.
13	<ul style="list-style-type: none"> ▪ Discussed meeting held with non-clinical staff. Discussed role of PPG with those represented their departments. As not all were fully aware of role. ▪ CQC comments on non-clinical staff purpose for meeting. ▪ Was a misconception that we don't work with BMP, PPG against it. Rectified this. ▪ Staff are at sharp end, can be vulnerable due to PR/TR situation. Have

	<p>had training to deal with abuse but felt was not of benefit. Suggested training involving role play and scenarios may be useful, staff were in agreement and happy to accept offer.</p> <ul style="list-style-type: none">▪ Staff felt undervalued by patients.
15	<ul style="list-style-type: none">▪ Date, and time of next meeting confirmed and agreed as 16/09/2015 at 14:00 at BMP Skegness.▪ MEETING CLOSED 16:15