

Beacon Medical Practice

Meeting Minutes

Reference:	PPG meeting
Date:	22 nd June 2016
Time Commenced:	14:00
Time Concluded:	14:50

People Present:	
M Chisnall (Chair)	PPG Chairperson
P Chapman	PPG Vice Chairperson
M Crane	BMP IT & Data Quality Manager
S Dennis	PPG Executive member
E Gasson	PPG Executive member
L Hemingway	PPG Executive member
N Hutchinson (minutes)	BMP HR Administrator
R Roe	PPG Executive member
T Stumpf	BMP GP/Partner
B Taiwo	BMP GP/Partner
M Turton-Leivers	PPG Executive member
Apologies:	
A Bliss	PPG Executive member
C Brockwell	BMP Practice Manager
F Brown	PPG Executive member
V Hudson	BMP Operations Manager
T Tansley	PPG Executive member

Initials	Notes
MCh	Opened meeting. Welcomed all in attendance. Thanked both TS and BT for being able to attend.
MCh	Updated meeting about proposed changes to Boston Pilgrim hospital. Spoken to Dr Peter Holmes from LECCG, didn't appear to be in favour.
TS	Discussed concerns around potential changes to the status of the hospital if maternity/gynaecological services were transferred out to Lincoln. Would essentially downgrade the hospital to community status from general.
MCh	Noted that the matter would go out to consultation later in the year.
MCh	Discussed progress with bus stop at ING. No further progress to report on at present, but aware that a site visit has taken place.
PC	Added that Highways dept. want there to be a 'pull-in' stop, not an on the road side stop. This could delay the process.
SD	Suggested contacting Ian Mickleburgh at Highways dept. Aware that there are funding issues in dept. at present time.
MCh	Thanked SD for contact details. Confirmed that the bus stop was to be funded through LEP not Highways dept.
MCh	Informed the meeting that the mobile chemotherapy unit would begin visiting Skegness shortly. Every Friday from 8 th July 2016.
MCh	Noted apologies (please see above). Informed meeting that Jill Caine had resigned from PPG, due to move and

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	transfer of GP practice resulting from this. Asked all present to review minutes from May meeting.
MCh	Discussed need to increase PPG membership. Requested if MCr could advertise on practice website. Enquiries to MCh's email address.
MCr	To look at with NH.
RR	Enquired about progress with TV screens for receptions?
MCr	Informed the meeting that the matter was raised at Executive Committee meeting. It has been decided not to fund project for 'ticker-boards' at present time. An alternative has been agreed. A 'flash-up' will appear on GP screens highlighting sight/hearing impairment etc. of patient, GP will go out to patient, not use tannoy system in these cases.
TS	Informed the meeting that the screen idea would not have worked well for all patients, as screen would be situated on one wall in one area, but patients seat selves in different areas/directions. The system mentioned by MCr was preferable.
MCr	Continued that if people make reception aware on arrival, this facility could easily be added for individuals.
NH	Added that the patient leaflet would be updated to reflect this information and a poster would be devised for reception areas to promote awareness.
MCh	Asked if there had been any progress on TR funding?
MCr	Responded that matter was ongoing. Dealing with with GEMCSU. Issue with retrieving information from clinical system, has gone to a supplier to address. NHSE and CCG aware that there is no intentional delay in providing data.
RR	Discussed a feature seen on TV regarding a practice in Boston. With growing population and people permanently registering, the practice in question has been able to expand services offered due to increased funding.
MCr	Discussed issues with TR's choosing not to register in same way in some cases. They have the right to choose not to.
MCh	Informed the meeting that in Boston, West end surgery has been divided into 2 services. One for UK and one for non UK communities.
MCh	Asked whether there was any update on GP recruitment?
MCr	Replied that there was not at present.
MCh	Asked for minutes to be proposed and seconded.
PC	Proposed minutes as accurate.
EG	Seconded the minutes as accurate.
MCh	Discussed appointments system at Alford surgery. CP's hold walk-in sessions on Mondays and Fridays between 09:00 -11:00. Heard they are working well and this will be expanded. Wondered if this could be considered at BMP?
BT	Replied that BMP's current system is what works best for the practice. Other systems such as walk-in have been tried and have failed. It doesn't fit in with demographic.
TS	Added that it may work for Alford due to no A&E or minor injury close by, so different needs in their area.
MCh	Enquired about current DNA figures?
MCr	Reported that for May 2016 % was 5.4%. Total of 629. A slight increase but less than previous year. Felt SMS reminders and correspondence helps with figures. Discussed DNA policy letters being issued when posters are in place.
RR	Felt that this action was not before time.

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	Feels people that DNA act unfairly against other patients and also the clinicians.
EG	Noted that the figures for DNA with Practice Nurses were high at Skegness.
MCr	Replied that as Skegness was main site and more appointments on offer, this would be the cause for higher figures than CSL or ING.
MCh	Asked about in-house physio service.
MCr	Informed the meeting that the physio service is an AQP NHS funded service. Patients are seen quickly by using this service in preference over hospital, so benefits patients.
MCh	Discussed cancellation of appointment.
MCr	Replied that unfortunately one physio had been unwell. Cancellations are not regular.
BT	Agreed the physio service was well used and was a good service.
RR	Asked how minor surgery was performing?
MCr	Responded that it was well used. It offered a range of services and is well attended.
SD	Referred back to subject of DNA's. Feels that rather than being despondent over figures, people should look at positives. If 5% of 11,000+ do not attend, it also shows how high attendance is.
MCr	Agreed and added that BMP DNA figures are in line with the national average of 5-10%.
MCr	Reported that in May 2016 the practice received 5 complaints. 1 was excluded. 2 were administrative, 2 were medical. 1 was related to appointments, 2 were GP related, 1 was a dispensary matter and the other was nurse related. All are currently ongoing.
MCr	Discussed patient suggestions and informed the meeting that no suggestions had been received from any surgery since the last meeting.
MCr	Discussed staffing matters, reporting that a new Delivery Driver/Handy person had been appointed to support BMP's Maintenance Technician.
MCr	Reiterated that the mobile chemotherapy service for Skegness would be starting from 8 th July.
SD	Discussed online access issues and asked whether many people experienced problems.
MCr	Replied that problems are minimal and rather than access, issues usually relate to people forgetting passwords etc.
MCh	Asked about timescales for late appointments before patients will not be seen.
TS	Informed the meeting that it was usually 10/15 minutes, although GP's have discretion on this.
EG	Discussed the difficulties some patients may have in accessing surgery on time in holiday season.
MCr	Reported that the usual times before classing as DNA are: GP appt. 10 minutes. PN appt. 50% of appointment time. Evening appt. 15 minutes. Advised that if someone was late, they would never not be seen if they were poorly. This is always taken into consideration. They may not see the GP they had booked in with, but they would see a duty Dr.
TS	Added that there is scope to work around issues as some appts. Can under-run.
MCh	Asked if there were any matters of concern or praise to be raised?
EG	Stated that he would like to thank all of the nurses and Dr's he had seen recently.
MCh	Asked if there was any other business to be discussed?
MTL	Asked if there was any further progress regarding potential new sites for CSL?

MCr	Explained that the situation remained unchanged. There had been no further news on funding. Further information had been requested and has been submitted.
SD	Felt parking at current CSL site was problematic.
MCr	Explained that no bids for land could be put in before funding for the project had been approved.
RR	Asked whether there had been any updates from MW (local MP).
PC	Replied that she had been unsuccessful in trying to make contact.
MCh	Discussed how she was in process of trying to arrange for MW to attend next local Hospital Watch meeting.
EG	Informed the meeting that he is aware that MW will be in the local area on 16/09.
BT	Asked whether there was any feedback regarding CSL late opening?
LH	Commented that he had heard good reports about the evening surgeries at CSL.
LH	Thanked NH for getting minutes and information out to members in a timely manner.
MCh	Informed all present that the next PPG meeting was set for 27th July and would be held at 2pm in the Skegness surgery conference room.
SD	Sent apologies for 27/07 in advance.
MTL	Sent apologies for 27/07 in advance.
MCh	Thanked all present for attending.
	MEETING CLOSED.