

## Beacon Medical Practice

### Meeting Minutes

<b>Reference:</b>	Patient Participation Group Meeting
<b>Date:</b>	18/03/2016
<b>Time Commenced:</b>	14:00
<b>Time Concluded:</b>	15:30

<b>People Present:</b>	
G Brown	PPG member
P Chapman	PPG Vice Chairperson
M Chisnall	PPG Chairperson
M Crane	BMP IT & Data Quality Manager
E Gasson	PPG member
L Hemingway	PPG member
N Hutchinson	BMP HR Administrator (note taker)
R Roe	PPG member
<b>Apologies:</b>	
A Bliss	PPG member
C Brockwell	BMP Practice Manager
J Caine	PPG member
S Carey	PPG member
V Hudson	BMP Operations Manager
B Taiwo	BMP GP/Partner
T Tansley	PPG member

<b>Initials</b>	<b>Notes</b>
MCh	Opened meeting and welcomed all in attendance. Presented apologies received. Reviewed minutes of previous meeting.
LH	Proposed minutes as accurate.
PC	Agreed minutes as accurate.
EG	Stated that he had sent his apologies for previous meeting, that he had been unable to attend.
MCh	Asked if there were any other matters arising from minutes?
*	No matters raised.
MCh	Asked if there was any feedback for ET (Eloise Thompson) who provided a Dementia Alliance presentation at previous meeting. Was stated that that MCh would take any questions, responses back to ET.
*	No feedback raised.
PC	Commented that she was aware of what a cruel condition Dementia can be. Witnessed the deterioration of a friend's husband. Noted that it can be very difficult for the person with responsibility as main carer.
MCh	Discussed 8 <sup>th</sup> April meeting that had been set with local MP's MW and VA. Enquired whether anyone had brought any questions in? As it was requested at the previous PPG meeting that questions be submitted to MCh in advance of meeting.
*	No questions had been brought in by anyone in attendance today.
MCh	Requested that questions be submitted to her as soon as possible.
EG	Stated that he had some questions for the MP's and he would forward these.

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

PC	Informed the meeting about parking facilities at Royal Arthur Centre in Ingoldmells, where the meeting with MW and VA will take place. If people park towards rear of carpark there will be no charge for parking to attend this meeting. If people park in main area, parking charges will apply.
MCh	Asked for feedback on whether people felt it would be appropriate to have a speaker/presentation at the AGM, which will follow on from meeting with MP's on 8 <sup>th</sup> April? Discussed that last year MJ from CCG had given a presentation.
EG	Suggested that as it was the AGM, he felt it was more appropriate to keep to just the AGM.
RR	Agreed with EG's comment.
PC	Felt this was also possibly preferable, with having the meeting with MW and VA immediately preceding the AGM.
GB	Discussed a friend that would be interested in joining the PPG.
MCh	Provided criteria required for membership. Reminded all of the running order for 8 <sup>th</sup> April: <ul style="list-style-type: none"> <li>▪ Date: Friday 8<sup>th</sup> April 2016.</li> <li>▪ Venue: Royal Arthur Centre, Ingoldmells.</li> <li>▪ Time of meeting with MP's: 14:00.</li> <li>▪ Time of AGM: 15:30.</li> </ul>
MCh	Informed the meeting that in the absence of CB, MCr was in attendance to present the Practice Managers report.
MCr	Informed the meeting that the DNA figures were still averaging around 5%. Complaints. There were a total of 8 received in last period. 6 were medical, 1 was administrative and 1 was excluded. CQC report received back as 'good'. This information is to be uploaded onto website. There has been no CCG meeting to report back on. Circulated latest copy of Patient newsletter. Includes procedure that is to be implemented for ongoing DNA's. Also news of updated website.
RR	Welcomed the news about potential removal of patients who DNA repeatedly. Commented that it was 'about time'.
PC	Also felt that it was 'good' the action the Practice was looking to take.
MCr	Stated that the initial plan was to run reports weekly to identify DNA's. NH would then potentially write to patients concerned. However, would depend on situation. E.g., patient was late but was actually in the queue, or tried but couldn't cancel appointment.
GB	Noted that the old appointments system was better, when people used to just come in and take their turn.
MCr	Discussed how the Practice does not have the capacity to do this. This has been reviewed by the Appointments Committee, along with other suggestions. Appointments Committee with BT still actively reviewing all viable options and suggestions.
EG	Was concerned about DNA in relation to travel time due to tourism traffic. If a person lives in CSL but has an appointment in Skegness, they may be late, stuck in traffic and DNA because of this.
MCr	Commented that in summer local residents should know it would take longer and take this into account when travelling.
PC	Agreed with MCr that people should know and make appropriate plans that allow sufficient time.
RR	Discussed the difficulty in obtaining Practice Nurse appointments. Also commented on a patient informing Practice they would be away and unable to attend an appointment and still being sent a letter advising them they missed the appointment.

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MCr	<p>Discussed the system and 'free-text' and the read codes that are used and looked at by Administrators. When bulk appointment letters are issued, individual records are not accessed, where such notes would be kept, due to time constraints. Assured RR that in this instance, this would not be classed as a DNA, as part of checking, this would be identified during processes.</p> <p>Discussed current shortage of Practice Nurse appointments.</p> <p>Informed about recruitment of Nurses already with 'chronic' background has proven difficult. Nurses appointed do not have this background but are being trained in it at present. Training nearly completed. NJ is closest to being ready, has more all-round experience due to previous experience working on cruise liners.</p> <p>Discussed in short-term PB has returned in a part-time capacity to alleviate some of the pressure on appointments.</p>
LH	Discussed blood tests. When BMP could not facilitate, hospital were able to do next day.
MCr	Responded that BMP not responsible for all blood tests. Bloods requested by or for hospital should be done at hospital. That isn't a capacity issue at the Practice. Informed the meeting about Shared Care Protocols in situ across area.
RR	Discussed appointments for monitoring and treatment of thyroid issues.
MCr	Informed the meeting that BMP monitors and reviews at appropriate intervals, as with other chronic conditions.
MCh	Commented on a concern brought to her attention by a person who had visited the Practice for blood tests. Had breast cancer, had lymphedema. Nurse who saw her was unaware that one arm could not be used and attempted to use this arm to take bloods.
MCr	Advised that unfortunately she could not respond directly to specific clinical issues such as this but she would take this feedback back to BT who is the Nurse Lead, for further investigation.
MCr	Discussed website in further detail. Facility to upload more information from Practice to create awareness. Patient newsletters would be uploaded. PPG minutes etc. could be uploaded.
RR	Expressed that he felt this would be a good opportunity to emphasise to patients about the cost and consequences of DNA's. Also felt something should be printed clearly for display in surgeries.
MCr	<p>Replied that she would look at possibility of printing something for display in addition to newsletter.</p> <p>Added that television screens could also contain this information, as due to be updated with new information. In process. Consulting with staff about what they think should be included on screens as part of process.</p> <p>Looking at implementing changes from 1<sup>st</sup> or 2<sup>nd</sup> week of April.</p>
MCh	Reflected on a comment from last meeting where it had been raised that although it is relatively easy to book online to see a GP. Not may CP appointments are bookable online. Asked MCr if there was a reason for this?
MCr	Responded that some slots are released in this way daily, but CP's are also used for emergencies on the day, so this is why not fully utilised in this way. Will pass this information on to VH.
RR	Wished to compliment JSt. Had an appointment with her today and had to compliment how professional she was throughout.
LH	Agreed with RR.
MCh	Discussed terminology used by some staff. Commented that not everyone likes to be addressed as 'darling' or 'sweetheart' when in an appointment/consultation. Some people do not find it professional.
MCr	Thanked MCh for this feedback and said that she would raise the issue in full staff meeting that was due to be held on 31 <sup>st</sup> March at Practice.

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MCh	Enquired about progress with update and changes to recorded messages on telephone system.
MCr	Informed meeting that changes are imminent. Was an update to lines last week. This has now been completed and is being tested. A couple of issues identified internally to be corrected, but nothing external that would be identifiable to or affect patients. Once these issues have been corrected the message system etc. is to be looked at again. Looking at changing some messages and aware that messages are repetitive and this will be addressed. Informed the meeting that in addition to this, as there had been comments made about music played in surgery at previous meetings, this had also been reviewed and had been addressed. The Practice is to reinstall Lincs FM radio at all three sites instead of the current background music, although there is an additional licensing cost for this.
PC	Discussed an issue that she had previously raised about patients that are hard of hearing not being able to hear when they are called by the Dr.
MCr	Commented that she was aware that at ING this had been identified as an issue in the small waiting area and due to this as part of the review, it had been agreed to install an additional speaker in this area. This should alleviate that ongoing concern.
GB	Asked if CSL was still opening its doors at 07:45, as this had previously been raised as a concern.
MCr	Responded that CSL is continuing to open at between 07:45 and 07:50 daily in line with requirements set.
MCh	Asked MCr if patients are always made aware when Dr's are running late?
MCr	Is aware that all receptions try to do this. Easier when people check in via reception as they can be informed directly at that point. More of an issue with people that self-check in. However, there is the possibility of this data being added to the self-check in screens. When new screens purchased in December, had been made aware that a bolt on would be added with this facility, although wasn't available at that point. MCr to check whether this is yet available and what cost will be. Also aware that when time permits, staff do try to pop down the corridor to inform those waiting that there is a delay.
RR	Complimented the new touch screens for self-check in. found them very quick and efficient.
PC	Agreed, but felt that the print was now smaller.
MCr	Was unaware that print was now smaller but would check, as can easily increase font size if there is an issue. Commented that language options were also being looked at for the touch screens to meet requirements.
RR	Asked if there was much criteria in area for this change?
MCr	Responded that there could be some requirements for those of some Eastern European backgrounds. Informed the meeting that the website already offers these services via Google translate.
MCh	Asked if there was any progress with the appointment of any new GP's as previously mentioned.
MCr	Replied that this was still ongoing but interviews would hopefully be set in the near future. Discussed that recruitment is a problem regionally not just at BMP. Commented that several of our GP's are 'older', with 3 over 60. Discussed shortage of Trainee GP's in area. CL is first in a year.
MCh	Informed the meeting about additional Urgent Care cover for the area. There

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	would be additional cover in the area over the Easter weekend and also between 1 <sup>st</sup> May – 30 <sup>th</sup> September inclusive.
GB	Commented on the Hospital Watch group for the local area. Concerned that members are getting older and people don't always turn out to meetings.
RR	Replied that there is a reason people have been put off attending.
GB	Expressed concern that Hospital Watch may 'fall through' if there is no new blood brought in.
MCh	Felt that this was a discussion for another time and place. Requested that NH add a new item permanently to the PPG meeting ground rules. It should be added that the use of mobile phones was prohibited during meetings. They should be turned off. Asked the meeting if anyone had any other business to raise?
EG	Discussed concerns about TR's and the ongoing impact on local services. Some live here for 10 months of the year. Something needs doing to reassure PR's. Would like to put this to MW as one of his questions for meeting with MP's.
MCh	Agreed that there was underfunding for impact of TR's on area.
RR	Added that the growth in the area stretches to and affects the like of Boston Pilgrim Hospital in addition to surgeries. From when it (Boston Pilgrim) was built to the population increase we have across the area now, it is ludicrous.
MCh	Provided some positive news on local hospitals. Skegness Hospital had been found to have achieved 95% of targets. Felt that this hospital always provides an excellent service to the local community.
RR	Agreed and added that it should also be able to provide A&E services 24/7. Felt it is wrong that people should have to travel 30 miles for treatment due to funding issues.
MCh	Reiterated the need to provide questions in advance for meeting with MW and VA. Expected that the meeting would last for around 75 minutes.
LH	Commented that he had been hopeful for an update from BT today on appointments progress but aware that will not happen due to him being on annual leave.
MCh	Asked if there were any requests for the AGM agenda?
MCr	Noted that last year as part of AGM agenda DDD has attended on behalf of practice as Senior Partner and had delivered a presentation, along with MJ who attended on behalf of CCG.
PC	Commented that if a speaker was to be used, BT may be available?
MCr	Stated that she will speak to both PAC as senior Partner and BT about speaking at AGM.
GB	Thanked MCr for attending today and sharing her knowledge. Had enjoyed it and found it interesting.
RR	Agreed that MCr's insight had been informative.
PC	Also thanked MCr for her knowledge.
LH	Agreed that today had been an informative meeting.
MCh	Closed the meeting with a final reminder that 8 <sup>th</sup> April was the date for the meeting with both local MP's and also of the AGM. The meeting with MP's would commence at 14:00 and would be followed by the PPG AGM at 15:30.
PC	Gave a final reminder about parking at Royal Arthur Centre. Park at rear and can park without charge. Park in main car park and will have to pay and display.
	MEETING CLOSED.