

Beacon Medical Practice

Meeting Minutes

Reference:	PPG Committee Meeting
Date:	Wednesday 25 th May 2016
Time Commenced:	14:00
Time Concluded:	15:20

People Present:	
I Bradbury	PPG member
C Brockwell	BMP Practice Manager
G Brown	PPG member
P Chapman	PPG Vice Chair Person
M Chisnall	PPG Chair Person
M Crane	BMP IT & Data Quality Manager
E Gasson	PPG member
N Hutchinson	BMP HR Administrator
M Turton-Leivers	PPG member
Apologies:	
F Brown	PPG member
S Carey	PPG member
L Hemingway	PPG member
V Hudson	BMP Operations Manager
R Roe	PPG member
T Tansley	PPG member

Initials	Notes
*	Resignations received from committee members: J Hodder C Christopher C Willbye
MCh	Opened the meeting and welcomed all in attendance.
MCh	Listed apologies.
CB	Invited nominations for the post of PPG Chair Person.
PC	Nominated MCh.
EG	Seconded MCh.
*	There were no other expressions of interest. Others present in agreement.
CB	Invited nominations for the post of PPG Vice Chair Person.
MCh	Nominated PC.
EG	Seconded PC.
*	There were no other expressions of interest. Others present in agreement.
*	MCh and PC accepted their nominations for posts for a 12 month term.
MCh	Distributed minutes from 18/03/16 PPG meeting for review and approval. Asked for comments or corrections.
PC	Referred back to comments about TV screens in surgeries for hard of hearing patients.
MCh	Confirmed that the practice was still actively looking at options, although to date these had been cost prohibitive.

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

MCr	Gave 2 examples: 'Tick-a-tape boards were £3,500. TV screens with functionality would be in the region of £30,000. Still looking at a range of options.
IB	Asked if there were measures in place for profoundly deaf patients?
MCr	Responded that there was nothing visual for patients, but Dr's come out to locate patients that are vulnerable. Some Dr's come out to locate all patients, rather than use provided tannoys.
MCh	Commented that she had not had any further communication from ET of the Dementia Action Alliance following her previous presentation to the PPG. Attended to support the DAA stand at the Hildreds Centre during awareness week.
MCh	Discussed e-referral system. Feels this is very positive. Offers patients genuine choice and would be reassuring. Useful to know that can be referred to be treated at any hospital of choice locally or nationally. Commented that some hospitals further away now offer reasonably priced accommodation for overnight stays by families of patients. Nottingham City hospital was given as an example at £25 per night.
MCh	Asked if there were any other comments from minutes?
*	There were no comments made.
CB	Presented Practice Managers report: DNA results for April were on par with previous. Compared year on year. In 14/15 averaged at 5.75%. Last year 6.35% and this year would be lower at 5.12%. Feels message is getting out there about need to attend or cancel.
MCh	Commented on the role of the Clinical Practitioner.
CB	Discussed how they were viewed positively by those they had seen but still some misconception from others that they are a nurse. People need to stop seeing them as nurses. Feels their role is the way forward in General Practice. Should be viewed in a similar way to GP Physicians in the USA.
IB	Enquired whether CP's can be booked in same way as GP appointments?
MCr	Informed the meeting that at present they can be booked in advance via reception desks. The aim is for them to go on patient online very soon. Operationally not been possible up to present time but will happen.
EG	Commented on the good work that CP's do. Was impressed with TL who he saw when he was unwell. TL was good, listened, gave good advice and was very thorough. Wished to extend his thanks to her via the meeting as she was excellent, fantastic. Feels BMP should promote them (CP's) more, as they are definitely worth seeing.
MTL	Enquired about how payments are received by Practice and whether DNA figure are factored in?
CB	Informed the meeting about annual capitation payments received by the practice.
MTL	Questioned TR funding for the area and how much was received?
CB	Replied that BMP are working with the CCG on this. Payment formula has not increased in over 10 years, although volume of TR's has significantly increased. Large piece of work, as need to ensure figures are 'challenge proof'. £162,000 per year is received.
MCr	Reminded those present that that sum has not been updated in 12+ years.
MTL	Acknowledged that the sum was way behind the times.
GB	Noted how many more statics were situated across the area now.

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CB	Estimated that the practice had lost in the region of £1,000,000 over the years with this formula. Possibly more, as can only accurately trace back to 2008 when TR data became electronic.
MCr	Noted that system work is complex to retrieve accurate data and that slows process of gathering information at present. As an example, a TR may register 3 times in a year, but the system would recognise this as 1 as it is for 1 patient.
CB	Presented CCG with an invoice for losses when appointed but CCG disregarded, as BMP had never challenged figures prior to this time.
MTL	Acknowledged difficulties as holiday makers are needed for local economy but there has to be appropriate facilities and infrastructure to go with this demand. Discussed buffer zone agreement in place with ELDC to limit site expansions at present time.
EG	Agreed with MTL. Felt it was sad that ELDC are letting the community down. Stated that this is a regular argument with the council. Felt it would be the most appropriate course of action to suspend further developments of sites until such time as infrastructure catches up, whilst acknowledging that the area and local economy is dependent on visitors. Added that as a PPG member he knows that there is strain on resources at surgeries and hospitals in area and that ELDC also know this.
GB	Also agreed that this had been an ongoing issue for numerous years. In her time as Head of Chamber of Commerce it was raised frequently over 16 years but felt that people did not want to know. Will speak to local MP about matter again.
CB	Discussed complaints raised in practice since last meeting. Only 3 received in the month of April, which was good news. Of the 3 complaints, 1 was medical and was upheld, 1 was admin and is still under investigation and the third was actually withdrawn by the patient during process.
CB	There were no patient suggestions and comments collected this month.
CB	Discussed recent salaried GP interviews. 1 GP chose not to attend interview after being invited. 1 GP was offered the post but declined to take a Partner position in Boston. Felt this was disheartening news but practice would continue to review recruitment options. On a positive note, 2 registrars are set to join BMP in training. 1 more junior joins in August for first placement here. Then will re-join when more experienced for another placement here. 2 nd will be placed here in December and already is more experienced.
MTL	Asked if there were any financial incentives in place to attract new GP's?
CB	Discussed the £20,000 golden handshake on offer, as discussed at recent MP meeting.
IB	Commented on long-term planning. Asked how many GP's eligible to retire over next 4/5 years?
CB	Responded that the potential figure is 4. However more likely to reduce commitment to BMP and stay working reduced hours. Lincolnshire LMC is also in process at looking to establish recruitment of GP's from abroad.
MC	Discussed recent Hospital Watch meeting. Referred to email received in relation to DNA policy.
CB	Responded to questions from email and addressed comments made.
GB	Commented on PA department only being contactable after 10am and difficulties this could cause for someone in work.
MCr	Stated that the department was available up to 18:30.

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MCr	Practice prioritises appointments and prescriptions in a morning. That's why 10am is stipulated but that is also why the service is available until 18:30. Added that if the matter is urgent then the patient has the option of speaking to a member of the management team for advice or support.
CB	Informed the meeting of a listening event, due to take place at the practice on 02/06. CCG Chief Nurse will be in attendance in waiting area. Will talk to and listen to those who wish to be involved whilst waiting for appointments. Noted that this exercise is about listening and informing, not Beacon bashing.
MCh	Discussed proposed changes to services delivered from Boston Pilgrim hospital. Potential to move some service to Lincoln. Discussed disruption to patients and potential dangers of such changes for local population due to distance involved. Also issues with transport to and from appointments in this eventuality. Has brought a petition that would like to place in practice.
CB	Agreed to the petition being placed in the reception. Discussed consultation process and 3 possible outcomes. <ol style="list-style-type: none"> 1. No change. 2. Maternity and paediatrics transferred to Lincoln (other than nurse appointments). 3. Vascular surgery transferred to Lincoln. Feels last option would also result in less a+e facilities on offer at Boston. Heart attacks etc. would need to be dealt with at Lincoln. Reminded those present that electronic petitions had also been circulated to all PPG committee members to spread the word.
MCr	Stated that she would add petition to BMP website.
MCh	Asked about progress with re-recording of phone messages and volume of, as previously discussed.
MCr	Confirmed that process had started, some have already been shortened. Opening out to staff for suggestion and would also welcome patient feedback.
IB	Suggested advising on walk-in centres.
MCr	Replied that that was not possible, not allowed to promote urgent care.
EG	Talked about the already over-use of a+e facilities by people with non-urgent needs.
MCh	Discussed potential progress of siting of bus-stop at ING surgery. She and PC had met with councillors and also stagecoach. Was supportive. Potentially money available from enterprise fund. Also possibility of a pedestrian crossing being located near to practice. Could still be a long process. Feasibility studies will be made. To get to this point has already taken 12 years.
GB/EG	Both thanked MC and PC for commitment and progress.
MTL	Asked if there was any progress with CSL new site?
CB	Replied that there was not. The bid has been revised and has been submitted to CCG. Could still be a long process. Does not at present time want to commit to looking at a particular piece of land, for it to then be sold on in interim.
MCh	Time and date of next meeting: 14:00 at BMP Skegness conference room.
MCh	Any other business.
PC	Nominated MTL to be PPG committee member.
EG	Seconded MTL.
*	Agreed by all present.
MTL	Accepted.
	MEETING CLOSED