

## Meeting Minutes

<b>Reference:</b>	PPG meeting
<b>Date:</b>	25/11/2015
<b>Time Commenced:</b>	14:00
<b>Time Concluded:</b>	15:20

<b>People Present:</b>	M Chisnall
A Bliss	C Christopher
I Bradbury	J Hodder
C Brockwell	V Hudson
G Brown	N Hutchinson
J Caine	T Stumpf
S Carey	T Tansley
P Chapman	C Willbye

<b>Initials</b>	<b>Notes</b>
MC	Opened the meeting. Thanked all for attending.
MC	Apologies from F Brown, M Crane, E Gasson, L Hemmingway, B Mundy, R Roe, Dr Taiwo. Enquired whether anyone had heard from S Dennis about not attending?
MC	Continued to last meetings minutes. Asked for any updates on parking situation at CSL.
TT	Stated that CSL Parish Council had confirmed that piece of land previously discussed was an overflow area of car park. Although not maintained this means it cannot be used as previously queried. Ongoing problem for family with disabled daughter. Occurring since Easter. Family not heard from BMP. Police have become involved with situation as becoming irate.
MC	Suggested a polite notice be placed in CSL surgery asking to avoid parking in area might appease. Also suggested placing in newsletter.
TT	Continued that family are now in discussions with Highways about matter.
CB	Responded that a sign in surgery and newsletter inclusion were good ideas, however BMP cannot control traffic or parking in area.
PC	Enquired whether the family had spoken to the council?
TT	Replied that they had discussed with three individual councillors. Family are now taking photos of all vehicles that park outside of property.
CB	Commented that parking was evidence of further reason why existing site is no longer fit for purpose. To be used as part of case for new location.
TT	Stated that at a recent caravan meeting, she had been required to defend BMP. A councillor will be in touch with BMP and also CCG to arrange meeting. Was her understanding that 3 locations had been earmarked in CSL area as potential new surgery sites.
CC	Commented that the car park opposite CSL surgery was responsibility of ELDC not CSLPC.
AB	Discussed how when she recently attended an appointment at CSL and used car park, could not find a machine to pay at. Free at present time.
CW	Commented that there was a lack of awareness that flu clinics had been arranged. When person asked at CSL was referred to Skegness. Unable to get to. Had injection at Boots pharmacy, as easier to attend than Skegness surgery.
MC	Responded that it had been advertised in local press and within surgeries.
CW	Stated that it was also printed on repeat prescriptions, but not everyone looks.
VH	Added that when clinics had finished, people would be booked in to see a Practice Nurse. Whilst clinics were running, people would have been referred to

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	next available clinic venue. If person was not offered an appointment and clinics had ceased will look into reason.
JH	Enquired whether the doors at CSL were now opening at 07:45 as previously discussed. Hadn't seen anyone to ask.
MC	Replied that MCr had been looking into this but was not in attendance due to other commitments today.
CB	Confirmed that she will check with MCr.
*	Minutes of previous meeting were read and approved as correct and accurate.
CB	Informed meeting of BT's inability to attend today due to surgery commitments. However he had planned to bring an update about appointments system which will now be brought to next meeting.
TT	Commented that she assumed that would mean no to tickets?
PC	Responded that BT had already previously stated this.
CB	Explained that BT had recently visited a Practice in Bourne with VH. The way they worked would not work here. Discussed pathway work. Reiterated that BT will be invited to attend January meeting to update PPG members.
MC	Asked for update on DNA's.
CB	Replied that 643 DNA from 13000 appointments. 4.92% again below 5% threshold for third consecutive month. Pondered whether message about cancelling when not required is finally getting through.
MC	Enquired whether there was any update on TR funding?
CB	Replied that there had not. Was still with CCG. TR, premises and recruitment were now standard agenda items for CCG meetings.
IB	Asked whether the Practice had considered recruiting from Europe?
CB	Commented that the BMP workforce was already multi-cultural.
TS	Added that to recruit, criteria is that applicants must be working in UK.
IB	Enquired whether this was same or different at other Practices?
TS	Reiterated that they needed to be working here, for criteria to be met.
IB	Asked about recruiting from medical colleges.
CB	Stated that we had 1 Registrar currently working for BMP another is due to commence next year.
TS	Commented that they needed to be a Trainee GP to be eligible. Not at medical college.
TT	Discussed how at a meeting with Richard Fry, he commented about future plans for Trainee GP's involving them being sent where needed, as opposed to choosing themselves. May improve situation for local area. Added that there was also concern raised from meeting that BMP run too much like a business. Should consider increasing salaries to attract people to the Practice.
TS	Responded that BMP already offer high salary for clinical staff.
CC	Agreed that people had stated that BMP was operated as a business. Referring to a gentleman called Jonathan Moses who is one of the local caravan site owners who also commented on Beacon Pharmacy.
CB	Stated that BMP was not operated as a business but obviously had to work to budgets and be financially viable. The pharmacy is a business but is not operated by BMP. It is a separate business to BMP.
CW	Felt that these (caravan) sites should contribute to operating costs.
CC	Discussed how he had conversed with Chief Planning Officer for ELDC and that it was a 106 agreement that should be looked at with regard to new premises. Felt site owners should be written to and asked for contributions under this. Added that the Residents association had arranged with local MP for meeting. Asked CB if BMP representatives would be prepared to attend.
CB	Responded that yes of course they would.

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MC	Informed the meeting that Brenda Clayton a local enforcement officer had previously given a presentation on 106. Asked if it would be useful for her to attend BMP to do so if arranged?
TS	Felt that this would be a good idea.
MC	Commented that she had been invited back to next CSL resident's association meeting. Date 07/12/15.
CB	Confirmed that she, VH and BT would also be in attendance.
TT	Added that the previous meeting was quite positive. 100+ turn out. BT and MCr did not attend, although they had previously stated that they would.
MC	Commented she could see why BT may have not attended under current circumstances. Taking a GP out of surgery could leave a shortage.
TT	Stated that she felt CSL was the poor cousin and was frowned upon.
JH	Commented that she had heard good reports from the meeting.
IB	Stated that he felt that these meetings were good, to combat mis-information. People miss the positives and focus on the negatives.
JH	Enquired whether Hogsthorpe residents could attend these meetings at CSL if BMP discussed?
TT	Replied that anyone is welcome to attend but must be a member to participate in voting.
GB	Commented that from the feedback here it seems that those in attendance at meeting that are also on PPG held the line very well for BMP.
TT	Added that the residents association was about being proactive for CSL. Providing services such as free lunches at Christmas. Fund raise for CSL. Would not be offered to Hogsthorpe residents although as stated are welcome to attend meetings.
MC	Referred to new voluntary car service in area.
TT	Continued that this was a new service to enable those unable to drive, get bus etc. to attend appointments such as GP.
SC	Commented on possible contribution costs ruling service out for some people. Aware of person asked to attend hospital appointment at Boston on a Sunday. No bus service, not even a connection at Spilsby. Was told this service would be 40p per mile.
CW	Felt the costs could put people off. Could cost £30 to £40 to travel to hospital and back. Some people could not afford that.
MC	Asked if BMP could order transport for hospital appointments?
TS	Replied that BMP was unable to do this. The hospital would need to be contacted. Discussed how some people attend appointments by arrangement with relatives or neighbours etc. to take them.
PC	Discussed how the local call connect service may be an option for people.
CW	Responded that this service was not necessarily available at a specific time.
CB	Presented Practice Managers report to meeting. Since the last meeting, there had been 7 complaints raised. 3 were clinical, still under investigation. 2 were customer service around communication and attitude of one of the receptionists. This has already been addressed. 2 were management. With regard to lack of available appointments.
IB	Enquired further about the clinical complaints, asking whether they could have been around disagreement on treatment/diagnosis?
TS	Confirmed that this may be possible. Often Patients feel things should be done differently. A lot of complaints come down to Patient expectation.
TT	Asked TS in relation to clinical matters whether it was standard procedure when one GP is away and a patient sees a different GP, for this other GP to remove a prescribed item from repeat prescription that the patient had been on long-term, as she is aware that this has happened.

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TS	Replied that this was not standard but he could not comment on behalf of another person.
CB	Continued that 1 complaint was in relation to difficulties in getting through to BMP via phone. There was a concern from a patient at ING who feels that the Practice tvs in the waiting areas should show daytime tv programmes. There were also 2 letters of compliment for staff, although both from same person. There was also one suggestion that patients be notified about changes to appointments by text.
VH	Informed the meeting that this system is already in place if patients are signed up to it.
CB	Continued that in response to concerns of hard of hearing patients who have stated they find it difficult to hear their name being called, BMP looking into at the moment the purchase of large screens that will display names when called. The visual call system will be full screen, quotes currently being obtained. Other concerns raised were with regard to waiting for a GP who was running late and a request that automatic doors be purchased for CSL. Correspondence was received suggesting with regards to DNA's that BMP charge a rate of £25 for each occasion it happens. Finally from report. 3 new CP's joining team which is good news. There has not been a CCG meeting to report back on. Patient newsletter has been devised, copies at all three sites, to keep patients informed. If members have suggestions for inclusion in future copies, to provide NH with details.
CC	Commented that when he was on phone trying to make an appointment and was queuing, the waiting messages that are played can be frustrating, or irrelevant such as booking online when not all people can or want to use this method.
MC	Replied to this stating that it had been discussed at previous meeting. Under review by MCr at present time. Aware of and looking at reducing number of messages played.
JH	Talked about a faulty touch screen at Skegness. Could result in DNA if there is then a long queue for people to have to join at reception.
TS	Responded that there is a 15 minute tolerance. If reception are aware there is a problem they will inform the relevant Drs.
CB	Added that the current screens are now out of maintenance contract and BMP in process of pricing up and purchasing new screens. This will resolve that problem.
PC	Commented on a lady in ING reception that she felt sorry for. Lady was hard of hearing. Couldn't hear Dr calling for her.
CB	Referred back to sourcing of new screens that will provide appointment information to patients.
TS	Added that in his case, if he calls a patients name twice and gets no response, he comes out to meet patient. Suggested that patients could mention at reception issues like this, and then team can look out for.
MC	Asked about the number of receptionists on front desk at any time?
SC	Stated that this morning at Skegness on her arrival, there was one.
CC	Added that there were 2 on the desk when he came in but one was in training.
MC	Enquired about ING and why sometimes Receptionists sit at dispensary window and not reception as less confidential.
VH	Confirmed that sometimes due to staffing levels for sickness etc., this is necessary as they have two jobs to do Reception and dispensing.
TT	Enquired about a dedicated line to cancel appointments.
VH	Responded that there is an option on existing service.
TT	Stated that not always possible to get through on number.
CB	Contributed that the suggestion of a dedicated line is an option that could be considered further.

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MC	Stated that there was a matter of concern to be raised concerning procedure to be followed when a patient dies, for certifying deaths.
SC	Continued that TS would be aware of this matter. Regards Parkers funeral home in Wainfleet. Husband died in nursing home and TS requested his body be transferred to Parkers at CSL. Parkers have made her aware that in past there have been several requests by BMP for this to happen, three times that she is aware of.
TS	Replied that this practice is not uncommon if last Dr to see patient. Done in an attempt to make process faster for families. If not done, process could take up to a week and that would be more distressing for families. Stated that when in surgery at one location, unable to travel out of area to make such visits. That is why this was requested.
MC	Enquired whether time limit for this was still 2 weeks?
TS	Responded that this was not necessarily the case. Time limit is 2 weeks not to report to a coroner. Even after 2 weeks does not mean automatic post mortem unless unexplained death.
SC	Stated that she had been made aware that this didn't happen at another local surgery.
VH	Replied that this other surgery does not cover the same geographical area as BMP.
TS	Informed the meeting that the BMP patient base covers up to Anderby. The other surgery does not.
CC	Discussed shingles vaccinations. Asked why at 76 he is not under criteria?
JH	Contributed that at last meeting MCr stated that she e was going to put shingles posters up but not aware of this happening.
TT	Commented that another local surgery display posters. When enquired at BMP was informed not procedure to display. BMP send out letters like with smears, on a need to know basis. Aware however that CSL have since put up a poster.
CB	Confirmed that a weekly list is monitored. For those in criteria an invite is sent. Stated that unfortunately the Practice cannot directly advertise every service it provides, otherwise it would leave us with no available space. Referred back to last PPG meeting minutes where this had previously been discussed and criteria recorded. Reiterated that if aged 70 between 02/09/44 and 01/09/45 eligible. If currently aged 71 – 72 eligible. If 73, 74,75,76,77 not eligible. 78 – 79 eligible. If over, ineligible.
TS	Added that criteria were set by Government and NHS England not by BMP.
MC	Confirmed that the next PPG meeting would take place at 14:00 on 27/01/2016 at BMP Skegness, in conference room.
	MEETING CLOSED.