**Meeting Minutes**

| Reference: | PPG October Meeting |
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| Date: | 28/10/2015 |
| Time Commenced: | 14:00 |
| Time Concluded: | 15:30 |

| People Present: | S Carey |
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| M Chisnall (Chair) | L Hemmingway |
| P Chapman (Vice Chair) | J Hodder |
| M Crane (BMP I.T & Data Quality Manager) (Representing CB Practice Manager) | N Hutchinson (minute taker) |
| I Bradbury | R Roe |
| G Brown | |

| Initials | Notes |
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| MCh | Welcomed all to the meeting. |
| MCh | Agenda Item 3. Apologies were received from EG. FB. SD. TT. CW. AB |
| MCr | Confirmed that BT (DR Taiwo) would be unable to attend to discuss agenda item 1, as he was still at Skegness Hospital. |
| MCh | Moved onto minutes of previous meeting.<br>Confirmed that based on conversation last meeting with reference to local MP Matt Warman and why he had not visited CSL. The reason is due to CSL not forming part of his constituency. CSL is covered by Victoria Atkins.<br>Discussed the automated messages on the telephone system. |
| MCr | Was able to confirm that the she had been in contact with BMP service provider and in near future frequency and duration of play of messages will be amended. New messages will be recorded as part of process. |
| MCh | Enquired with JH in absence of TT and FB whether there was any update on CSL parking situation. |
| JH | Was unaware of any progress. |
| * | Minutes were agreed as accurate and a true record of previous meeting by all present. |
| MCr | Discussed progress with agenda item 6.<br>Confirmed that DNA's had risen sharply since last meeting. However August was reported as unusually low due to clinical staff annual leave in this period. Therefore less appointments on offer.<br>Percentage wise, figures reported still fall within average stats. |
| IB | Felt that this was positive news. Questioned DNA's from TR's. (Temporary Resident). |
| MCr | Reported that TR figures for DNA are substantially less that PR population. TR's are more likely to keep appointments than permanent residents.<br>Continued to discuss next CCG meeting due and will hopefully have more news from this in moving forward with TR funding.<br>Discussed changes to clinical team:<br>RD (DR Deshmukh) salaried GP leaves 15th December.<br>DD (DR Dewar) takes post of Locum GP from end of November.<br>1 new Clinical Practitioner and 1 additional Emergency Care Practitioner have been appointed. CP will start 01/16. ECP will start 12/15.<br>JS (Jo Stones) also returns to practice in Nurse Practitioner role from 12/15. Slightly different capacity to her previous employment at BMP. Will focus on over 75's, dementia reviews and at risk patients. Responsible for reviews and care plans. Will also do work on unplanned admissions. Top 2% of Practice |

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| | population. Up to 500 patients. Conditions such as diabetes and managing conditions to reduce admissions. |
| MCh | Commented knows JS from time at BMP previously. Felt her return was fantastic news, as were other appointments. |
| IB | Asked for clarification on what an ECP is? |
| MCr | Explained that BMP already has one in place. TL (Tracey Lamont).<br>Similar in duties to CP but cannot prescribe. Qualified at level of Paramedics. Explained that status currently being looked at so may be able to prescribe in near future. At present GP/Duty DR prescribes on their behalf when required.<br>Discussed changes in nursing team. PB left Practice last week. Discussed 1 new nurse started this week. 1 new nurse starts 11/15. Another nurse we are awaiting confirmation of start.<br>Discussed training programme for nurses and courses booked and being booked. |
| LH | Commented that he had been phoned by BMP and had an appointment cancelled, as could not now fit him in. Advised to contact hospital. |
| MCr | Discussed depleted clinical teams due to staff sickness. Agreed to meet with LH after meeting to discuss his concerns in more detail. |
| IB | Enquired about TR funding. Whether there had been an increase? |
| MCr | Confirmed that there had not been any uplift in funding. To knowledge there had been no increase in previous 7 years. |
| RR | Commented that the value/amount that BMP receive is based on a formula. |
| IB | Asked for clarification that it was not based on individual numbers. |
| MCr | Confirmed that this was not the case. Also since formula set, amount of TR's has increased dramatically. Double the amount it was when figure initially set. Have along with CCG been fighting with NHS England for years over the issue.<br>Added that TR's are in other ways a benefit to BMP. |
| IB | Asked in what way? |
| MCr | Informed the meeting that in areas such as dispensing. Lots of TR's don't request a GP appointment, they just require dispensing services. They may have forgotten to bring medication. They do not on all occasions need to see a DR for this. BMP can contact their home surgery and arrange prescriptions and dispensing based on this.<br>Discussed low cost with DNA. As appointments for TR's are not pre-bookable. Allotted appointment slots only. |
| IB | Stated that was an interesting fact, as there are a lot of myths about TR's and DNA's. |
| MCr | Added that any unused TR slots are then offered to PR's. They do not get missed. They are not wasted. For TR's when allocated slots are gone they are gone. No more slots are opened. Can't take a PR slot. They are advised to attend minor injuries or A+E when appointments have gone. |
| MCh | Discussed educating patients more about CP's. Who they are and what they do/can do. |
| MCr | Commented that a piece of work was in progress that would include this in a patient newsletter |
| MCh | Felt this would be positive, as it would give the man in the street a better understanding and help them appreciate that they are being seen by a competent and qualified person. |
| RR | Suggested a poster for notice boards on subject of C P's and pictures of team. |
| MCr | Responded that she had recently had a conversation with DC (Dannie Cutts)Team Leader at CSL and this same suggestion was made. Discussed extending it to all staff. Identifying qualified staff and staff in training, as this might make patients more patient in areas such as reception. Will raise with CB on return from leave. |

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| RR | Felt move would reassure patients that if seeing a CP they are able to do same as G P. |
| GB | Asked how newsletter would be made available to patients? |
| MCr | Replied that initially the intention was to make it available in surgery. Would be costly to issue by post as over 23,000 patients. Discussed how could be attached to scripts and any correspondence being sent out by Practice in those instances.<br>Moved onto Practice Managers Report. Presenting on behalf of CB due to her absence on annual leave.<br>Discussed complaints. 8 in total. (See attached report).<br>Discussed JW agreeing to continue to work 1 day a week for Practice.<br>No CCG meeting happened since last PPG meeting. CB and JLQ attend these meetings.<br>Discussed surgeries on offer from 6th November. Includes lumps, bumps and haemorrhoid banding. Once a month planned initially. May increase dependant on success. |
| MCh | Asked if any of the DR's performing operations would be from Pilgrim Hospital? |
| MCr | Replied that she was unsure, but presumed so. Added that the services on offer would benefit the local community, as it would prevent the need to go out of town to Boston or other towns for these procedures. |
| RR | Commented that this was all good news. |
| MCh | Continued onto agenda item 8. CW had in her absence asked for her concerns to be raised in relation to Nurse appointments being cancelled, lack of appointments and felt the flu clinic could have been better advertised, including the purchase of 2 x £40 banners that could have been placed outside of CSL surgery. |
| MCr | Responded stating that in relation to lack of and cancelled appointments, the Practice was looking at ways to address this, including new staff appointments as discussed. A training plan is in place for newly appointed Nurses.<br>As per the flu clinic. It was advertised in 2 editions of Skegness Standard. It was advertised around the surgeries on posters. It was promoted in scripts. However, open to suggestions and will feedback to CB on her return for next year's campaign. |
| MCh | Felt from her experience supporting at CSL on the day it was well attended and well organised. |
| JH | Added that she was not aware of any problems at CSL in relation to the walk in flu clinic. Reception staff were helpful as always. Only problem in CSL is space. |
| MCr | Informed the meeting that she was meeting with a supplier in early November with the view to having LED screen put up in CSL. Noise is an issue as confined area, BMP aware of that, so screens would show who has been called for appointment if cannot hear. New touch screens for self-booking in, will also hopefully be ready soon. |
| IB | Asked a question about the music played and volume and asked whether it was necessary? |
| MCr | Stated that the music is played for privacy in waiting areas to avoid conversations or consultations being overheard. Is looking at changing music type, as at CSL. Now less rock and roll and more relaxing music being played. |
| JH | Commented on people having to wait outside for appointments prior to 8am opening. Walk straight in at 8 to go for appointment with nurse and people presume there is queue jumping trying to get a GP appointment. |
| MCr | Responded that doors should open at 7.50am and that she will verify with Team Leaders at sites that this is happening, as this is the case at Skegness and should also happen at sites. Staff are on duty from 7.30am to prepare for the day, doors should open at 7.50am. |
| MCh | Discussed ongoing issues with the appointments system. |

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| MCr | Replied that numerous other systems had been tried over the years without any more success, before one currently in use put in situ. |
| RR | Asked about telephone system for booking appointments. |
| MCr | Confirmed that the automated system was available from 8am.<br>In addition more staff are now trained in appointments booking and have more staff on lines between 8am and 9am. There are 30 lines for patients to ring in on, although there will not be 30 members of staff taking calls. Still a fast system. When a patient phones, on average to book an appointment if its straight forward it will only take around 30 seconds to do. So even with 10 members of staff on shift answering calls, that's a significant amount of calls that can be answered in succession. |
| IB | Asked how many phones could actually be answered? |
| MCr | Responded that all phones would ring, the calls go around on a loop until answered. Callas are retrieved constantly.<br>Added that between 8 am and 9am calls are for appointments only. If a person calls regarding a prescription, they will be requested to call back at a later time. Appointments are priority in the first hour.<br>Discussed shift patterns of staff to meet needs of Practice and opening hours and release of appointment slots. |
| IB | Felt the system was good. Asked what happens when appointments have gone? |
| MCr | Discussed how patients can then request a call back from the duty DR. |
| IB | Asked if the patient could request to see the duty DR? |
| MCr | Explained that if a person phones through and they feel it is an emergency. They will be placed on the duty list, unless they are calling and state they have complications such as chest pains etc. when 999 would be called. A GP and CP on duty work through the list. If it is felt there is a need for an appointment and they can't be supported over the phone, they are booked into another CP for an appointment. There is also an option that GP's have one slot that can be overridden. A home visit can also be arranged for the patient. |
| IB | Stated that he believed this was a very positive service. Asked if Mondays were the busiest days for this service? |
| MCr | Stated that Mondays and Fridays were the busiest days overall, although every day is busy. On Mondays and Fridays on duty there are always two people to book into. The Practice also in general has more staff on duty on Mondays and Fridays for demand. |
| SC | Asked if this covered Care Homes as there had been an issue at Seacroft. |
| MCr | Stated that Care Homes also come under duty. Phone back is available for Care Homes. |
| MCh | Asked a question about discharge letters and how Practice receives them. |
| MCr | Stated that it can vary. It should be within 24 hours. Sent electronically via secure email. They don't go straight into the patient record to view, so part of admin function is to drop them into the patient record and inform GP.<br>Emails received are checked three times by three departments, admin, clinical coding and the DR's PA's. |
| IB | Discussed his own case where he had received treatment at a Sheffield Hospital. Notes were not sent directly by hospital to BMP. |
| MCr | Replied that in instances such as this if the patient makes us aware the PA department would contact the hospital and the information would be released to the Practice. |
| MCh | Discussed how a patient had attended an appointment at CSL for bloods, even though feeling unwell, still attended appointment only to be told on booking in that it had been cancelled. There was no communication prior to this advising the patient not to attend. |

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| MCr | Referred back to sickness at present. Two HCA's on long term sick, although one is due back at end of this month. One member of admin team who is trained as HCA is being released as much as possible around other duties to support team.<br>Added that pressures of home visits that need to be carried out affect HCA service when there is sickness. If HCA carrying out home visits, on average with travel they may only see 8 patients in a morning. If they were able to perform clinics at surgery they would instead be able to see on average around 40 patients in the same time frame. |
| MCh | Moved on to discuss trying to attract new members to PPG. Discussed Lynne Luxton and Young Ambassadors scheme from Grammar School. Will attend to discuss with PPG in more detail at next meeting.<br>Asked the members to report any complaints to her rather than tackle them directly themselves. MCh will then liaise with CB on issues. |
| MCr | Stated that in the absence of CB on leave, the PPG members could approach her or VH with any complaints or concerns. |
| GB | Commented that ELDC had stopped collection of sharps containers. |
| MCr | Confirmed that BMP would happily accept any presented at reception as long as they were appropriately filled. Would arrange disposal of. |
| JH | Commented that she had seen a poster for shingles vacs and asked for more clarification on eligibility. |
| MCr | Responded that only certain ages qualify. Based on D.O.B and also ages 78/79 catch up. For those not eligible the cost of the vac is £100 if requested. Those eligible will be automatically contacted.<br>If aged 70 between 2/9/1944 – 1/9/1945 eligible. If 71 – 72 eligible. 73 – 77 not eligible. 78 – 79 eligible. 80+ not eligible. Will produce copies of poster available for PPG members and PPG notice boards. Will hopefully make situation clearer. Only need one vacc for life. |
| MCh | Any other business.<br>Next meeting 25/11/2015 BMP conference room. |
| MCr | Sent apologies for next meeting in advance. Cannot attend 25/11 |
| LH | Sent apologies for next meeting in advance. Cannot attend 25/11 |
| | MEETING CLOSED. |