

Meeting Minutes

Reference:	PPG meeting
Date:	Wednesday 16 th September 2015
Time Commenced:	14:00
Time Concluded:	15:25

People Present:	E Gasson
A Bliss	L Hemmingway
I Bradbury	J Hodder
C Brockwell (BMP Practice Manager)	J Hopps
F Brown	V Hudson (BMP Operations Manager)
J Caine	N Hutchinson (minute taker)
S Carey	R Roe
P Chapman (Vice Chair)	B Taiwo (BMP Partner/G.P)
M Chisnall (Chair)	T Tansley
C Christopher	C Willbye
M Crane (BMP I.T & Data Quality Manager)	

Initials	Notes
MC	Opened meeting by stating that RE would be sorely missed and requested a 2 minutes silence as a mark of respect.
MC	Informed the attendees that before the agenda items were followed, BT would report on his findings from other Practice visits, following on from last PPG meeting he attended, investigating the feasibility of BMP introducing walk-in appointments if practical.
BT	Thanked the PPG for letting him attend again. Discussed RE and legacy left, stating that he was sure that the good practices would carry on in his memory.
BT	<p>Stated that he had two main items to discuss.</p> <ol style="list-style-type: none"> 1) Evening surgeries will be trialled in CSL from 7th December 2015. Will run monthly during a period of review. 2) Visited other Practice, accompanied by VH. Surgery in Horncastle. Had 3 Partners and 3 Practice Nurses. In comparison to BMP a lot smaller in size with 10,000 patients registered, as opposed to BMP with 25,000. Discussed embargo appointments placed on on-call GP, 2 hours in total. Had no telephone triage in place, which is successfully used at BMP. Nurse Practitioners at Horncastle had on the day slots, in comparison BMP, all important on the day is triaged. At Horncastle, only embargo important. BMP triage all that needs seeing. At Horncastle GP's see 2/3 extra patients each if required, however they have less patient slots. At BMP GP's have 18/18 Partners have 15/15. Patients at Horncastle can pre-book up to 6 weeks in advance, compared to BMP where it is 4 weeks. However, at Horncastle only 1 appointment can be pre-booked online. At BMP the figure is 6. Their on demand figure is not as great as BMP currently already offer. Main difference between Practices is that at Horncastle, any patient that wants to see a GP/NP will see either. Due to BMP practice size, cannot be done here. This is the reason triage is used. Looking into other ways to see more patients at BMP. To review with VH. Open to tweaking system where possible until an amicable resolution. Clear difference is that BMP we still see/listen to everyone that needs us. Triage is a benefit with duty GP/NP. Gainsborough could not offer this with their staff resources, so by comparison of Practice size, BMP already is offering a better service and system.

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

	Welcomed questions and/or comments from PPG members.
*	Comments included that the news on late night opening was good for CSL.
BT	Responded that the late night surgery would be trialled once a month between 18:30 and 20:00 at CSL from December.
CW	A question was raised in comparison between SKEG and ING late night opening?
VH	Confirmed that SKEG opens late on Mondays and Wednesdays between 18:30 and 20:00. ING opens late Tuesdays 18:30 and 20:00.
PC	Comment was made that the late night opening is very useful and good. Had to take husband. Quieter and seen in good time. Would recommend.
LH	Clarification asked on what triage is?
BT	Replied that once all appointments had gone and a patient requests to see a Dr, it is established what the patient needs and if it is urgent it goes through to duty GP/NP. They will speak to the patient and deal with each individual as needed. They may request them to call in, or they may advise them over the phone. Situation dependant on the individuals medical needs.
CW	Asked for clarification on whether this is why after appointments have gone callers are asked if they think there needs are an emergency?
BT	Clarified that this was the case.
LH	A question was asked whether evening appointments are pre-bookable?
BT	Stated that some are pre-bookable. Discussed that DNA's significantly less on evening appointments.
TT	A question was raised as to whether CSL would be reviewed?
BT	Responded that of course that would be the case. Open to looking at any changes.
LH	A question was asked regarding whether the people seen daily in the appointment slots whether booked over phone or by queuing in person at surgery were always urgent, or whether these could have been booked appointments?
BT	Replied that patient's requests to see a Dr should always be respected. Can't trivialise as in some cases although not clinically important, it is of importance to the individual. In some cases the patient themselves might think their concern is minor but on investigation it is a bigger issue. Therefore the definition of serious is variable and we need to listen to all.
PC	Raised question on whether there was any progress made on the suggestion at last PPG meeting that a visit to a walk-in health centre in Nottingham had been made?
BT	Replied that the Practice in question had not responded despite numerous attempts to engage with them. Asked whether alternative contact details could be provided?
PC	Responded that further details will be established and brought to next PPG meeting.
LH	A comment was made that a similar service was offered in Manchester.
FB	A comment was made that Skegness Hospital also offer an equivalent sit and wait service.
LH	A suggestion was raised that a ticket system could be put in place in the event of DNA's occurring. The available slot could then be given to the ticket holder.
BT	Thanked the PPG committee members for allowing him to attend this and the previous meeting.
MC	Gave apologies for non-attendance: Glenis Brown Sid Dennis

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	Brian Mundy.
MC	Stated that the committee now needed to consider the next step in who chaired meetings. Read from an email sent by SD, quoting that losing RE was great loss, PPG need to continue his hard work. Suggested that to stabilise PPG MC take over as Chairperson until next AGM.
*	This move was proposed and seconded
MC	Stated that if this was the wish of the committee that she was happy to accept the role of Chairperson.
LH	It was noted that a Vice chair should also be appointed.
MC	Suggested that as she represented SKEG, it may be useful if the vice chair was represented by a constituent of CSL or ING?
FB	Stated that although this was a nice idea, it was not in the PPG constitution that this would need to be the case.
MC	Suggested that a closed vote could take place as nominations were being received?
FB	Commented upon that voting should be open in the interests of fairness.
*	The committee voted, both EG and PC were proposed and seconded. EG stated that due to health issues and other commitments he did not wish to proceed. PC was announced as new vice chair after it was confirmed that there were no other nominations.
PC	Thanked the committee and stated that she would do her best for the PPG in this role.
*	The minutes from the last PPG meeting were read and agreed as accurate.
MC	Discussed commitment from both new local MPs. Matt Warman had met with her, LH and EG.
LH	Confirmed that issues were gone through with MW. Appointments system was discussed and he stated that he would try to intervene.
MC	Stated that there was no further news on CSL.
LH	Stated that ELDC has a new leader GL Described him as very good, stating that he listens to people.
FB	A comment was made that MC and LH were talking in narrative, as being part of meetings, they know. We (other PPG members) don't know.
MC	Stated was seeing MW tomorrow and he would be taking PPG concerns back to Parliament with him.
TT	Clarification was asked on what concerns?
MC	Stated that the concerns were on appointments, DNA's and TR's.
PC	A question was asked whether MW had visited CSL?
MC	Confirmed that this was not the case, MW had visited ING.
TT	A comment was made that CSL always gets missed out.
EG	It was also stated that MPs had not been seen since election campaign.
LH	Stated that MW had put in the press where he was visiting and when.
MC	Confirmed that he had done so, travelling the area in a camper done.
EG	It was commented on that MW had not visited CSL.
MC	Noted from the minutes that open appointments had been discussed previously. It was confirmed that this system had not been used since the creation of BMP, it was from a period of time before Practices amalgamated.

Meeting Minutes Continuation

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TT	A discussion took place on notice boards at surgeries and responsibility for each location being allocated to specific PPG members. MC SKEG EG/LH ING TT CSL (nominated in her absence previous PPG meeting)
MC	Discussed flu vaccination clinics. 2 in SKEG, 1 in CSL and 1 in ING. Volunteers were requested to support as marshals for the surgeries.
FB	Commented that care homes should be a priority in this campaign.
CB	Acknowledged that BMP were aware of this and had 2500 vaccines already in stock in preparation and more will be ordered for the duration of the campaign.
CB	<p>Read through content of Practice Managers Report. (Copies had been emailed to available PPG committee members addresses and printed copies were available).</p> <p>DNA figures dropped over period of analysis. Good news, although also have to note amount of clinicians has also reduced in this period, so less appointments.</p> <p>Practice Nurse recruitment in process.</p> <p>Compared figures with previous year.</p> <p>Complaints discussed for period and areas raised in. 19 formal complaints in 3 months, in areas including clinical, appointments, communication.</p> <p>Informal complaints are acknowledged, dealt with and diffused as soon as received.</p> <p>Suggestions and comments. Nothing of note received.</p> <p>Discussed staffing. Imminent retirement as Partner of DDD. Informed PPG he will sit on in capacity of locum GP part time basis.</p> <p>BMP has advertised for a salaried GP with a view to Partnership. Currently advertised in BMJ. No applicants as yet. Advertisement active until 4th October 2015.</p> <p>Discussed CL, Registrar position. With BMP for 12 months. Hopeful of attracting CL to stay with BMP after this period.</p> <p>Discussed CCG meeting and co-commissioning. BMP will have a greater say in local area. Will work hand in hand with aim of steering services.</p> <p>CSL new surgery also on agenda with them but slow progress to date.</p> <p>Temporary Residents, NHS England are now involved. CCG has also picked this up and are presently looking at formula.</p> <p>Appointments committee are reviewing capacity vs demand. Discussed how CQC measure this. Reviewing with CCG. Expectation is 6% nationally, regionally in Skegness figure is 3.5%. To look at how this is worked out by CQC and how if possible we can do anything.</p> <p>Activity was discussed. Orthopaedic Surgeon based at BMP fortnightly. Offering an alternative to the local community from travelling to Boston/Lincoln for treatment.</p> <p>2 General Surgeons also interested in working with BMP. Reviewing opportunities subject to performance list.</p> <p>Phoenix smoking cessation ending. Being informed not bidding for new tender. New provider unknown. Will offer premises to replacement service as with Phoenix.</p> <p>Coming soon BMP hopes to be able to offer obstetric ultrasound scanning. Also orthopaedic out-patients for shoulder/elbow surgery.</p> <p>Looking at more ways of branching out to bring hospitals to our community.</p>

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CB	Reducing need for patients to travel out of area to Boston/Lincoln for treatment. Asked if there were any questions?
TT	Discussed that on breakfast television this morning she had seen an article on paramedics being used in General Practice, is this something that BMP could utilise?
CB	Responded that this is already the case at BMP. TL is classed as an emergency care practitioner. Although paramedics in primary care cannot prescribe. They are able to triage. An asset to BMP.
CW	Discussed DNA's. Knows of a person that phoned SKEG 5 times for an appointment but was offered CSL/ING each occasion. Upset about situation, also concern that 5 DNA's caused by inability to get option to cancel when phoned surgery.
MCr	Responded that appointments initially must have been followed through and booked to become DNA's. Continued to discuss how pre-bookable slots are released 4 weeks to the day.
MC	Thanked Cathy for her report.
*	Consensus from some PPG members was that BMP was making progress. Comments included 'a good report' 'promising' 'going well' and 'thanks for your hard work'.
MC	Continued with the meeting to discuss matters of concern and asked the committee members if there were any?
MC	Went on to ask whether there were any cases of praise for the Practice?
PC	Raised a compliment about MT Nurse Practitioner. It was commented on that he was the nicest and most thoughtful of people.
TT	Stated that there were a couple of CSL complaints. Monday AM surgery was discussed. When surgery is busy with those waiting for or booking GP appointments, can be difficult for those with Nurse appointments to access and/or book in. People have been accused of queue jumping and automated booking in does not always work.
CB	Stated that she was not aware of any issues being raised about the automatic system and it would be looked into.
JH	Added that appointment slots can potentially be lost by not being able to book in on time. Could be classed as a DNA.
CB	Confirmed again that the automated system would be checked.
JH	Revealed she had brought good news to the meeting about Parkinson's Nurses. The CCG has agreed to fund a post with Parkinson's UK. The band 7 post would be funded for at least the next 2 years on a business plan. Post will cover Louth to Skegness area. Taken 6 years to get to this position.
*	Consensus from PPG members was that this was excellent news for the local area and for those affected by Parkinson's disease.
CC	Commented that he had an appointment with BMP last Thursday. Excellent service and was actually seen ahead of scheduled appointment time.
MC	Raised the issue of automated messages on the telephone system with CB. Commenting that as well as informing caller of place in queue it also provided a lot of 'spiel'. Asked CB if this could be re-set? As it gets wearing if queuing for a while.
CB	Informed everyone that she would address this with MCr to look at alternative options for those that are on hold in the queuing system.

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IB	Wished to make those present aware that is currently a survey on Skegness available. The survey includes a question on GP services. (Copies of how to complete the online survey were distributed to attendees) Asked whether could put copy of survey poster on Practice Notice boards?
CB	Suggested placing them on each sites PPG notice board. (A copy was given to responsible person for each site).
TT	Raised a concern about a lady who lives close to CSL surgery. Vehicles regularly block access to her drive and have even been known to park on her drive. An ambulance has even done so. Peron has a disabled family member and requires constant access in case of emergency.
CC	Suggested the car park opposite the surgery should be used. Discussed the possibility of ELDC being contacted about arrangements/concessions for parking for patients.
PC	Enquired whether CPC be asked about this?
TT	Discussed yellow lines on Ancaster Avenue directly outside surgery. However blue badge holders are allowed to park on them. Would appreciate BMP involvement in looking for a satisfactory resolution.
FB	Offered to take the matter up with the parish council, ELDC and Highways agency to establish ownership.
CC	Stated that winter parking should be less of an issue as the car park opposite the surgery becomes free to park out of season.
TT	Discussed her involvement in the CSL residents association. Questions have been raised about BMP. Happy to take back relevant information, with full regard to confidentiality if PPG committee authorise this? The resident committee also wished to extend an invitation to the new Chair of PPG to their next meeting.
MC	Responded that she would be happy to attend and requested to be made aware of date and time.
TT	Raised a concern about confidentiality between PPG members. Stating that at last meeting, evening surgery at CSL was discussed, this became local knowledge in CSL. Yet minutes for meeting have only just been distributed. Respectfully requested that people be aware of information that should/shouldn't be put out.
PC	Agreed that what is learned/discussed at PPG meetings stays in meetings.
MC	Confirmed the next set of meeting dates would be held on the 4 th Wednesday of each month. 28 October 2015 25 November 2015 27 January 2016 24 February 2016 23 March 2016.
*	PPG committee consensus was that PPG meetings would take place at SKEG in conference room on each occasion. It was agreed 2pm start time was convenient. It was agreed that as in previous years, there was no need for a meeting to be held during the month of December 2015.
*	MEETING CLOSED