

Beacon Medical Practice

Meeting Minutes

Reference:	PPG Meeting
Date:	28 th September 2016
Time Commenced:	14:00
Time Concluded:	15:45

People Present:	
I Bradbury	PPG Executive Member
C Brockwell	BMP Practice Manager
G Brown	PPG Executive Member
S Carey	PPG Executive Member
M Chisnall	PPG Chair Person
M Crane	BMP IT & Data Quality Manager
L Hemingway	PPG Executive Member
N Hutchinson	BMP PA/HR Administrator
R Roe	PPG Executive Member
Dr B Taiwo	BMP GP/Partner
M Turton-Leivers	PPG Executive Member
Apologies:	
A Bliss	PPG Executive Member
P Chapman	PPG Executive Member
E Gasson	PPG Executive Member
V Hudson	BMP Operations Manager

Initials	Notes
MCh	<ul style="list-style-type: none"> ▪ Welcomed all in attendance to meeting. ▪ Opened meeting by talking about current walk-in flu clinics. ▪ Attended Skegness surgery on Saturday. Felt service was very efficient but noted a reduction in attendance. Wondered if reason for this was pharmacies now also offering same service?
MCr	<ul style="list-style-type: none"> ▪ Commented that clinic attendance was previously always around 1100 people attending at Skegness. ▪ Last year there was a drop to 850. This year the figure had dropped further to 650, despite promotion in surgery and advertising in local press, website and social media sites. ▪ Pharmacies are also offering service for free, within criteria is having an effect. ▪ BMP has ordered 6/7000 vaccines. Will lose £9.80 per vaccine not used. ▪ Wondered if weather could also be a partial factor in lower attendance? ▪ Pharmacies have to report on BMP patients they have vaccinated, after records in, will look at contacting patients as part of mop-up exercise to use vaccines.
RR	<ul style="list-style-type: none"> ▪ Felt it was wrong that pharmacies can do this. ▪ EG, Boots on site. Unfair that they can just ask a BMP patient walking in to collect a prescription.
GB	<ul style="list-style-type: none"> ▪ Asked if there was anything that could be done about this?
MCr	<ul style="list-style-type: none"> ▪ Responded that it was part of an NHSE initiative. Being done nationally.
RR	<ul style="list-style-type: none"> ▪ Asked who was administering vaccines at pharmacies?
MCr	<ul style="list-style-type: none"> ▪ Replied she could not definitively say, as not our service but it would have

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	to be assumed it would be someone deemed competent who had relevant qualifications and training, as has to happen at BMP.
CB	<ul style="list-style-type: none"> Noted the importance of pharmacies reporting back on our patients vaccinated, as this has potential to affect BMP figures and targets.
MCr	<ul style="list-style-type: none"> Expanded on this further by informing the meeting about QOF, funding and QOF points. Discussed this year BMP had received vaccines later than usual, as they had been prioritised to pharmacies. 250 patients externally vaccinated to date that we are aware of at this time. Pharmacies do not offer the service supported by BMP, such as visiting care homes, where at same time as Flu vaccinations being given, pneu vac's will also be administered where required.
BT	<ul style="list-style-type: none"> Referred back to pharmacies and asked for confirmation that it was a Government initiative?
MCr	<ul style="list-style-type: none"> Confirmed that this was the case. The Government do not mind which service provides the vaccine as long as it is given and targets are achieved within at risk groups.
RR	<ul style="list-style-type: none"> Felt it was morally wrong if pharmacies were doing this for financial gain. Different in surgery where service is provided by professionals.
LH	<ul style="list-style-type: none"> Questioned rates received by pharmacies compared to surgeries?
BT	<ul style="list-style-type: none"> Felt incentives offered to pharmacies should be looked into and whether they did receive increased payments compared to general practice. Practice needs to aim to increase footfall for walk-in clinics.
MCr	<ul style="list-style-type: none"> Discussed how nurses are carrying out speculatively during chronic appointments etc., as these mainly consist of the vulnerable groups targeted by the campaign.
MCh	<ul style="list-style-type: none"> Discussed progress relating to bus-stop being situated outside ING surgery. Spoke to contact at Highways dept. it has been agreed this will progress and will be installed in next financial year, after current highway repairs in area are completed. They are hopeful work will commence in April/May 2017, which is excellent news after campaigning for 12/13 years for this.
BT	<ul style="list-style-type: none"> Thanked MCh for all her hard-work in achieving this outcome. Spoke to meeting about his love of CSL village, how he loves the place and people. Enquired about the possibility of it being twinned with his place of birth in Nigeria. Informed meeting about Ilewo Alga and its people.
MTL	<ul style="list-style-type: none"> In his role on CSL parish council, will find out about possibility of doing so.
LH	<ul style="list-style-type: none"> Said he would also support BT in achieving his wish if it could be done.
MCh	<ul style="list-style-type: none"> Discussed current shared care arrangements being ended by the practice and letters being received by patients affected.
CB	<ul style="list-style-type: none"> Discussed current arrangements. Part of an enhanced service called specialised drugs monitoring, under shared care. Shared care should be that, shared but this is not always happening. Over time BMP has noticed anomalies. Consultants are not always seeing patients as they should and are not necessarily reviewing medications and this is their responsibility in shared care, not the practices. Partners have decided because of this, current procedures are unsafe, dangerous potentially for patient and unfair on GP as onus falls on them if anything was to happen. Due to this BMP has served notice on this with

	<p>CCG.</p> <ul style="list-style-type: none"> ▪ This decision is legal, everything being done by the practice and how it is being done is above board. ▪ By 13th October we will have finished the process of writing to all consultants and patients affected. ▪ This change only affects drugs that only a consultant can prescribe.
SC	<ul style="list-style-type: none"> ▪ Asked why certain drugs cannot just be prescribed by the GP?
MCr	<ul style="list-style-type: none"> ▪ Responded that certain drugs are not licenced for primary care. ▪ When this change is made, patients should not have to travel to pick up a prescription from Boston or Lincoln hospitals etc. ▪ The hospital should put an arrangement in place to either post the prescription out or send electronically. ▪ Hospital should liaise with existing pharmacy on matter, as they do already with patients at other surgeries such as Hawthorn who have never participated in shared care.
IB	<ul style="list-style-type: none"> ▪ Commented that he had seen concerns about BMP's actions on social media sites. ▪ Asked how many patients this affected?
CB	<ul style="list-style-type: none"> ▪ Stated that it was between 360/400 patients.
BT	<ul style="list-style-type: none"> ▪ Added that this was a decision made by the partners that was not taken lightly. It followed complex discussion. ▪ Discussed three groups of medicines prescribed. 1) Hospital only prescribes. 2) Hospital or primary care prescribes. 3) Any other. ▪ This only affects the first group. As a partnership we did not feel that adequate securities were always in place. It was agreed that there was a risk of patient harm if we continued. Many of these medicines have side effects that should be monitored and reviewed and there was not always evidence of this.
IB	<ul style="list-style-type: none"> ▪ Stated he found this explanation informative and could now understand more why BMP had made this decision and agreed with it.
BT	<ul style="list-style-type: none"> ▪ Assured all that a robust handover was taking place with appropriate systems.
MCr	<ul style="list-style-type: none"> ▪ Continued that all patients affected were also being given a last one month prescription of affected drugs, regardless of how recently last dispensed to assist during transition.
LH	<ul style="list-style-type: none"> ▪ Added that he could see the risks and litigation concerns if anything were to occur to an individual on such medication.
MCr	<ul style="list-style-type: none"> ▪ Continued that the practice would always be willing to look at individual cases. ▪ Assured the meeting that the decision was not made for financial gain as was being reported. The practice will actually lose significant income due to the change but believes patient safety comes first. ▪ Reiterated that other local practices have never offered this service anyway and BMP was simply following suit with what the other surgeries in the area were already doing.
RR	<ul style="list-style-type: none"> ▪ Asked how the CCG felt about this?
CB	<ul style="list-style-type: none"> ▪ Confirmed that they were supportive of the decision.
MCh	<ul style="list-style-type: none"> ▪ Asked if there were any matters arising since previous meeting?
*	<ul style="list-style-type: none"> ▪ No matters raised.
MCh	<ul style="list-style-type: none"> ▪ Asked for previous minutes to be checked and agreed as accurate.
RR	<ul style="list-style-type: none"> ▪ From previous minutes, questioned whether any progress had been made with regard to increasing PPG membership?
MCh	<ul style="list-style-type: none"> ▪ Confirmed she had spoken to local press but no article has been published as yet.

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MCr	<ul style="list-style-type: none"> Confirmed poster had been produced, was being promoted on website, would put on social media.
MCh	<ul style="list-style-type: none"> Noted that progress was still to be made regarding funding for ticker boards for waiting areas. Asked if there was any progress with music in waiting areas?
MCr	<ul style="list-style-type: none"> In process. DAB testing would commence shortly.
SC	<ul style="list-style-type: none"> Suggested smooth radio as the station pre-sets to.
MCr	<ul style="list-style-type: none"> Thanked SC for this information, was useful. Noted that Magic Gold had also been recommended to her. Would look at both and any other options suggested.
MTL	<ul style="list-style-type: none"> Asked if there was any progress regarding CSL new build.
MCh	<ul style="list-style-type: none"> Confirmed there was no progress to report on. To contact VA local MP to ask for further support on matter.
MTL	<ul style="list-style-type: none"> Reported on local land available and further proposals for caravan sites in area.
LH	<ul style="list-style-type: none"> Informed that a large new application had been approved for Ingoldmells.
RR	<ul style="list-style-type: none"> Discussed infrastructure needed for this and how ELDC do not consider this and impact on roads and facilities. Local hospitals etc. are already under tremendous strain.
CB	<ul style="list-style-type: none"> Suggested it would be useful for PPG to write in support of practice in these matters to both CCG and MP.
LH	<ul style="list-style-type: none"> Felt lack of progress was frustrating.
CB	<ul style="list-style-type: none"> Presented Managers report to meeting. Provided July/August DNA figures, noting CSL had experienced a jump for which no trend could be identified. 5.62% a rise on last year. Complaints. Six were received by the practice in August. Two were not upheld, three were upheld and one was still under investigation. From these, two were communication/attitude and one was clinical. Suggestions and comments. Only three had been received and all related to music at either CSL or ING in waiting areas. Friends and family feedback received had been positive. Informal meeting will take place in early October with potential salaried GP for practice, which was good news. Discussed Capita providing services that were previously provided to NHS from SBS. In press, not transporting patient records appropriately. Backlog in transferring records for new patients etc. From 1st April to present BMP still have 497 records outstanding. Local practices have worked together to write to NHSE regarding request for funding for services will currently are expected to provide for free. Services that are not part of core contract. Practices receive no payment for providing, yet still have a duty to pay staff to deliver these services.
MTL	<ul style="list-style-type: none"> Discussed TR funding. Believes there should be a system in place to support local areas affected. Feels that if someone has a permanent address but chooses to live in our area as a TR for 9/10 months of the year, the area they are from should contribute to local services we are providing to that individual during this stay. Feels it is unfair that the practice how the current system works regarding TR funding.
CB	<ul style="list-style-type: none"> Commented a piece of work is being done to more accurately establish TR numbers in local area. This can then be presented to NHSE and local MP's etc.

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MCH	<ul style="list-style-type: none"> ▪ Asked if anyone had any other business that they wished to discuss?
RR	<ul style="list-style-type: none"> ▪ Commented that he would be trying out the minor op's facility shortly and would feedback on his experience to all at next meeting.
MCh	<ul style="list-style-type: none"> ▪ Discussed an article recently in the Telegraph about vulnerable older people being discharged from hospital as late as 11pm on a night.
RR	<ul style="list-style-type: none"> ▪ Commented on report by Lincolnshire's police chief complaining about EMAS inefficiency and amount of people being taken to hospital by police cars as ambulances unable to provide service or are too far away.
CB	<ul style="list-style-type: none"> ▪ Noted a recruitment drive by EMAS for paramedic technicians at present. Will take time to see results from this, following training programme.
LH	<ul style="list-style-type: none"> ▪ Had attended a CCG meeting with MCh. Found it very interesting and informative and would look forward to the opportunity of attending future events.
MCh	<ul style="list-style-type: none"> ▪ Set next meeting for Wednesday 26th October, 2pm. Skegness surgery.
	MEETING CLOSED