

**The Beeches Medical Practice**  
**Patient Participation Group meeting**  
**Monday 14<sup>th</sup> December 2015, 5.30pm**  
**at Dorrington**

**Minutes**

**Present:** Rob Gough (chair), Gill Berry (secretary), Jean Cruickshank, Nikki Fox, Geoff Garrett, Caroline Martin, Peter Price, Terry Seston

**1 Apologies:** Gill Jones, Joy Jones, Karen Moseley, Judy Shone

**2 Update on HeartAge** (RG in GJ's absence): Anna Dovaston runs the SureStart sessions on term-time Thursday mornings between 9.30 and 11.00 am in the main hall at Oakmeadow Primary School. She would advertise the session on their Facebook page. Subject to GJ's availability a session could take place in February.

**Action:** RG to contact GJ confirming that the meeting should go ahead in February.

**3 Young Health Champions (YHC)**

**Further involvement with the PPG (Facebook page):** PP explained that the main concern was with moderating a FB page outside of working hours. One of the YHCs had looked at the issues again, and it seems there is no way around this. PP discussed this again last Tuesday with the partners but they were so concerned about the possibility of this being open to abuse that they are unwilling to sponsor this. Other organisations have also been affected by this issue. It was felt that this is very disappointing.

The only other option is for the PPG to moderate a FB page, rather than the practice; however, we do not have sufficient people with the necessary skills.

It was felt that it would be good to continue involving the YHCs where we can.

**Action:** RG to ask via the Shropshire Federation meeting what is the experience of other practices as regards FB pages.

**4 Meeting agenda, AOB and meeting timing**

**a** There was no further AOB.

**b** It was agreed to finish the meeting by 7.15pm

**5 Minutes of meeting on 2<sup>nd</sup> November 2015**

Accepted.

**Action:** Some members have had problems with opening up the minutes in pdf format (GB to look into this).

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### 6 Actions from last meeting

- a **Item 2:** GJ has contacted Anna Dovaston/SureStart (see item 2).
- b **Item 2b 'You're Welcome' award:** PP has spoken to KM regarding how we communicate and create an action plan. PP/KM to share their findings for the February meeting.
- c **Item 2c YHC:** ongoing.
- d **Update on Facebook page:** see item 3.
- e **Item 4 SureStart:** TS has spoken to the Christ Church toddler group leader who has now left. The Methodist toddler group leader has not replied to emails and letters; TS suggested that PP follow this up with a reminder.  
**Action:** TS will pass contact details to GJ when he has them.
- f **5b Bookcase at Dorrington:** this has raised about £30 to date.  
**Action:** PP to provide measurements for a bookcase at Bayston Hill.
- g **Newsletter:** PP to prepare the practice newsletter for February.
- h **Item 7a ii 7-day opening:** to be dealt with later in the meeting (*item 7a iii*).
- i **Item 7b ii: Primary care development team** – RG had invited the manager of the PCDT to this meeting. As he was unable to attend RG will invite him for the January meeting.  
**Action:** RG to invite the manager of the PDCT to the next meeting.
- j **Item 6v Osteoporosis:** This is an enhanced service which could be part of the initiative. No further information on this has been forthcoming.
- k **Surveys** – to be dealt with at item 8.
- l **Item 9:** PP has reminded reception staff and medical staff to speak clearly to patients in the waiting room and to remember that not all patients have good hearing. PP asked PPG members for feedback if this becomes a problem again.  
**Action:** PP will look at whether there is the possibility of a loop system in reception for people with hearing problems.
- m **Men's health:** TS reported, following a suggestion from JJ, that he and RG had been invited to talk with the parish council a couple of weeks ago, putting forward the idea of a prostate cancer awareness event in the Bayston Hill area. The parish council liked the idea; however, one of their criteria for allocating funding is that it must be within the boundaries of Bayston Hill, although ideally we would like to widen this constituency. The council voted in favour of this. The PPG would have to make a formal application for funding, but the chairman

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suggested that other financial contributions might also come from the Cooperative movement or Shropshire Council.

RG had also had information from the Whitchurch event. There are three areas of organisation necessary: registration, medical counselling, and the phlebotomists who would do the test itself. The main cost involved, apart from hiring the hall, is in the tests. RG explained that test results are divided into red, amber and green categories. At Whitchurch 187 attended the event: 5 were red (showing signs of prostate cancer), 18 were amber (to be followed up in 3 months' time), and the rest (green) were clear. The cost of testing amounted to between £11 and £14 per head.

An event has been held in Bridgnorth for the past 3-4 years. The most recent event produced 700 men, largely funded by the Rotary Club or Lions. Some men attend annually. The charity Prostate Cancer UK does not provide funding for such events. CM suggested that those who attended annually could make a contribution. RG replied that there were donation buckets at the Whitchurch event.

Men tend to be reluctant to go to the GP, and not all GPs will do PSA tests if men have no symptoms. However, not all men with prostate cancer have symptoms. RG would like to one of our GPs to be the medical person at such an event. Teresa Griffin had some reticence about this. The PSA test is the only test for prostate cancer currently; however, it is not definitive and can raise unnecessary concerns for men. RG mentioned this to PP who has spoken to the partners; they have same concerns. PP said that he may have an opportunity to speak to the partners at the partners' meeting tomorrow.

PP asked for clarification of the NHS view of this as regards funding. TS replied there should be some encouragement for reluctant males and that Newport Lions sponsor a monthly event in the local library, with 300 men attending last month. RG's view is that we cannot *not* do this for the men of Bayston Hill. RG would like The Beeches' GPs to have first option of being involved and suggested that maybe we could request funding from Condover Parish Council and Acton Burnell Parish Council. Phlebotomists would be needed; six phlebotomists from RSH volunteered at the Whitchurch event. There was also a retired, non-practising urologist who is passionate about this. He only asks for his expenses. The other comment at Whitchurch is that it has given the GPs more work in terms of counselling; RG's view is that this would be minimal (23 out of 187).

RG suggested having leaflets from the prostate charity available. This is not just about testing but also about education, and wives/partners may help in getting men involved in testing.

**Action:** PP to ask one of the partners to speak to the PPG on this issue.

## 7 Practice issues

### a Update from Rob Laycock (*PP in RL's absence*)

i **Staffing:** Between January and March we should have good coverage, with

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four partners, Dr Middleton plus two registrars: Dr Tuncer (until the end of Feb) and Dr May. Dr Phillips will also be returning from maternity leave. There are now more female doctors than male. Dr Jutsum's availability is restricted as he does minor ops, on-call and Uplands visits. Dr Brocklebank has now taken on one of the Uplands sessions. CM asked about the timing of appointments; PP is hoping that they can be booked well in advance. However, this may cause problems if a GP wants to take annual leave.

Nurses at the practice are all part-time but they cover each other and are committed to making sure that patients are seen.

**Action:** PP to look at performance on health checks.

- ii **Premises:** The practice has made a submission to Keele University for funding to reconfigure the ground floor at Bayston Hill, especially the reception area. In principle Keele will grant £30-40,000 for this, which should help reduce problems in the waiting area.

**Action:** PP to share his ideas at the next PPG meeting.

In the longer term the practice needs to think about how it operates. In terms of practice development the CCG has been in talks with the Council and NHS England; current thinking is that 'Big is beautiful,' with practices aiming to serve 10,000-15,000 people. With increasing housing developments locally this will mean that the practice will need to increase capacity. TS commented there are some people in Bayston Hill who are not registered at The Beeches. There are restrictions on patients living outside the catchment area, as home visits are affected.

The practice is considering how to maximise the use of the Dorrington building; more costs will be incurred if it is open for longer. Patients may be gained from developments on the south side of Shrewsbury. PP has asked the PDCT to do some mapping; it is important to know that if we attracted new patients we would have the capacity to take them on. TS queried what the guidelines are for marketing the practice; PP replied that he had spoken with NHS England, who answered that the practice is free to do as it wishes. RG reminded everyone that practices are businesses and this would be a key element with any such changes. He also suggested that as the show houses in new developments give out information packs, perhaps we could add a flyer to the packs advertising the practice. PP restated that we need to ensure that the practice has the capacity to take on new patients.

Councillor Edward Marvin has been in talks about how to develop the use of the Dorrington site.

- iii **Seven-day opening/Prime Minister's Challenge Fund:** Last week the practice began extending working hours between 6pm and 8pm and 9am-1pm on Saturdays. The phone number to make a routine appointment in these hours is 0333 222 66 49. However, appointments will not be available in these hours if no staff are willing to take on the work. The Beeches has been accepted as part of the scheme. The scheme is administered by ShropDoc. However, an IT problem means that the practice cannot see the

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appointment screen currently; The IT department is working towards a resolution.

RG queried how this extended service is publicised; PP replied that it will not be publicised in the media until the pilot has been proved successful.

**Action:** PP to prepare a form of words to advertise this in the parish magazine and similar.

- iv Primary Care Development Team (PCDT) visit – initial feedback:** The PCDT interviewed patients and attended the coffee morning at Christ Church; they were satisfied that patients are getting a good service from the practice.

The team has agreed to track/map patients. The practice is also looking at the possibility of nurse practitioners who could take the pressure off the GPs. There is another meeting with the PCDT on 12<sup>th</sup> January. This is a free service to the practice

**Action:** PP to report back on the PCDT visit.

- b Update from Karen Moseley (PP in KM's absence).** KM has tried to talk to Paul Cronin who has not been available. One of the trainee medical students has been doing a project on care coordinators. RG commented that CoCo (Compassionate Communities) is run in different ways, sometimes via the PPG. In preparation for a CQC visit their website has examples of outstanding or inadequate practice; this would be useful for the forthcoming CQC inspection.

### 8 Patient surveys (PP)

PP reported that two surveys were undertaken, one about doctors and the other about nurses, with 286 responses. PP handed out copies of the results. The questions remained the same as on the 2014 survey, with marginal improvement. It was suggested that one of the questions was ambiguous and should be reworded to read: 'Are you aware that you can make an appointment to see a nurse on the same day?'

There is less concern this year about seeing locum doctors and a reduction in people who are happy to see a registrar or medical student. CM asked if patients could be made aware of the time involved, as a mentoring GP needs to be called into the appointment; PP to look into this. RG expressed concern about the 9% who remain unclear about their diagnosis and treatment, especially when they are on their own at an appointment.

**Action:** PP to document and agree actions. Further results are to be integrated into the surveys.

PP to look into timing of appointments with students.

### 9 Any other business: None

**Close:** The meeting ended at 19:15.

**Date of next meeting: Monday 25<sup>th</sup> January 2016, at Bayston Hill, 6.00pm**

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### Outstanding actions as at 14<sup>th</sup> December 2015

Item	Actions	Progress
<b>Shropshire HeartAge/ health check event</b>	GJ to contact the Bayston Hill SureStart group to invite Anna Dovaston to the Feb meeting.	GJ
	TS to contact the toddler group/pass details to GJ.	Complete
<b>Men's health check</b>	JJ to add details of the event to the Christ Church Facebook page and JS will add details to the Villager FB page.	Ongoing
	BW to consider local initiatives in which the PPG could be involved.	Ongoing
	JM to enquire re funding for health projects via Shropshire Council	JM
	PP to ask one of the partners to speak to the PPG on a men's health event/PSA testing.	PP
<b>Young Health Champions</b>	J-C & R to investigate FB settings and how a practice <b>FB page</b> could be set up with necessary controls.	Complete
	RG to ask the Shropshire Federation about their experience regarding a practice FB page. 'You're Welcome' award – PP/KM to share findings at Feb PPG meeting	RG PP/KM
	PP to speak to Karen Moseley regarding <b>Me first</b>	PP
	LT to contact Laura Whitmarsh re YCs' involvement in the <b>DiabeatIt</b> programme	LT
<b>Patient surveys</b>	PP to provide the comparison of the current and previous surveys for the next meeting.	Complete
	PP to document and agree actions. Further results are to be integrated into the surveys.	PP
	PP to look into timing of appointments with students.	PP
<b>Update from Karen M</b>	KM will continue to identify and contact vulnerable patients using the 'Urgent Care Dashboard'.	Ongoing
	KM to meet with the Toddler group.	Ongoing
	KM to visit the Hospice to see the facilities offered.	Ongoing
	KM to speak to SureStart group (under-5s) & report back to PPG.	Complete
	RG to obtain further information about CoCo if required	Complete
<b>Practice issues</b>	<b>7-day services:</b> PP to consider the best method for informing the patients of when appointments are available presently, e.g. early Tuesday mornings, etc.	Ongoing
	PP to prepare a form of words to advertise this in the parish magazine.	PP
	<b>Health checks:</b> PP to look at performance on health checks.	PP
	<b>Premises:</b> PP to share his ideas on the development of the premises at February PPG meeting	PP
	<b>Primary Care Development Team:</b> RG to invite the team manager to the next PPG meeting.	(Ongoing)

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### Outstanding actions as at 14<sup>th</sup> December 2015

Item	Actions	Progress
	PP to report back to the PPG on the PCDT visit.	PP
<b>Dementia Friends</b>	NF to identify possible dates for a meeting and liaise with PP re venue.	Ongoing
<b>Nurse Practitioner</b>	To be reviewed next year at the workforce review; PP will feed info back to the PPG	Ongoing
<b>Practice newsletter</b>	PP to follow up placing links in The Villager and parish magazines. PP to prepare the practice newsletter for February.	Complete PP
<b>Bookcase at Bayston Hill</b>	PP to provide measurements for a bookcase at Bayston Hill	PP
<b>Hearing loop</b>	PP will look at whether there is the possibility of a loop system in reception for people with hearing problems.	PP
<b>Any other business</b>	<b>Waiting rooms:</b> PP to remind staff to speak clearly and also to look into other options, e.g. loop system, numbered ticket system, etc.	Complete