

The Beeches Medical Practice
Patient Participation Group meeting
Monday 25th January 2016, 6.00pm
at Bayston Hill

Minutes

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

- 1 Apologies:** Gill Jones, Joy Jones, Rob Laycock, Karen Moseley, Judy Shone, Lynne Taylor.

It was noted that Teresa Wood has resigned from the PPG.

- 2 Update on HeartAge (RG in GJ's absence):** RG has confirmed to GJ the meeting suggested for February with SureStart. Further detail on this item was deferred.

- 3 Young Health Champions (YHC):** this item was deferred in the absence of Lynne Taylor and the YHCs.

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 14th December 2015

Item 3, Shropshire Patient Group, was corrected: RG has not been able to complete the action. The minutes were accepted.

Action: GB has experimented with ways of ensuring that PDFs of the minutes print correctly.

6 Actions from last meeting

- a **Bookcase:** TS now has measurements for the bookcase at Bayston Hill. It is nearly ready and just needs finishing.
- b **6i:** The manager of the **Primary Care Development Team** was unable to attend this PPG meeting but RG hoped to invite him to a future meeting.
- c **6l:** PP has looked at the cost of installing a loop system and has had a quote for around £500. This cost is probably prohibitive; however, it was hoped to improve communication to patients in the waiting room. This will need to be monitored.
- d **7a ii health checks** – 156 health checks and 44 of 60 learning disability health checks have been completed for this financial year; fourteen further sessions are planned, with seven patients per session. It is not clear whether people know whether they are entitled to a health check.

Action: PP to investigate and put details in the newsletter.

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- e **Item 7a ii premises:** see item 7f.
- f **8 patient surveys:** PP reported that the GPs recognise that med students will see patients alongside mentoring GPs. In this way there should be less of a delay.

7 Practice issues

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

- i PP reported that the practice had received an invitation to submit an application for the **Friends and Family Test national awards**. KM wrote a submission for this, using the coffee morning as an example, with a closing date last week. This should provide good evidence for the CQC inspection.
- ii **CoCo:** KM & PP have had a meeting with Paul Cronin at Severn Hospice. It is hoped to link in with the community, and the Care Coordinator (KM) will need to identify and coordinate the volunteers and Severn Hospice will train up the volunteers. The partners are keen to do this. We could do this practice-wide and obtain volunteers via the Christ Church coffee morning. The query was raised as to whether there is now an overlap with the Bayston Hill Good Neighbours.

Action: PP to contact the Good Neighbours.

- iii **Shropdoc SOS campaign:** The CCG is tendering for the out-of-hours service and the practice is keen to support this.

- iv **Bookcase at Dorrington:** this has raised about £85 to date. The finances at Dorrington are separate from those at Bayston Hill. PP suggested buying a surgical lamp with the proceeds so that minor surgery can take place at Dorrington. RG queried this as the bookcase was a PPG initiative and requested that the proceeds be transferred to the PPG account for the PPG to then decide on how best to use the money.

Action: PP to transfer the money from the practice's account into the PPG account.

- v **Texting to remind patients about appointments:** There are different ways of funding this, either at a cost of £50 per month, or there is a free text service via EMIS/CCG. This could be linked into doing a FFT survey.

Action: PP to investigate.

- vi **The Primary Care Development Team** visited the practice again in January. There are three strands of work, including patient boundaries and whether these can be enlarged; the analysis of the number of patients living in Bayston Hill but not registered with The Beeches. PP suggested that the surgery should do more marketing to make local residents aware of the practice. PP would like to increase the capacity at Dorrington, which would enable the practice to be built up from the south Shrewsbury area. Some practices are trying to make a case for larger practices of up to 20,000 patients.

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RG informed the meeting that the Shropshire CCG has published the Primary Care Strategy document, and then read out the main points of the strategy. 'Clusters' of practices are proposed, sharing skills and workforce, integrated services, IT, supported change, etc. With the current shortage of GPs, the practice may be forced down this route. This has implications for GP home visits, especially as rural areas present different problems to those in cities.

RG expressed concern about the impact on the more rural practices, especially with the impending retirement of many GPs in the next few years.

The PCDT manager from Keele University is meeting with PP on Thursday to discuss plans for a new treatment room.

Action: RG to forward the strategy to GB to distribute to members.

PP to report progress regarding the proposed new treatment room.

8 Update from Karen Moseley (*PP in KM's absence*)

a KM is looking at the **mefirst.org website**.

b Noticeboards: two new noticeboards are to be put up next week.

c The next **practice newsletter** is being prepared; RG requested to see a draft before it is distributed.

d Bereavement support: KM is to contact Cruse to arrange training.

e Condoover/Dorrington coffee morning: there had previously been a coffee morning at Dorrington and it was hoped that this could be tried again.

Action: PP to investigate the possibility of using the Village Hall as a venue.

9 Update from Dr Laycock (*PP in RL's absence*)

Men's health: PP reported that the partners were unable to support a programme of mass screening. RG expressed his deep concern at this news, and additionally his unhappiness with the fact that no GP was available to explain this to the PPG in person.

RG commented that he and the group had greatly had appreciated Teresa Griffin's involvement in the PPG, whereas there has been very little GP input since she left the practice; it was felt that there is a lack of medical input and advice, and in particular dealing with the issue of men's health in a proactive way. He also expressed his feeling that the work of the PPG is currently undervalued by the practice and that the lack of any medical input was putting the future of the PPG at risk.

TS expressed his concern that the finances will be dissipated into general funds and out of reach of the PPG. Other PPGs who do not have medical input are struggling. PP commented that the timing of the meeting could be changed, perhaps to a lunchtime. Following discussion there was a general feeling that this is 'make-or-break' time for the PPG which may result in no future for the group. PP's view is that

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the PPG is an important means of communication between the practice and patients. In RG's view there was more to it than communication, it is about finding ways together of making improvements in the health and service offering to the patients of the Practice. If there were no PPG this would reflect badly on the surgery at a CQC inspection. There is now no specific funding for PPGs, which comes out of a practice's general funds.

Once again RG requested a doctor to come to the next meeting to give a fuller explanation of the lack of support for PSA mass screening.

Action: PP to relay the group's concerns at the partners' meeting tomorrow and request a doctor's presence at the next PPG meeting.

10 Patient surveys (PP)

PP reported the surveys reported at the last meeting were not the full result and will provide the whole surveys. CM said that around 500 surveys had been carried out, including most of those who had attended the flu clinics.

Action: PP to locate the remaining surveys and report results to the next meeting.

11 Our priorities

- a **Waiting times** currently average about 5 days, or 20 days to see Dr Jutsum (or a named GP), for example. Patients needing urgent appointments are always seen on the same day.
- b The system of live updates on the **new booking-in machine** is not always correct.

Action: PP to look into correcting this.

12 Shropshire Patients Group: RG showed the group copies of a handout advertising the SPG, which could be tailored to local practices' situations. RG asked whether the PPG would like a generic handout or one more specific to BH. T

TS suggested that we should let this issue lie until we are clearer about whether the PPG is to continue.

The SPG newsletter is produced weekly and contains updates on FutureFit, Primary Care strategy, etc., with links to further information. RG and two others are the web managers, taking it in turns to do this newsletter, which could be distributed to PPG members.

Action: RG to email the SPG newsletter to PPG members.

13 Any other business: None

Close: The meeting ended at 19:30.

Date of next meeting: Monday 29th February 2016, at Dorrington, 5.30pm

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Outstanding actions as at 14th December 2015

Item	Actions	Progress
Shropshire HeartAge/ health check event	GJ to contact the Bayston Hill SureStart group to invite Anna Dovaston to the Feb meeting.	GJ
Men's health check	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
Young Health Champions	RG to ask the Shropshire Federation about their experience regarding a practice FB page.	RG
	LT to contact Laura Whitmarsh re YCs' involvement in the DiabeatIt programme	LT
Patient surveys	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
Update from Karen M	KM will continue to identify and contact vulnerable patients using the 'Urgent Care Dashboard'.	Ongoing
	KM to meet with the Toddler group.	Ongoing
Practice issues	7-day services: 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
	Health checks: PP to look at performance on health checks.	Ongoing
	Primary Care Development Team: RG to invite the team manager to the next PPG meeting.	(Ongoing)
Dementia Friends	NF to identify possible dates for a meeting and liaise with PP re venue.	Ongoing
Nurse Practitioner	To be reviewed next year at the workforce review; PP will feed info back to the PPG	Ongoing
Practice newsletter	PP to prepare the practice newsletter for February.	PP