

**The Beeches Medical Practice**  
**Patient Participation Group meeting**  
**Monday 29<sup>th</sup> February 2016, 5.30pm**  
**at Dorrington**

**Minutes**

**Present:** Rob Gough (chair), Gill Berry (secretary), Sarah Barker, Nikki Fox, Geoff Garrett, Gill Jones, Caroline Martin, Karen Moseley, Peter Price, Terry Seston, Dr Mel Walsh

**1 Apologies/introductions:**

**Apologies:** Jean Cruickshank, Joy Jones, Lynne Taylor.

**Introduction:** Dr Mel Walsh was introduced to the group.

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

**a** There was one item of AOB (see item 13).

**b** It was agreed to finish the meeting by 7.30pm

**3 Minutes of meeting on 25<sup>th</sup> January 2016**

The minutes were accepted with one amendment to the table of outstanding actions: under the **YHC** heading the action should refer to the Shropshire Patient Group, not to Shropshire Federation.

**4 Actions from last meeting**

**a 6a Bookcase at Bayston Hill:** TS reported that he has paid for the joiner to make a new bookcase; RG thanked TS for this.

**b 6d Health checks (PP):** National guidelines are that health checks are available for 40-74-year-olds. There have been difficulties in getting people to attend appointments for health checks. PP has been looking at the non-attendance figures, for which there are financial implications. There is information about this on the practice website and a reminder will go into the next practice newsletter (PP to action).

**c 7ii CoCo/Good Neighbours (KM):** several people on the Good Neighbours committee have retired and as there were no replacements the group was disbanded at the end of last year. KM has spoken to Paul Cronin at the Hospice re CoCo. There is one volunteer to be trained and it is hoped that more will sign up; KM is coordinating this.

**d 7a iv Bookcase at Dorrington:** money raised from the sale of books at Dorrington has now been transferred into the PPG's bank account.

**e 7a v Appointment reminder texts:** PP has investigated this. Some practices have signed up to the appointment reminder system MJog at a rate of £50 per month, which has helped with non-attendance. There is follow-up if patients do not attend on three occasions.

**Action:** PP to add an item on 'DNAs' to the next newsletter.

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- f **7a vi Primary Care Strategy:** the documents have now been distributed.
- g **7a vi New treatment room:** The practice has had a visit from the Keele University project manager Dave Bostock, who feels that The Beeches should be in a good position to go ahead with the project, which will cost about £40,000 including the cost of the architect's fees.  
**Action:** PP to keep the group updated on this.
- h **8c Practice newsletter:** RG had requested a copy of the newsletter. The latest issue has now been finalised and KM passed around a copy to PPG members.
- i **8e Coffee morning:** PP has spoken to Edward Marvin of Dorrington Village Hall, who is keen to have a coffee morning based there.
- j **11b New booking-in machine:** The machine had not been working but the fault has now been corrected. PP has asked patients to let him know if it was not working
- k **Shropshire Patient Group newsletter:** RG to forward to GB for distribution to PPG members.

- 5 **Young Health Champions:** RG read out an email from Lynne Taylor in which she expressed her and the YHCs' disappointment that the practice could not support the development of a Facebook (FB) page. PP had also had an email from LT saying that R is still keen to engage with the practice on a trial noticeboard for young people. PP is to meet this week with R to discuss a way forward.

**Action:** PP to keep the group updated on this.

RG has put an item in the Shropshire Patient Group newsletter this week asking for other practices' experiences on FB pages, asking questions particularly about moderation, etc.

**Action:** RG to report back on any responses

### 6 Practice issues

- a **GPs attending PPG meetings:** PP had spoken to the partners the day after the previous PPG meeting. The partners are keen to work with the PPG. It was felt that ideally a dedicated doctor should attend, but that attendance on a rotation basis could also work. There was the suggestion of holding meetings at other times, including lunchtimes. After some discussion it was decided that it would be most useful to plan up to six months of meetings on Monday evenings so that the GPs could attend in rotation.

#### b Update from Mel Walsh

- i **Men's health event:** RG introduced this item by saying that the PPG was concerned to find out why the partners were not able to support a mass PSA testing event. RG had suggested, as a possible way forward, that the PPG/practice could host a purely educational event on men's health, headed up by one of the GPs or maybe a urologist. After discussion among the partners this was thought to be a good idea, maybe with an evening event in Dorrington.

RG asked MW to explain further about the partners' reservations regarding

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mass PSA testing. MW stated that research has shown that testing of asymptomatic patients can actually cause harm; there have even been deaths following biopsy, and there has been a move away from PSA testing. Current advice is that the benefits do not outweigh the risks of testing. MW added that research shows that whereas early diagnosis of breast cancer has been proven to prevent deaths, this is not the case with prostate cancer

TS asked if there were other men's health topics that GPs would be happy to address in addition to prostate cancer. MW suggested that smoking, drinking, heart health and impotence would all be relevant. The partners would be happy to be involved in such an education programme. RG commented that some wives/partners could accompany their husbands if they wished to, as could MW; this would not necessarily be a 'men only' event. GG suggested that if there is an awareness campaign in sport maybe we could ask for someone from the prostate cancer charity to attend. GJ said that she could help in supporting an event.

It was suggested that a men's health event could take place in Bayston Hill, where people are within walking distance.

**Action:** PP and MW will take the idea back to the partners and bring back suggestions to the next meeting.

### c Update from Peter Price

#### i Staff changes:

- **Sister Hilary Holt** left the practice a couple of weeks ago.
- An advert has been placed for a **Health Care Assistant** who would do health checks, BP checks, etc.
- The possibility of employing a **Nurse practitioner** is being considered.
- **Dr Tuncer** left the practice last week although she will be doing some locum work.

ii The practice's **CQC inspection** is imminent; there will be two weeks' notice.

iii **Bookcase:** Thanks were expressed to TS for his work in setting up the bookcases at both Bayston Hill and Dorrington. TS mentioned that the notices regarding the 'honesty box' were not visible enough.

**Action:** PP agreed to organise a more visible notice.

iv **Funds:** An artist had approached PP this week to put some of his paintings up at the practice, with proceeds from any sales going to the PPG.

**Action:** RG to write a thank-you note to the artist on behalf of the PPG.

v **Promoting the practice (PP):** Packs promoting the practice will be sent to every new resident at the Pulley Lane housing development. It was also evident from a mini-survey that there was little awareness of the facility at Dorrington. It was suggested that this should be promoted via parish newsletters, etc. GG commented that items submitted to him before the 14<sup>th</sup> of the month could go in the parish magazine. RG requested that any PPG literature be included in the distribution.

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### d Update from Karen Moseley

- i **CoCo/Bereavement group:** KM had spoken to Paul Cronin at the Hospice; he suggested that Caroline Clegg (Hospice Social Worker) could perhaps talk to the PPG on the issue of bereavement. The national charity Cruse Bereavement Care also offers training. This issue is ongoing.
- ii **Young people's involvement:** KM commented that it had been very good to have R and J-C's input and that R is keen to continue. Currently it is hoped to develop a noticeboard highlighting young people's health issues, firstly at Bayston Hill and then at Dorrington.

**Action:** KM to refresh the noticeboards highlighting young people's health issues and giving more prominence to the PPG.

- iii **Mefirst website:** KM handed out sheets of information on the website and commented that this was an online tool which she felt was excellent for young people.

RG commented that that young people may be more likely to engage with KM than with the PPG and that KM should be the route to feed back any issues to the PPG. He suggested that we could invite the YHCs to PPG meetings to talk about specific issues touching young people's health.

TS asked whether the waiting room TV could be used for giving health information to patients (as in some pharmacies). PP replied that the practice has been looking at a company who could provide this as a TV banner; however, this would have to be funded. RG suggested that in time this might be funded by the PPG, as this would benefit patients.

- f **Prime Minister's GP Access Fund (formerly known as the Prime Minister's Challenge Fund) (PP):** There are not enough GPs and support staff to cover extended hours within the Shrewsbury area. Some sessions are being held at Shrewsbury practices and on Saturday 19<sup>th</sup> March The Beeches will be used as a venue. The phone number to access this service is 0333 222 6649 (PP handed out flyers). Home visits would come under the same scheme.
- g **New GP contract 2016-2017:** there were no major changes. £220m is being made available for increased costs across the country. There will be a move away from QOF next year and onwards.

- 7 **HeartAge (GJ):** GJ described this as an online tool enabling people to calculate their 'heart age' through looking at various risk factors; this is the only proven tool to help people change their behaviour. Some older residents came to an event which was very well received, thanks to TS and others. As a result, it was decided to target young people's and children's health. GJ has liaised with Anna Dovaston (SureStart Support Worker), who has suggested some dates for a similar event. The SureStart Children's Centre is based at Oakmeadow Primary School and AD offered to promote the event at sessions on 24<sup>th</sup> March, and 14<sup>th</sup> April. Publicity would be done within the group and the school. The PPG could be involved by attending and supporting the event. Thursday 21<sup>st</sup> April was suggested, 9.30-11am (to be confirmed). There is no vicar at Christ Church at present, and so it is hoped that the toddlers' group will start again after the appointment of a new vicar.

**Action:** GJ to contact AD to confirm 21<sup>st</sup> April.

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**8 Patient surveys (PP):** PP has now located the remainder of the patient surveys. Medical students issue of timing, how it is communicated and consistently used. Also practice nurse to book an appointment on the day – publicising this fact: newsletter, noticeboard. 96% positive feedback.

**Action:** PP to prepare a brief report and action plan on patient surveys for this group and for the CQC inspection.

**9 PPG leaflet (RG):** A PPG promotional leaflet had been produced by the Shropshire Patient Group, one a generic version and one tailored to a specific PPG; no cost would be involved. Content would include PPG priorities and a contact list.

**Action:** RG to prepare the leaflet for the next PPG meeting.

**10 Waiting times (PP):** there is nothing further to report.

**11 Outstanding actions (RG):** None needing further discussion.

**12 Feedback from Shropshire Patients Group and Shrewsbury & Atcham PPG Locality Group:** in view of time constraints this item was deferred.

**13 Any other business:** TS commented that he and others had had to collect PPG documents from the sorting office and pay £1.50 in excess postage. GB apologised for this oversight on her part.

**Action:** PP suggested printing minutes out at the practice so that the three PPG members needing hard copy documents could collect them. TS offered to collect and deliver to the relevant members.

**14 Dates of next meetings:**

**4<sup>th</sup> April (Bayston Hill) – 6pm**

9<sup>th</sup> May (Dorrington) – 5.30pm

13<sup>th</sup> June (Bayston Hill) – 6pm

18<sup>th</sup> July (Dorrington) – 5.30pm

**15 Close:** The meeting ended at 19.40pm.

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### Outstanding actions as at 29<sup>th</sup> February 2016

Item	Actions	Progress
<b>Shropshire HeartAge/ health check event</b>	GJ to contact Anna Dovaston (SureStart) to confirm 21 <sup>st</sup> April as the date of an event.	GJ
<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
	PP/MW to speak to the partners about a men's health education event.	PP
<b>Young Health Champions</b>	RG to ask the Shropshire Patient Group about their experience regarding a practice FB page.	RG
	LT to contact Laura Whitmarsh re YCs' involvement in the <b>DiabeatIt</b> programme	LT
	PP to meet with YHC R to discuss a way forward and to keep the PPG updated.	PP
	RG to report on any responses via the SPG of other practices' experiences re Facebook pages	RG
<b>Patient surveys</b>	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
	PP to prepare a brief report & action plan on patient surveys for the PPG & the CQC inspection.	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
	<b>CoCo/Good Neighbours:</b> KM to liaise with the Hospice/Cruse Bereavement Care and to coordinate volunteer training.	KM/Ongoing
	KM to refresh the <b>noticeboards</b> , highlighting young people's health issues and giving more prominence to the PPG.	KM
<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.	Ongoing
	PP to remind patients about health checks/attendance in the next practice newsletter.	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 29<sup>th</sup> February 2016

Item	Actions	Progress
	<b>Appointment reminder texts:</b> PP to add an item re DNAs to the next practice newsletter	PP
	<b>Bookcase:</b> PP to organise a more visible notice re the 'honesty box'.	PP
	<b>Bookcase</b> at Bayston Hill	TS/Complete
	<b>New treatment room:</b> PP to keep the PPG updated.	PP/ongoing
	<b>Coffee morning</b> at Dorrington	PP/ongoing
	<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.	PP/Ongoing
	<b>Funds:</b> RG to write thank-you letter to artist.	RG
	<b>Promoting the practice:</b> PPG literature to be included in practice promotional packs.	PP
<b>PPG promotional leaflet</b>	RG to prepare a promotional leaflet for the next PPG meeting	RG
<b>Shropshire Patient Group</b>	RG to forward a copy of the <b>SPG newsletter</b> to GB for distribution to PPG members.	RG/GB
<b>AOB</b>	<b>Hard copy PPG minutes/other docs</b> to be printed out at the surgery for collection/distribution rather than posted.	PP/TS