

**The Beeches Medical Practice**  
**PPG meeting**  
**Monday 17<sup>th</sup> November 2014, 6pm**  
**at the Beeches, Bayston Hill SY3 0PF**

**Minutes**

**Present:** Rob Gough (chair), Sarah Barker, Gill Berry (secretary), Nikki Fox, Teresa Griffin, Jill Harvey, Gill Jones (Project Officer, Shropshire HeartAge), Joy Jones, Caroline Martin, Karen Moseley, Peter Price, Terry Seston, Pam White, Teresa Wood

	Item	Action
1	<b>Apologies:</b> Geoff Garrett, Val Lewis, Jean Cruickshank <b>Introductions:</b> All of those present introduced themselves.	
2	<b>Update on Shropshire HeartAge (GJ)</b> GJ was unable to attend the earlier part of the meeting and her update was given under item 5 below.	
3	<b>Meeting agenda, AOB &amp; meeting timing</b> <ul style="list-style-type: none"> <li>a There was no other business notified to the chairman.</li> <li>b It was agreed to finish the meeting by 8pm.</li> </ul>	
4	<b>Minutes of last meeting - accepted.</b>	
5	<b>Actions from last meeting</b> <ul style="list-style-type: none"> <li>a <b>Item 2 (PP/KM): blood pressure machines for the two surgeries' waiting rooms</b> - the surgery has started selling/raffling cakes to raise funds, and there has also been a donation from one of the patients. We should be able to obtain the machines in the next six weeks. We may need some more portable ones as well, as some patients who borrow them do not always bring them back. It was suggested that it should be made clear that this is fundraising for the machines.             GJ informed us that a <b>Community Safety Day</b> is planned. There would be a charge for this, but they may also be able to offer blood pressure testing on the day. In other parts of the county the Rotary Club is involved in helping with such events. TS commented that the Rotary Club locally may be unable to help as they are already committed to other causes.</li> <li>b <b>HeartAge (GJ):</b> <ul style="list-style-type: none"> <li>i The Library's best day for being involved with a HeartAge event would be a Tuesday. Although they don't have wifi they could set up computers for use. Jackie Motley is the contact there. Although it had been thought that a Saturday would be a better day to attract more people, the library is open until 7pm on a Tuesday and it may be possible to arrange a session between 4pm and 7pm. GJ's colleagues at Public Health would be willing and able to provide personnel and equipment as necessary once a date is set.</li> <li>ii RG explained briefly about the <b>HeartAge</b> initiative, for the benefit of those who were not at the previous meeting.</li> </ul> </li> </ul>	

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	<p>i A date in mid- to late-February could be useful for the event, with information being sent out via the newsletter at the end of January. GJ will come back to us once she has spoken to the Library again; hopefully this event can then be finalised for February 2015.</p> <p>c <b>Youth Champions:</b> Karen Higgins had hoped to update us, but as she was unable to attend the meeting, this was deferred until a later date.</p> <p>d <b>NHS Friends &amp; Family Test (PP):</b> This was held at the flu clinic at Dorrington on 4<sup>th</sup> November.</p> <p>i 68 responded; 65 out of 68 were very satisfied, with 2 who would not recommend the practice.</p> <p>ii Again the question was raised of whether the questions related to the NHS generally or to the surgery in particular and this made a difference to their answers.</p> <p>iii Some people found a problem with having the flu clinic at the same time as the surgery, as it was very rushed.</p> <p>iv There were 183 responses from the BH flu clinic; the next step is to combine the results.</p> <p>v It was suggested that we could devise our own forms for people to use whenever they come to the practice. It was recommended that the questionnaire should be reworded to remove the word 'test'. It should also be clarified that the questions relate only to the surgery.</p> <p>e <b>Waiting times</b>  <b>Routine performance reporting (PP - item 8b; this is ongoing).</b></p> <p>i <b>Current situation:</b> The GPs have different commitments and timetables, and their waiting times vary. The wait to see some named GPs can be as much as 3 weeks, although for others it could be just a few days. TG covers sessions at the various care homes, and this means that patients can wait as much as 4-5 weeks to see her in surgery.</p> <p>ii <b>Missed appointments:</b> It may be possible to text a reminder to people who have missed previous appointments. NHS funding for such texting was due to cease at the end of this financial year; however, at present the funding is due to remain for a further year. The question was asked as to whether this is necessary, and whether there is actually a problem. It was noted that in some cases the notice time for hospital appointments has been drastically reduced, which can make it awkward - if not impossible - to attend.</p> <p>f <b>Communication (KM)</b> - there has been a good response to the newsletter.</p> <p>g <b>GP Locality group</b> - there is to be a meeting next Thursday. TG/PP to feedback to the meeting, particularly with regard to FutureFit.</p>	<p>GJ</p> <p>PP</p> <p>TG/PP</p>
6	<p><b>Practice issues and update</b></p> <p>a <b>Update from Dr Griffin</b></p> <p>i <b>Patient Online access</b> - Tomorrow PP &amp; RG will be looking at what is available and see what is on patient records by the end of March.</p> <p>ii From January 2015 new arrangements to <b>extend the choice of GP</b></p>	<p>PP/RG</p>

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	<p>practice are being introduced in England, subject to the practice signing up to the the initiative. This is a national initiative, which has been delayed; TG commented that GPs have not yet been informed of this officially. Students may stay registered with their family practice.</p> <ul style="list-style-type: none"> <li>iii <b>Dr Emma Smart</b> has returned to work this week.</li> <li>iv <b>Dr Melanie Walsh</b> is contracted to work at the surgery until March.</li> <li>v Currently here is a <b>full complement of receptionists and nurses</b>. The practice is always busy and there is sometimes difficulty in finding enough computers/desks for everyone. It seems that some of the busyness is media-driven, e.g. in high-profile news items, which can increase the pressure on the surgery.</li> <li>vi The <b>new telephone system</b> is working well. Non-clinical appointment calls go to the upstairs office, but this has not taken much pressure off the reception team as most calls have to do with clinical issues. Emergency calls go straight through to either the 999 service or to reception for urgent appointments.</li> </ul> <p><b>b Early identification of cancer;</b></p> <ul style="list-style-type: none"> <li>i RG has heard on the radio about this initiative. Shropshire appears to be doing pretty well, with the Referral Assessment Service helping. In some cases the RAS team are ringing patients almost as soon as they arrive home from seeing their GP!</li> <li>ii Patients are not always aware that they may have cancer and are not always taking up their appointments as quickly as arguably they should. TG explained that there is a pro forma for 2-week Rule cases which asks questions relating to the patient's awareness of the situation; this encourages the GP to mention the possibility of cancer to the patient.</li> <li>iii TW had heard that funding for some cancer drugs (e.g. prostate cancer) is being withdrawn, although those who are still on the drugs will not be taken off them.</li> <li>iv Another issue was that it has been suggested (in the media!) that some cancer patients should have a drug holiday. TG commented that this can often happen before the GPs have been made aware of the situation officially.</li> </ul> <p><b>c Minor surgery waiting times</b> - this is currently 3-4 months, with one minor surgery session per week. Although this can prevent some patients needing a hospital appointment this puts Dr Jutsum under similar pressure to Dr Griffin. There is a balance to be struck in this.</p> <p><b>d KM's role:</b></p> <ul style="list-style-type: none"> <li>i KM is seeing Paul Cronin, Chief Executive of <b>Severn Hospice</b>, tomorrow, to see what facilities are offered.</li> <li>ii She will also visit the <b>Parent and Toddler</b> group on Friday next week.</li> <li>iii KM has spoken to KH regarding the <b>Youth Champions</b> and is keen to visit and speak to the young people. There are three dates: one on 22<sup>nd</sup> November, another training day at the end of Nov, and a cookery event at the beginning of December between 12 &amp; 2pm, entitled</li> </ul>	

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	<p>‘What the chick is that?’</p> <ul style="list-style-type: none"> <li>iv The event at the Buttermarket was very well received, run mostly by the youngsters themselves. The youngsters, aged 12-17, clearly had a lot of respect for KH. KH will send a video link of the celebration and is sending a draft invitation letter to RG. KM commented that this is all very positive!</li> <li>v KM will continue to give regular updates at the PPG meetings.</li> </ul>	<p>KH</p> <p>KM</p>
<p>7</p>	<p><b>Our priorities:</b></p> <p><b>a Waiting times (PP):</b></p> <ul style="list-style-type: none"> <li>i In comparison to other practices, we are not doing too badly; however with the GPs doing a variety of sessions it can be difficult to obtain appointments.</li> <li>ii We may be able to offer some <b>additional sessions</b>; however, PP commented that the issue is one of balancing resources against demand.</li> <li>iii Linked with this is the level of <b>missed appointments (DNAs)</b>. Is there the possibility of extending session times? TG commented that GPs are already working 12-hour days regularly without a break, although the situation is being monitored and the GPs do adapt their schedules to enable them to treat patients.</li> <li>iv <b>Patient access</b> is an issue; TG mentioned that there could be as many as 12 patients per session calling in for advice or help in between scheduled appointments. Without these calls there would be even greater pressure on the appointments system. TS pointed out that we need to guard the health of our stressed GPs.</li> <li>v Because there is so much short-term pressure this prevents the practices looking at <b>longer-term strategies</b>. An Awayday is planned for January 2015, which may help in this.</li> <li>vi The bottom line is that with a growing population the practice’s <b>resources are severely stretched</b>, and we need a new surgery! One of the government’s new initiatives is to provide good surgery premises. Funding is obtained by presenting a business case to the CCG, who will assess the need.</li> </ul> <p><b>b Helping the frail and vulnerable (TG):</b> This is within KM’s role. People who come into this category are being assessed. It was felt that the Good Neighbours scheme in the village could perhaps be better used in this context, and KM will make contact with them. David Fairclough is the Community Action officer, covering for Lucy Roberts and may be able to help (TS will investigate this).</p> <p><b>c Men’s health:</b></p> <ul style="list-style-type: none"> <li>i Part of this issue could be incorporated into the <b>HeartAge</b> initiative.</li> <li>ii The Movember campaign promotional material would have cost £35, so KM has opted for the <b>pancreatic cancer</b> campaign, with a suggested donation.</li> <li>iii Shrewsbury Town Football Club is sometimes able to help in raising awareness of men’s health (Jamie Edwards is the Community Development Manager at STFC). Prostate cancer awareness needs to</li> </ul>	<p>KM/TS</p>

	Item	Action
	<p>be raised - could local firms help to sponsor this? We would need to have a consultant on board for any testing sessions. The Lions organisation funded such a campaign in Bridgnorth, and Tarmac (who have now amalgamated with Lafarge) have previously sponsored a similar campaign. TS will investigate this possibility at the Sharpstones Quarry, and ask about the potential costs of this.</p> <p><b>d Youth Champions</b> - this item was carried over to the next meeting in Karen Higgins' absence.</p> <p><b>e KM</b> will aim to <b>raise awareness of the PPG</b> and issues with parents at the <b>Mums and Toddlers</b> group when she visits them on Friday week. There is also a Parent and Toddler group at the local Methodist church. There may also be an opportunity to contact over-60s groups, e.g. monthly lunches for over-50s organised jointly between Christchurch and the Methodist church. <b>RG</b> will pass on some of the PPG leaflets to <b>KM</b> to give to the parents. We are keen to hear from them.</p>	<p>TS</p> <p>KM/RG</p>
8	<p><b>Outstanding actions:</b></p> <p><b>a Bank account</b> - PW has now sorted out the account.</p> <p><b>b Cool drinks facility (PP)</b> - this would be very expensive and we will continue with a policy of giving tap water to those who ask.</p> <p><b>c PPG priorities</b> - these are in hand, to be discussed at the <b>Partners Development Day</b>.</p>	TG/PP
9	<p><b>Feedback from SPG:</b></p> <p><b>a FutureFit</b> is the main topic under discussion.</p> <p><b>b</b> As yet there is no decision regarding whether the <b>emergency services</b> should be sited at RSH, PRH or a greenfield site between the two. The estimated cost of a greenfield site is £½ billion, and at PRH/RSH £¼ billion. Feasibility research is being carried out and <b>RG</b> will continue to update the PPG.</p> <p><b>c The SPG is being reorganised.</b> There are new PPG locality groups for Shrewsbury &amp; Atcham which focus on PPG matters; <b>RG</b> attended the group which met recently. This is on a 6-month trial. <b>RG</b> welcomed any others who wished to attend the meetings.</p>	RG
10	The meeting ended at 7.45pm.	
11	<b>Date of next meeting - 5<sup>th</sup> January 2015 at Dorrington 5.30pm</b>	

**ACTIONS FROM PPG MEETING 17<sup>TH</sup> NOVEMBER 2014**

<b>Date</b>	<b>Item No.</b>	<b>Item</b>	<b>Actions</b>	<b>Update on Progress</b>
17 <sup>th</sup> Nov	5a	Blood pressure machines	Fundraising to continue, e.g. raffles. We may need some more portable machines too.	New machines should be available at both locations in a few weeks' time.
17 <sup>th</sup> Nov	5b	Heart Age initiative	GJ will come back to us once she has spoken to the Library again re using it for a HeartAge event, poss in Feb 2015.	
17 <sup>th</sup> Nov	5d	Flu Clinic and Family & Friends Test	Results from both surgeries to be combined; questionnaire to be reworded (PP).	
17 <sup>th</sup> Nov	5e	Waiting times	Routine performance reporting is ongoing (PP).	Ongoing
17 <sup>th</sup> Nov	5f	GP Locality group	TG/PP to feedback to the meeting, particularly with regard to FutureFit.	
17 <sup>th</sup> Nov	6a	Patient Online access	PP/RG to look into what is available.	
17 <sup>th</sup> Nov	6d	Community & Care Coordinator	a KH to send a video link of the celebration and is sending a draft invitation letter to RG. b KM to provide regular updates to the PPG meeting.	
17 <sup>th</sup> Nov	7b	Priorities: Helping the frail and vulnerable	a KM to contact Good Neighbours scheme. b TS to contact David Fairclough, Community Action officer, to see if he can help.	
17 <sup>th</sup> Nov	7c	Priorities: Men's health	a KM has obtained publicity material for the pancreatic cancer awareness campaign and will action this. b TS will investigate this possibility of Sharpstones Quarry sponsoring a prostate cancer awareness campaign,	
17 <sup>th</sup> Nov	7e	Priorities: Raising awareness of the PPG	a KM to contact Parent and Toddler groups, over 50s/60s groups. b RG to pass on PPG leaflets to KM	
17 <sup>th</sup> Nov	8a	Bank account	PW to set up bank account.	Completed.
17 <sup>th</sup> Nov	8b	Cool drinks facility	This would be too costly to consider at present.	Completed.
17 <sup>th</sup> Nov	8c	PPG priorities	To be discussed at the next Partners Development Day.	
17 <sup>th</sup> Nov	9c	Feedback from SPG	RG will continue to update the PPG on developments.	

**ACTIONS FROM PREVIOUS MEETINGS**

7 <sup>th</sup> Nov	7	Practice website & the Practice leaflet	Practice to look to get both updated asap - 25/06/14 - Peter to get the website updated ahead of it being advertised to patients.	
17 <sup>th</sup> Apr	8	PPG Logo	Teresa to discuss the logo options with the Management Team	Discussions have taken place and agreement reached, logo still to go onto the website
18 <sup>th</sup> Sept	6	CoCo/Good Neighbours	Information to be put together to be sent to the WI's etc - Teresa, Emily and Rob	
23 <sup>rd</sup> Oct	5	Newsletter	Teresa to alert us when any PPG contributions are required for the Newsletter	
19 <sup>th</sup> Feb	7	Website	Nikki to review the PPG page on the website and provide fresh ideas of how it could usefully be updated.	
19 <sup>th</sup> Feb	8	Good Neighbours	Margaret and Jackie to come back to us re ideas of them spreading their volunteer provision area.	
2 <sup>nd</sup> April	11	Surveys	Teresa to feedback progress re suggested changes to improve waiting times	
30 <sup>th</sup> April	8	Community & Care co-ordinator role	Emily to put a leaflet together to fully describe this role, this will then need to be suitably distributed, The Villager, Parish magazines etc. Update - this is now with Karen.	
28 <sup>th</sup> May	9	Bank Account	Pam to set this up on behalf of the group. Update - Rob to contact Pam to see if this has been completed as yet, Nikki has offered to take this over if Pam is unable to.	
6 <sup>th</sup> Aug	3	Heart Age initiative	Teresa to discuss with the management team before we contact Public Health re going ahead with this initiative	Action completed
6 <sup>th</sup> Aug	5	PPG Flier	Rob to provide the words for a new flier to go into the two surgeries, explaining our present priorities and asking for new members and Reference Group idea.	Action completed
6 <sup>th</sup> Aug	7	Cool drink facility in the surgeries	Peter to look into this provision	
6 <sup>th</sup> Aug	8	Role of the Community & Care Coordinator	Peter to report back on this. Update, Karen to provide info re this at October 2014 meeting.	Action completed
15 <sup>th</sup> Sept	4	Heart Age initiative etc with Public Health	Peter to ask the Public Health project officer to our next meeting.	Action completed
15 <sup>th</sup> Sept	5	Secretary support for PPG	Peter to consider how this could be achieved	Action completed
15 <sup>th</sup> Sept	6	Flu Clinic and Family & Friends Test	Terry to coordinate the PPG input/support to these two initiatives	In hand
15 <sup>th</sup> Sept	7	PPG Priorities	Karen to include all the PPG priorities into her work programme.	
15 <sup>th</sup> Sept	7	PPG Priorities	Teresa and Peter to discuss all these priorities at the Partners Development Day	
15 <sup>th</sup> Sept	8	Health Awareness Events	Karen to obtain the necessary publicity info for the following events: Movember & Lung Cancer Awareness	Action completed