

**Bramingham Park Medical Centre**  
**Patient Participation Group Meeting**  
**MINUTES**  
**Tuesday 28<sup>th</sup> March 2017 at 18.30**

1. **Present** –:

Nick Wrapson [Practice Manager]  
Eddie Bermingham – Chair, John Hendle, Joyce Greener, Caroline Dawson,  
Paul Aylott, Angela Banks, Elaine Crimp, John Breen

2. **Apologies** -: Janet Hendle, Pat McLeod, Carole Beard, John Wright, Keith Halliwell, Bharti Patel.7

3. **Matters Arising** -:

- NW has made very good progress in reducing the Practice Letters backlog down to around 500 letters with locum input.
- Medication issues being resolved and situation improving.
- Website problems with domain changed now sorted and should be up and running shortly.

4. **Appointments** -:

- NW - Nurse Practitioner Jane Morton Started Monday 27<sup>th</sup> March. To offer triage input into appointments which should greatly help patients.
- NW – Practice had conducted a 6<sup>th</sup> month audit of use of appointments roughly broken down into same day, pre-bookable, long term and minor illnesses. New system to be trialled from 10<sup>th</sup> April involving patients with minor illnesses being referred to triage nurse by reception. Any major illnesses to be passed onto a GP. Review after 4 weeks.
- NW now 335 GP appointments per week including online appointments with another 10 being added overall. However any online appointments for GP only, not nurse
- NW – same day emergency appointments that patients phone in/call in person will be allocated after 07.30/08.00. Unrealistic to expect patients to be at the practice immediately for an appointment especially if they phone in and a realistic gap requested by PPG.

#### **4. Website -:**

- Website name – Braminghamparkmedicalcentre.
- NW, Ambreen and techie will feed up to date information into the website.
- Stressed by PPG that the website still needs updating to be friendlier and more accessible to patients.

#### **5. Administration -:**

- Thoughts mentioned by the PPG group at the backlog of documents which needed reading, sorting and scanning onto the patients records. At its height some reported by NW around 1,700 documents.
- NW – Documents problem historical and he now understood how to deal with it effectively. Great progress had been made to help clear the backlog to just over 500 documents. NW was confident that the level it needed to be at would be achieved shortly and he had identified and improved working practice issues.
- NW – Admin work needed ‘flow training’. Trained personnel doing a good job in tackling the backlog difficulties. Updated training on this was part of staff appraisal since it was important that clinicians and staff understood the process
- The PPG had expressed views of CQC involvement with the backlog of letters. However NW had put forward worthwhile plans and actions that had greatly improved the situation.
- EB felt we should follow through NWs reforms but that the PPG would need a close monitoring of the situation with problems being addressed before the next meeting. **ACTION EB/NW**

#### **6. Clinical Staff -:**

- Only one female GP - Dr Piskata p/t. NW hoping to create more female GP hours **ACTION NW**
- Dr Patel who was monitoring Practice issues had now departed for another partnership. No feedback received.

#### **7. AOB -:**

- Practice leaflet update out this week. EB reminded group should be currently updated every month.
- One month’s medical prescriptions for March only had caused problems for patients – directive outside Practice – would revert to two months from April.
- JB – Bharti fed back there had been a positive improvement with prescription orders.

- Key points of patients survey 2017 about views on the appointments system conducted by EB and JB, 22<sup>nd</sup>/28<sup>th</sup> Feb and briefly March 1<sup>st</sup> were read through and discussed. Members emailed a copy.

**Date next meeting Tuesday 16<sup>th</sup> May 18.30**