

Minutes of Bramingham PPG Meeting – Tuesday 7th

February 2017 at 18.30

1. **Present** -: Eddie Bermingham [EB] – Chair, John Hendle [JoH], Jan Hendle [JaH], Jack Wright [JW], Caroline Dawson [CD], Angela Banks [AB], Joyce Greener [JG], Elaine Crimp [EC], Pat McLeod [PM], John Breen [JB] - Minutes, Nick Wrapson [NP] - Practice Manager.

2. **Apologies** -: Carole Beard, Paul Aylott, Keith Halliwell

3. **Clinical Staff** -:
 - NW outlined current situation. Dr Malik contracted 35 hours, Dr Pistaka contracted 20 hours, Dr Ash Patel [Manager of Practice Group GPs in the region] 16 hours, Dr Amini [Locum] 16 hours.
 - Dr Patel's role to initially provide 16 hours clinical sessions Monday and Thursday and to look at Practice for 4 weeks before feeding back to Practice Group.
 - Dr Patel to carry on with 16 hours once 4 weeks up.
 - There is an advert out to replace Dr Thiya.
 - Problem with recruitment in fitting a new GP hours around current practice GPs clinical sessions since new contracted doctor may ask for hours that conflict with current GPs. If they can't be accommodated then search for a new GP would continue.
 - The training of the admin staff to help reduce admin for GPs scheduled for 8th December 2016 had not taken place [trainers cancelled]. This had now taken place in week beginning 27th January.
 - JH – GPs needed more admin time. With pressure of work letters not looked at/not passed on for hospital scans for up to 15 weeks. JH asked Question 'Are letters read?' Patients having to contact hospital consultants directly when it should be streamlined through GPs
 - NW said there was a huge backlog of letters, at one time some 1,200 and patient referrals.
 - Question asked 'What happens if someone has cancer and not referred for treatment'
 - JH – Great concern that the surgery might not be working at a safe level which could mean the CQC becoming involved if it was suspected that lives of patients were at risk.
 - NW – locum brought in to help clear backlog [12 hours per week]. NW unable to give current figure but thought now in the hundreds.
 - Other issues arose of patients not being checked e.g. Patient needed urgent heart scan but with ECG machine not working patient had to wait some 12 weeks.

- EC felt strongly that someone could possibly die and the backlog of letters needed to be cleared a.s.a.p. Meeting agreed.
- NW aware of situation but needed information on the surgery accounts so he could see how much money he had to work with.
- **EB requested a speedy email on the situation so he could update PPG members.**

4. Website -:

- Draft in situ but so far everything had been copied over from old website. Updated information needed to go on before the website became LIVE.
- Website being updated by Practice Group techie Nick Taylor.
- Website progress a source of concern since still not fit for purpose and that it needs priority to be updated now.
- On current old websites that are still LIVE, many old clinicians still down as working at surgery, practice managers named one of whom left over two years ago. Outdated info and nothing updated to communicate with patients.
- Patient feedback on old existing websites had been scathing re the surgery
- PM was shocked at the current discussions and that there was not one positive report on the existing old websites.
- Question asked why a patient who requested to see the Practice Manager had been blocked at reception.
- NW responded that in reality complaints re about the surgery he wouldn't have time to do anything else and was trying to manage the situation as best he could. He was always free to see patients when available.
- Ambreen -: Once the new website became LIVE she would keep it up to date.
- **NW asked to push the issue of the website urgently.**

5. Merger -:

- EB asked who was in control re the merger of Phoenix and the Practice Group.
- NW – now one organisation but Bramingham is a Phoenix site and run by the Practice Group. The name Phoenix has been kept. NW was an employee of Phoenix but employed by the Practice Group.
- The name of the surgery confusing – Petros Centre or Phoenix or BPMC
- John Godleman was now doing a new job [see last minutes] and Debbie Bradley was now area manager from 1st February.

6. Medication Issues -:

- JW – When medication signed not being sent electronically to pharmacist
- NW – Dr Malik access to electronic mail, Dr Pistaka not yet set up, Dr Patel now set up, Dr Amini as a locum [applies to all locums] not set up and have to do medication manually.

- Above situation delays medication requests in getting through to pharmacist.
- Concern expressed that those patients on long term/permanent medication. NW to look into yearly subscription being done [yearly script].
- Members felt a standard structure across the surgery needed to be in place and understood by all.
- NW – The medication reviews had caused enormous problems on the appointments system and this was being reviewed.
- Concerns expressed by EC that if medication was needed urgently and an appointment was cancelled there was no contingency to obtain that medicine. This could easily cause major problems for the patient until appointment re-arranged
- NW - If appointment cancelled will ask a GP if someone needs to be seen urgently and try to fit them in on the day.
- JB asked if Bharti had met Ambreen to follow through on medication. NW – Ambreen had touched base but we were unsure if followed up.

7. Appointments -:

- There were no online appointments on the system for February and March. JB had phoned in and also checked at reception. All February appointment slots for February were taken up [only emergency appointments booked on the day were available].
- NW – Longer term appointments online or booked at reception had yet to be placed on the system. Shifts had yet to be agreed with the GPs and Ambreen unable to finalise rotas. Problem caused by liaising with Dr Patel and locums. Without this liaison if the appointments were made public they may have to be changed which would cause cancellations and re-organisation. Problem with the non-contracted doctors being able to fit in.
- Strong feeling amongst PPG that in order to get an appointment quickly use the words emergency or urgent. Not satisfactory
- NW aware of problems and looking at various systems. E,g, Emergency assessment process triage by nurse and maybe pass onto GP for emergency.
- Nurse Michelle meeting with a nurse practitioner on the 9th February to make 1 of 2 happen – triage clinic or triage call. Trying to make appointments more viable.
- NW had been to Flitwick Surgery who run a triage system for 16,000 patients. Found that what was dealt with before it got to the GP reduced their appointments by half.
- PPG group thought it a good move forward but concern that it would cost money and whether Phoenix had the resources to effect this.

- NW re-iterated current system of GP clinics in purest form – 35 same day appointments, 35 pre booked. If more urgent matters cropped up they would try to fit the patient in.
- Concern that patients were being forced to arrive for on the day appointments at 07.30/08.00 to be sure of getting the appointment. The current system was lacking flexibility and the contract was not working. Contract for 5 years and about 2 years to run.
- EB requested that 3 or 4 appointments be made available on the day on Saturday.
- EB requested that on the day appointments during the week should revert to some being given in the morning and some being allocated p.m.

8. **General** -:

- Question – will surgery go back to having an out of hours GP. NW – unlikely

9. **Date Next Meeting** -: **Tuesday 28th March at 18.30**

The meeting ended at 20.20