

Minutes of Bramingham PPG Meeting – Tuesday 28th March 2017 at 18.30

1. **Present** –: Eddie Bermingham [EB] – Chair, John Hendle [JH], Joyce Greener [JG], Caroline Dawson [CD], Nick Wrapson [NW] – Practice Manager, Paul Aylott [PA], Angela Banks [AB], Elaine Crimp [EC], John Breen [JB]
2. **Apologies** -: Janet Hendle, Pat McLeod, Carole Beard, John Wright, Keith Halliwell, Bharti Patel.
3. **Appointments** -:
 - NW - Nurse Practitioner Jane Morton Started Monday 27th March. M, T, Th, 08.00 – 16.00 hrs. To offer triage input. Induction then live clinics.
 - NW – Practice had conducted a 6th month audit of use of appointments roughly broken down into same day, pre-bookable, long term and minor illnesses.
 - NW - New system to be put in place for trial period starting 10th April for 4 weeks then review. Patients phone or come in. Reception staff to ascertain the problem. 30 patients with minor illness to be referred to triage nurse then normal nurse duties. Any major illnesses to be decided with triage nurse and reception liaising before moving onto GP.
 - NW 335 GP appointments per week with another 10 being added.
 - NW – Stressed how to use services at surgery about patient education
 - NW – Online appointments not into above equation. Online to see GP only. Being evaluated. Online does take pressure off reception.
 - NW – same day emergency appointments that patients phone in/call in person will be allocated after 08.00. Unrealistic to expect them to be at the practice immediately. To give them time the first 2 appointments will start from either 07.30 or 08.00
 - NW – Early emergency calls into reception that may cause delays often caused by patients creating bottlenecks.
 - EC – Why can't nurse practitioners do medical reviews if they can prescribe medication? NW – very competent but unlikely to be allowed as part of their role.

4. Website -:

- NW had spoken with technie [Nick] today. Problems with domain change now sorted and by Friday new website should be online.
- Website name – Braminghamparkmedicalcentre.
- NW, Ambreen and techie will feed up to date information into the website.
- JH reminded group of Dr Simpson coming to a meeting with website answers. NW website being worked on an old website. New website in situ
- Stressed by group that a lot of items to go onto website – 2 sets of existing minutes, one in the process, information on the appointments format and regular newsletter.

5. Administration -:

- Great concern expressed by the PPG group at the backlog of documents which needed reading, sorting and scanning before going onto the system. At its height some 1,700 documents.
- NW – Documents problem historical and he now understood how to deal with it effectively.
- NW aired honestly that if the CQC were to become aware of the current situation, there could be a real risk that the CQC would not act favourably towards the Practice.
- NW backlog being cleared, now just over 500 documents and GP locums are being brought in for two 8 hours shifts Mon and Tues 3rd/4th April and thereafter.[estimated a very good GP locum could read 200+ documents a day]. Letters from hospital needed to be scanned into notes. If not done and problems with patients not identified. NW was confident level it needed to be at would be achieved shortly and he had identified certain working practice issues that were being addressed. Performance plans in place starting Wed 5th April. There were clinical safety issues as to how the document issue had been managed. All agreed.

- NW – Admin work needed ‘flow training’. Trained personnel doing a good job. Other personnel in process with training as part of their appraisal. Those trained, then their support of others would be part of their appraisal.
- NW – important that staff and GPs all understood the process. New admin time rota would help deal with the documents problem whereas in the past it had been identified that there had been insufficient time.
- EC – There had been admin backlog of documents coming into hospital.
- The PPG group expressed views and serious thoughts in CQC involvement. NW had put forward some worthwhile plans which hopefully would greatly improve the overall situation thus lessening the need at this particular time in going down this route.
- EC raised issue of another patient who should have been referred for treatment urgently. Admin staff had no appointments and unsure what to do. If problem serious should go straight to NW.
- NW – He is now acting on the historical issues and this is linked to the way forward and being addressed.
- More GPs needed to handle patients and documents. GPs are under pressure that could impact on nurses and threaten future of Practice.
- EB felt we should follow through NWs reforms
- EC - NW needs to get through to his management for immediate support and action.
- The PPG would need a close monitoring of the situation with all problems sorted before the next meeting. EB to follow up with NW.
- EB had spoken with Practice Group re PPG.
- NW – From next month Practices Managers would be given the budget. JH wondered if it would be sufficient.

6. Clinical Staff -:

- Current situation – Dr Malik f/t all week, Dr Piskata p/t – T/W, Dr Amini p/t M to F, Dr Majid p/t Th [11.00 – 20.00]

- GP, Dr S appointed. Sorting out contact but 6 sessions covering 24 hours. Likely days M/T/W. Replacing Dr Thiya.
- Only one female GP - Dr Piskata
- NW potentially more female hours in future.
- NW – GP shifts are likely to change.
- Dr Patel who was monitoring Practice issues had now departed for another partnership.
- Nurses Michelle, Marie, Jane Morton, and Audrey new HCA

7. AOB -:

- Practice leaflet update out this week. EB reminded group should be updated every month as promised.
 - One month prescription for March only – directive outside Practice – would revert to two months.
 - JB – Bharti fed back there had been a positive improvement with prescriptions
 - Key points of patients views on the appointments system conducted by EB and JB 22nd/28th Feb and briefly March 1st were read through and discussed as below
1. Great dissatisfaction with current appointments
 2. Lack of regular contact with same doctor a big issue
 3. Patients not keen on seeing a locum – unfamiliarity. One claimed notes not looked at?
 4. Phoning in for appointment unsatisfactory – some patients at 07.30/08.00 cut off when near front of queue
 5. Use of word EMERGENCY seems to produce results to see a GP
 6. Unless word EMERGENCY used wait could be from 2 to 4 weeks
 7. Better turning up at reception on an EMERGENCY at 07.30/08.00 rather than phone in.
 8. Problems with booking a follow up appointment with a GP.
 9. Dissatisfaction with only 2 GPs, one f/t, one p/t. More GPs needed.
 10. Many patients not online – some no access to internet.
 11. Information leaflet for people going online – incorrect digit
 12. Should reception tell patients to go to walk in centre or A & E?
 13. Reception seen by some patients as a barrier to a GP.
 14. Problem with elderly patients trying to get to the surgery.
 15. No Practice leaflet available on one session thus no information for parents.
 16. Receptionists handle 50+ calls per day.
 17. Receptionists not always at window to speak to patients. Sometimes speak from work stations
 18. Lack of new website seriously reduces up to date information for patients online
 19. As a rough guide out of good, fair poor, practice came out fair, reception staff came out good.

20. The general flow of patients with appointments seeing GP or nurse seemed to work smoothly.
21. Pleased to report no incidents or raised voices from patients observed.

Date next meeting Tuesday 16th May 18.30