



# The Brimington Surgery Patient Participation Group NOTES Wednesday June 19th at 3pm at the surgery

1. **Attendees** – S Hague (Chair); G Morris; M Liddle; PA Wright; J Bramley; H Butler; P Elliott (Practice Manager); C Webster (Assistant Practice Manager); Dr RH White (GP Partner)

**Apologies** – M Breeds, P Chambers, J Graham, J Cole, P Smiley

2. **Minutes from April** – reviewed, no alterations required.
3. **Matters Arising not on the agenda** – all relevant matters are on the agenda.
4. **Notice boards** – progress update from SH – Met with Laura from reception to try to sort out the information in the waiting rooms into some sort of order and categorise. First taking all the posters down and sorting them; some posters were too big for the notice boards others were standalone info. This work took two hours. Downstairs to be done when the sub-group can all get together again.

During this time a patient in the waiting room was asked what sort of information she would like to see. Being a young mum she would like midwife and health visitor's telephone numbers and information about times for baby weighing clinics and advice sessions and would use her phone to record the info

She was asked if she would like to come to the PPG meeting she was interested but is limited when she could attend because of the children.

5. **Pt feedback (standing item)** – only one this time - Pt suggestion – could we hold a reserve list of patients who wanted an appointment with a specific GP that Reception could phone up when there were cancellations but at the moment the practice cannot see a clear way forward on this and the numbers would be significant. Suggestions were discussed. PE felt that in the future there might be technology to deal with this as in principle it was a good idea.
6. **Did Not Attend DNA (Standing Item)** - Looked at SystemOne reports. Overall we are trying to identify trends e.g. we know that when the SMS reminders don't go out (due to technical issues beyond the surgery's control) then DNA rates rise. The appointment system is very complex with different slot types and rota types – CW is going to do some appointment audits for October.

## 7 **Surgery update:**

Dr White explained that- repeat prescriptions will be going electronic from August; this is from the surgery to the pharmacy and won't affect how patients order their repeat prescriptions. It will lead to fewer errors and is more secure. You will still get the information/order form side of the prescription and you can still chose and change your pharmacy

Dr White was asked why there is a magnitude of work now compared to e.g. 1977. He offered a very clear and concise explanation: Demographics have changed, age and disease within population has altered significantly; providing primary care is now very complex; many people have several long term conditions; what is now done in primary care used to be done in secondary care - e.g. diabetes would have all been in hospital; managing complex rheumatology or dermatology medications is something GPs wouldn't have done 5 or 10 years ago. The new Primary care contract is trying to recognise that whilst a lot of work has moved from hospitals historically the money hasn't followed leading to under resourced primary care. Impact of spending in primary care is very significate e.g. one hour in gen practice could save something like 15 hours in A&E. The first stop for care being the GP is a preferred option for patients but of course has led to shortages of appointments. Future planning includes hospital specialists coming out into practices.

**MJOG** – this is a 2 way texting service that we are trialling. Patients can cancel appointments and respond to basic questions.

**Website** – we are reviewing and updating this with clearer a clearer patient interface and more 2 way communication.

**Recalls/Templates** – we have a significant project ongoing which in time we hope will reduce the number of visits patients will need to make to the practice for long term conditions; we also hope it may reduce our postage bills.

**Preferred method of contact** – we undertook an MJOG campaign asking patients for their preferred method of contact for us to use when practical. Those who have not responded or do not have mobile phones will be asked when they contact the practice.

**Staffing** – for the first time in a long time, there are no changes to report!

**Safe place** – We are a registered safe place for vulnerable people and were asked a while ago why we are not on the list of these places. On investigation it appears that the list (and the website) is run by a National organisation which our area have chosen not to join which means places in our town will not be on these lists.

## 8 **AOB**

**The Practice Spring Summer Newsletter** – was approved

**Competition for a practice “strap line”** – staff had been asked to submit entries for this and the PPG voted. There was a clear winner. “The Brimington Surgery aims to deliver the highest quality of patient care, providing safe and appropriate care in a

response respectful and supportive manner – Every patient matters”. The team member who submitted this will win a prize!

***Save our fields*** - Agreed to put poster up on PPG board.

***Locality PPG*** – GM reported back. Beverley Smith spoke at this meeting about the new Clinical Commissioning Group being countywide instead of divided into 5 areas. It is still in its infancy but they are working on getting it set up.

***The Chesterfield Place Alliance*** was attended by GM on behalf of the locality PPG. GM asked the question “How does Place fit in with Collaboration and funding”; this was deemed as an “interesting question” and there was no definitive response as yet. They also talked about PPG roles and there was nothing aired that we haven’t already discussed at our PPG

**Next meeting** - Wednesday October 16th 3pm -