



# The Brimington Surgery Patient Participation Group UPDATE - June 2021

## 1. Pt feedback - (standing item)

See attached word cloud. Also see the following link:

<http://www.derbyshiretimes.co.uk/.../gp-patient-survey...>

## 2. Surgery update - Staffing- All change!

- Dr S von Schreiber has not returned from long term sick leave and retires on July 20th. There is a book at the surgery if anyone wishes to write in it. You can also email something to [brimington.surgery@nhs.net](mailto:brimington.surgery@nhs.net) and we will paste it into the book.
- Dr Louise J Briggs has joined the team and is a great addition as she is very experienced and well respected having worked in Chesterfield for the past 18 years.
- Dr Rachel White leaves the Practice in August and we are currently recruiting for a 5 session GP.
- Nurse Katie Else is moving to work in Secondary Care from August.
- Our new nurse will join us in August; she did a full year as part of her training a few years ago and we are very excited to welcome her back.
- Patient Co-Ordinators – this is a new role we are developing along the lines of the National role of “GP Assistant” (we may rename the role to GPA in due course) to respond to the new ways of working and patient demand following our COVID work. Hollie (from Admin) and Debbie (from Patient Support) have been promoted to this role. They will be undergoing enhanced training. The role will include signposting patients, where appropriate, via the online Contact Us system; they will be trained to do baseline data collecting including blood tests and blood pressures for patients who require a 2 week wait referral so that everything can be done in one visit; they will deal with other administration under the supervision of the GPs to free up clinical time. This is a developing role and we are very excited to be the first in Chesterfield to pilot this.
- We are interviewing for new Patient Support Team members to replace Gabbie who moved on earlier this year to a full time role with Derbyshire Healthcare United; they can offer the career progression that we are unable to do in a small organisation.

- We have recruited a Primary Care Paramedic and Jack will be joining our team in early July. He will work alongside Alison our Nurse Practitioner who will be reducing her hours of work in August.
- We continue to look after our staff we have purchased sit/stand desks for those requesting them to promote good back health.

### **3. Capacity**

- Nationally, practices have been extremely busy to the point of being almost overwhelmed since lockdown began to be lifted. Whilst GP surgeries have been open throughout there seems to have been a general public opinion that they have not, we think that this contributed to the sudden huge demand. At times it seemed (not only to us) that the whole country wanted to “get fixed” before they could begin the road to “normality”. We seem to have come through this and whilst demand continues to be high practices are starting to feel less swamped.
- After trialing several methods of dealing with the increased demand the new online “Contact us” forms appear to be working and helping us manage patient expectation. You can send forms in for routine clinical and administrative issues to be responded to within 3 working days. In turn this should help with telephone traffic for urgent issues AND for those who are unable to access us online.

### **4. COVID**

- Whilst some practices are still ask patients to wait outside, we have taken the decision to re-open our doors believing that, if you can go into non-essential shops you should be able to come into the practice. We are confident that our infection control measures are robust, so you no longer have to check in at the side desk to be allowed access. However, we do not encourage pts to come to the practice unless they have a face to face appointment. We continue to offer telephone appointments where clinically appropriate and secure messaging services.

### **5. Additional Services**

Admiral Nurse Clinics are a way of providing appropriate interventions in a timely and efficient way, to support more families living with dementia. Dementia UK have experience of delivering Admiral Nurse clinics in several different settings across the country either as regular clinics, pop up clinics and virtually via our Helpline. Carers have found these opportunities to talk to an Admiral Nurse extremely beneficial. They offer access to nurses with specialist knowledge and skills who can identify unmet needs, provide education and empower families in the management of dementia. We are lucky to be asked to be involved in this pilot and you can contact Ruby our Admiral Nurse on the information below.

**Dementia specialist  
Admiral Nurse clinics  
Chesterfield**

**01246 956599**  
**derbyanclinic@dementiauk.org**  
**dementiauk.org**

Compassionate  
one-to-one support  
and practical solutions  
for people looking  
after someone  
with dementia

**Overview**

This service specification outlines the provision of the Admiral Nurse Clinic funded by Dementia UK and hosted by GP practices across the Chesterfield and Derbyshire PCN.

The Clinics Admiral Nurse will be employed by Dementia UK for a two-year period and will deliver a nurse-led clinic to support families in the locality who are facing dementia. A Consultant Admiral Nurse will line manage the Clinic Admiral Nurse.

The Admiral Nurse clinics will be available from peri- diagnosis, throughout the disease progression and into end of life and bereavement for families who meet the agreed referral criteria within each area. The support will take place predominantly within a clinical setting at the surgery but may also be offered as a telephone appointment or video consultation.

The Admiral Nurse will have a dual focus: offering specialist advice and support to families affected by dementia with complex needs and supporting best practice of other professionals. In particular, the Admiral Nurse will extend the reach and impact of their skills and expertise by sharing best practice approaches in dementia care with the wider primary healthcare team. The Admiral Nurse will work within a multi-disciplinary team and provide onward referrals to other key members of the team where necessary.

**Aims**

- To provide advice and support for families affected by dementia with complex needs as referred by the local primary care team
- To provide best practice advice and support to local health and social care professionals within the described locality

**Referrals:**

All referrals received will be prioritised and a decision will be made whether the referral requires an initial phone call to collate more information or a face-to-face clinic appointment. If the referral criteria are not met or needs are identified as being better met by another service, the referrer will be notified, and referral forwarded to the appropriate team. If accepted, the Admiral Nurse will arrange a clinic appointment to discuss issues and offer support using the appropriate assessment frameworks as a guide.

The nurse will not manage or hold a caseload, however they could potentially see the same carer/family a number of times over a period of time.

**Referral criteria**

- Referrals will come into the clinic via the GP or member of the primary healthcare team
- The carer has consented to the referral being made and either the carer or the person with dementia is registered at one of the above the surgeries.
- The carer is at risk of carer breakdown, is experiencing high levels of stress due to their caring role, and/or practical and emotional support and advice is needed to help the family avoid crisis / prevent breakdown.

Although this is not an exhaustive list, the Admiral Nurse will support the carer and wider circle of support where:

- There is a high risk of carer breakdown/stress; lack of support services involved
- There are complex health / social care needs of the family affected by dementia requiring specialist intervention
- There are complex interactions with dementia and co-morbidities impacting upon the carer's / family's ability to manage
- The carer/family has difficulty understanding or coming to terms with the diagnosis and/or the presentation of the condition, including recognising their caring role and their inability to identify their unmet needs in relation to the caring role
- The carer/family requires support with identifying and managing risk
- The family affected by dementia is socially isolated, demonstrates a lack of knowledge about identifying and accessing support services and has difficulty expressing choice and need
- The carer/family needs specialist practical skills training, information and advice, emotional support for e.g. carer fatigue, loss, transition and changing relationships, managing behaviour that challenges
- Help is required for the family to make decisions about end of life care/advance care planning at the earliest opportunity
- The carer/family requires support with working through transitions between care environments
- There is a need to act as an advocate for the carer/family in liaison with other organisations and services
- Support is needed at end of life, including post bereavement (and the family are not already receiving a service from the hospice)

The following exclusions apply:

- The carer's primary need is not related to the dementia (eg, a significant mental health problem which requires CMHT intervention in its own right or underlying physiological problems which could be causing neurological impairment)
- Referrals which are specific only to the person with dementia and not the carer
- The carer declines to engage with the service
- Crisis management requiring response within 48 hours

Care Co-ordinators – We continue to have an excellent service provide by Ros Hague and this is an excerpt from the service leaflet:

We can help in a variety of ways, for example:

- Have you got poor mobility?
- Do you struggle with personal care, bathing etc?
- Would you benefit from equipment such as grab rails, raised toilet seat?
- Are you struggling with shopping or cooking?
- Would you like to get out more, are you lonely?
- Have you fallen recently?
- Are you a carer and struggling?
- Are you worried about your memory?
- Do you worry about your energy?
- Have you had a full benefit / income check?
- Would you like support from bereavement groups or services?
- Would you benefit from the Handyperson DIY scheme?
- Have you had a home safety check i.e. fire alarm, door locks etc.
- Do you struggle to manage your long-term health conditions?
- Do you understand your medications?
- Would you like advice on living well?

**AND FINALLY - we recently received this email:**

"On behalf of Williams Medical and the Institute of Health & Social Care Management, we're ever so grateful that you took the time to enter your team in the Primary Care Awards. We received a very high response to the awards and with the calibre of entries exceptionally high, there was certainly a lot to deliberate. Hot off the press, it gives me enormous pleasure to let you know that Roy Lilley and the independent judging panel have selected...

... **Brimington Surgery as one of the 6 finalists for the award of Primary Care Team of the Year 2021"**

**PLEASE WISH US LUCK ON THURSDAY 1<sup>st</sup> July!**

**What you said about us in March 2021... THANK YOU!**

