



The Brimington Surgery Patient Participation Group December 2022

1. Attendees –

Joan Bramley; Cathy Hickton (CH); Pam Wright; Martin Liddle; Sue Hague (Chair); Dr M Roberts (GP); Paula Elliott (PE, Practice Manager)

2. Apologies –

Pam Smiley (PS); Margaret Breeds; Patricia Chambers

3. Pt feedback - (standing item)

Family & Friends – the feedback was discussed and the main issue raised at the meeting was regarding the phone system – e.g. starting at 9th in the queue but getting cut off when further down the list. PE will inform the telephone provider of this issue. Overall the practice are very happy with the results:

APRIL TO NOVEMBER 22

Very good/good	114	94%
Neither/don't know	4	3%
Poor/Very Poor	3	2%
TOTAL	121	100%

4. Surgery News – (standing item)

- Staff leaving – Dr Riaz, Miranda Pilchowska (Nurse) & Jack Evans (Paramedic) due to differing reasons. We are currently recruiting.
- Admin and Patient Support Team wages are going to rise significantly in April due to the 9.68% increase in the minimum wage. This is great news for our hard working team however our income continues to fall through no fault of our own. This is obviously a concern as all costs are rising without a Government plan to help GP surgeries bridge the widening gap.
- CH asked if volunteers could help – PE thanked her for this suggestion and will speak to the teams to see. To work reception it can take up to a year of training but there might be some administration work that could help. The vaccination clinic is where volunteers can keep our costs down.
- The workload is currently extremely high across the whole NHS including General Practice. Instead of the BMA recommended daily patient contact number for GPs of 25, the average is around 80 with one day recently of 106. Whilst it is always busier in winter the concerns regarding Strep A have increased patient demand even more. Monday can be the worst day however Tuesday is now fairly similar as is Friday. On Monday we do allow for more on

the day appointments and will be re-considering if we need to do this for the other days too.

- A discussion was had about a recent pt request for assistance following a minor accident. PE explained that we are not commissioned (i.e. not paid or signed up to do and therefore not necessarily trained or insured either) to deal with minor injuries.
- Dressings/wound care – we are currently swamped with these and have had nurses off sick so have a very reduced capacity resulting in some dressings being done by GPs! Rules about referring wounds have altered leaving us with more to deal with; the wound clinics are at capacity and we have to deal with pts whilst they wait – despite not being the correct place for the pts to be treated; wound clinics are at Walton, Dronfield and Bolsover creating transport issues.
- GP Trainees – we currently have 2 ST1 GP trainees these are Doctors who are in their first year of Specialist Training i.e. to be a GP – we usually only have one at a time and being in their first year of specialising they do require more GP input. We do not have any 3rd year Doctors who of course can work even more independently freeing up our GPs for more patients.

5. Self-help triage SMSs

Dr White requested feedback from the group regarding this and, providing it was done with care and full clinical consideration it was felt that this might help the current heavy workload. It would direct patients to the most suitable clinician for their needs and include self-help. Areas it would include are coughs, colds, sore throats. Other suggestions are joint pain, back pain, aches and pains.

Concerns were voiced on behalf of those who do not have access to mobile phones. However, if those who do have them are directed away from phoning the surgery it would mean that those who have to phone would encounter a reduced delay.

The following audit was shared:

94% of our patients have mobile phone access. Of these 89.6% under 65 & 91.6% over 65 have access.

6. Social prescribing walking group update – deferred but feedback from PS has been positive to date

7. Flu and Covid campaigns – *how best to encourage these at the surgery for 2023!*

GP Surgeries are likely to have a significant decline in income for their flu campaigns this year and may even make a loss. Despite working harder than ever to get patients to have their flu vaccines at the practice a record number of patients have attended pharmacies. The pharmacies could offer both vaccines at the same time however the COVID jabs "via" the practice for the non-housebound took place at Stubbley and Walton. It is understandable why many patients took the pharmacies up on this.

PE explained the financing in brief, the money comes in two ways:

- the vaccines are ordered 13 months in advance on a best guess basis and then for every vaccine used, money can be claimed back via the Prescription Pricing Authority covering the cost of the original purchase. 10% of the initial order can be returned and refunded BUT for every unused vaccine over this 10% the practice has to purchase it but cannot recoup the money.
- On top of this the practice is paid an amount per vaccine administered so the fewer given the less money is earned. This income is VITAL for us – Please encourage friends and neighbours who are registered with us to have their flu vaccines here in 2023/24.

We hope that next year (should there be COVID boosters) that we can give these in surgery at the same time as the flu jabs.

PE suggested that the PPG might ask PPGUK NEWS (item 11) to explain how the funding works for the September newsletter – the practice is very limited in what it is permitted to say in the way of advertising.....

8. Winter pressures (SH)

There is a limited amount of funding for practices this winter and the practice has secured Dr Withycombe to do this work on a locum basis. This is for same day only appointments and covers 325 extra appointments between November and February.

9. Waiting list for appointments (SH)

The GPs do have their own follow up lists. Appointments go on the system four weeks in advance. It would be very difficult to keep such a general waiting list. We appear to be living in a "same day culture" where most people seem to think that everything is urgent. We do try and accommodate this however, if we slot patients in, that appointment becomes unavailable for a poorly person. We also have to consider something as "not clinically urgent" if the person is well enough to attend work or school and is unable to attend the surgery on that day if offered an urgent appointment.

10. How will NHS strikes impact on surgery? (SH)

Our nurses are not affected and we will have to see how the ambulance strike might affect us. We are unable to offer extra support to the ambulance service due to the current pressures on our service

11. Any other business

- Pilot Newsletter from PPGUKNEWS – a generic newsletter with helpful information.

Please feed into this should you wish it to feature anything and/or subscribe at ppguknews@gmail.com

- Medical Student training – Dr Bellingham teaches early years students and the most valuable part of this classroom learning is meeting patients. They cover specific topics in specified weeks and PE asked anyone who might be able to help with the following to email privately post meeting:
All sessions would be around 11am for up to an hour.

27/01 Chronic Bowel Conditions

24/2 Prostate problems

3/3 Rheumatoid Arthritis

17/3 Epilepsy

31/3 Asthma (not COPD) – younger patients

- PE was asked to contact Suzanne Kirkland-Wells Social Prescribing Link Worker for feedback at the next meeting
- As a surgery, we are unable to advise on defibrillators
- The bowling club has raised £48.570 and we will put their poster re this in the community part of our reception (by the check in screen)
- Safe and Sound (CH) – a Voluntary Organisation who support those who require help with issues from reading their bills to transport. They might help with wound clinic visits.

12. Date of next meeting: *March 15th 10:30am*