The Brimington Surgery -Patient Participation Group

NOTES - 4th December 2024

1. **Attendees:**

S Hague (SH Chair); C Hudson (CH); M Liddle (ML); PA Wright; S Wetton; J Bramley (JB); Dr E Fordham (Dr EF GP Partner); P Elliott (PE Practice Manager PM).

New members were welcomed– M Nicholson; M Smith (MS) – on Teams (Confidentiality statement was read out and verbally agreed)

1. **Apologies**

P Chambers, P Smiley, M Varley

**3 Matters arising:**

Not doing email campaign yet as the practice non-clinical team have an ongoing project providing "accelerated access". All practices are supposed to do a blanket switch on for at least 90% of patients by November 24. This means that patients will be able to view their full medical records from the date this is turned on. We have decided not to do this for safety reasons. We believe that patients do have the right to access their records, however we have a duty, as the legal "data controllers", to ensure that 3rd party information and anything that could be "injurious to someone's health" is not released. Therefore we are going through on a patient-by-patient (approximately 5,000 patients to review) basis prior to granting this. There are many concerns regarding this access – primarily that patients can see test results and letters from other bodies BEFORE the GP might have had time to deal with them and inform the patient in a more sensitive way should this be bad news.

Car Park signage – JB – eventually got acknowledgement after phone, email and letter chasing. She waited until a week ago to contact them again and "became a tennis ball" – DCC and CBC both saying it was the other's responsibility. If on road = DCC if in car park = CBC. Got through eventually to someone who had not seen any correspondence. He said signs get stolen and knocked over – sending an engineer out to review the situation. Not heard back yet.

1. **The PPG - Best Practice Guide.**

This was a general discussion – bullet points of this:

Aims and objectives – what are the PPG wanting?

What should be told to patients v what is confidential?

Patients need to know that there are staff shortages - sometimes a text will be sent, but should there be an information leaflet?

Would Patients be more understanding if they knew why they could not get an appointment?

The information given does need to strike the right balance i.e. how much to tell patients so as to not put them off calling. Hospitals can tell people to stay away as they have the Primary Care system to fall back on.

There could be more information on the website - it is noted that not everyone goes online.

PPG to have a sub-group to get together to put something together?

The PPG agreed that they exist, not for themselves, but for the patients and all information helps.

Information in the surgery – invite people in.

Best practice guide – we had one ML wrote one about 8 years ago, he will circulate it

**5 The Budget and its effects on General Practice**

The April 2025 National Insurance rises will have a huge impact on General Practice budgets as it currently stands.

It will cost Brimington Surgery around £67,000 more from April. The Patient Support Team and Admin staff will get a well-deserved 6.7% increase in line with the minimum wage rise and the Practice National Insurance costs will rise significantly.

**6 Pt Feedback**

Many felt that they couldn’t have the COVID vax as it was Moderna which had previously made people poorly, so they declined. Some Pharmacies apparently have different suppliers and SH asked why this is? Dr EF explained that practices have no say in it at all. SH was told that she had to be hospitalised in order to have the Pfizer COVID vaccine. Dr EF said that it probably needed to be a documented allergy and thought that there was probably a financial reason behind the decision. For Practices, there is no process for us other than agreeing to vaccinate.

One lady told SH that she didn’t know any doctors here anymore and that they all used to have their own GP. Dr EF explained that we still operate the "Usual GP" and list holding systems. Not many practices still do this locally. Patient's results and letters always go to their "Usual GP" despite patients seeing other doctors. If other GP sees you and thinks it will be a longer-term issue, they are likely to inform your usual GP. We have had a lot of Maternity Leave and sickness over the past 12 months.

Patients had informed SH that they felt there were fewer face to face (f2f) appointments since COVID. PE clarified that overall there have been more appointments but some patients prefer it to be on phone; the GPs prefer f2f. However, appointments have been down over last few months due to maternity and sickness. If a GP is off sick, we do not get any funding to get a locum for the first two weeks and cannot afford a Locum to cover. After this we always do our best to get cover from a GP we know and who is known to our patients.

Online consultations saying not available: The practice had trialled an online triage system and had to gradually remove it because the numbers were huge and there was at least one significant event of a patient ignoring the warning signs for what it should not be used for.

**7 Surgery News – (standing item)**

When Dr EF retires, her patients will move to the new Partner. Patients will not be able to specify a different GP at this point, however, if a patient clearly goes to another GP frequently, they might be moved to that GP.

The current GP situation: Drs Bellingham and Roberts are now both on Maternity Leave. Drs Tom Ronan and Johnathan Smith will be covering this.

Trainees – we have 2 Doctors (GP Registrars – GPRs) currently in their final specialisation year (ST3) Drs Patel and Ali. We will also have Dr Barghati (ST2) from December until March.

With Dr EF leaving in 2025, we will not have a Foundation Year Supervisor so we will not be having any F2 Doctors. Dr Lee was our last until further notice.

Drs James and Hardwick are both now back from Maternity Leave.

We do not have to have a GP on site all the time as we are not an emergency service, however, one must be at the Practice when a GPR is seeing patients. We also have a requirement to maintain "a safe level of staffing".

The nursing situation has been in crisis for a few months leaving the practice between 47 and 78 hours DOWN PER WEEK.

The Managers have done their best to get Locum nurses.

A lot of Nurse appointments have had to be moved or cancelled multiple times, which is very stressful and not satisfactory for patients and the Team.

The Managers have flagged this to both the Local Medical Committee (LMC) and the Integrated Care Bord (ICB).

Surgeries are supposed to "create capacity" when others, such as the wound clinic at Walton, do not have capacity. Brimington Surgery has been wholly unable to do this.

One suggestion that was raised in this discussion was whether the Pharmacy First service could undertake wound care.

Other practices are having staffing issues however, we are having an extremely challenging time currently – even the Locums covering are going off sick whilst patient demand is very high.

A query was raised regarding annual check-ups. Dr EF clarified that the clinician this is with will depend on the condition and it might be with a Pharmacist.

The new telephone call back system has been well received.

**8 Walking group update**

**Post meeting update**

PE apologises that this was not read out in the meeting – Thank you to PS for emailing it through.

Update on Walk Groups: Brim continues to grow numbers. The Macmillan Nurse is training to be leader and monthly Friday morning, walks begin in January and will work towards weekly as more people are trained to be leaders as weather improves. Brimington Parish Council has the facilities for training and qualifying Leaders if the current arrangement through Lifestyle Officer at Chesterfield Borough Council ceases when Tina Hensey retires end of March. This would probably include facilities offered by Hospital itself and Macmillan with help Brimington Walk & Talk. All depends on Walk Derbyshire & Chesterfield Borough funds in new fiscal year, but we are committed at Brim Walk & Talk through our Parish Council, including making our arrangements for May 2025 Walk Festival.

**9 Practical help**

CH Going to do a PPG promotion board in January.

The group are interested in arranging talks/events e.g. Dementia Care.

**10 AOB**

Peak Pharmacy Hub was not operating since the robot not working last week.

ML gave a good review of Chesterfield Delivery Pharmacy service - good 3m in.

ML – impressed with how smoothly it was handled yesterday when an HCA was sent home ill during her morning clinic.

ML getting feedback from MS re the online line trial today. Once this has been done PE and ML will look at rules for online access (e.g. camera on , signed confidentiality statement) and then look to invite virtual group moving forward.

**11 Date of next meeting –** March 19th 10.30am (Dr EF's final one.)