



Monkfield Medical Practice

Patient Participation Meeting

2nd July 2019

Chair: Hannah Crisford, Practice Manager

Apologies: Mike Jenvey, Richard Farleigh, Bryan Ward, Alex Kirsting, Natalie Swanser

Items

1. Practice News

Further to the recent update circulated the following points were covered:

Staffing

Dr Koo has now left, Dr Siriwardena and Dr Cowee remain as Partners, Dr Koo has been replaced by a GP.

3 new GPs have joined – Dr Lameris, Dr Ali & Dr Jayawardena alongside a paediatric nurse practitioner Victoria Crooke, who will see age 15 and under. The Practice is currently recruiting a Clinical Pharmacist. Carmela Dorn (assistant Practice Manager) has left and that position will be converted into more business administration time. Transition of staff from reception/Admin internally results in vacancies for receptionist/admin.

Female contraception Clinics – 2 new GPs have this skill and we have commenced providing this service again.

Technology – Dr Link explanation given regarding on line triage and MJOG explanation given regarding messaging back into the surgery. New website has been developed and we continue to work on this.

Two points raised:

1. How has this been communicated? Face Book, Website, posters leaflets crier was the answer.
2. Don't forget the more elderly population who do not use this technology.

Primary Networks – Primary Care Networks (PCNs) are part of the NHS Long Term Plan, with all general practices being required to be in a network. MMP have joined a Network with other practices from St Neots.

The networks will have expanded neighbourhood teams which will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and Allied Health Professionals such as physiotherapists and podiatrists/chiropractors, joined by social care and the voluntary sector'.

Under the plans, all general practices will be aligned to a PCN, covering 30,000-50,000 patients, with local Enhanced services funded by CCGs and provided through the new network contracts. The networks will provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve.

Expansion – MMP continue to liaise with the Council with a view to using money from the current Development of Cambourne to expand the Practice Building. However talks also include the ongoing needs for provision of West Cambourne.



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2. PPG going forward

Following the standing down of the Chair, the group discussed the current format of the meetings, the needs of the Practice.

Hannah (Practice Manager), informed the group that she valued the quality of the feedback received from those attending, felt that the updated circulated on paper was a good way of keeping the group informed and may help to reduce the number of times the group meets.

The group questioned the commitment from the Practice. They highlighted the suggestions that have been made previously that have not gone anywhere, nor have they received any feedback.

They confirmed that they feel like a CQC tick box exercise. No Partner or clinician has attended for a very long time. It was appreciated that they work hard, long days, but it was highlighted that a lot of the PPG members do too.

The groups asks of the Practice, what it is that they can do to help and support more, and what it is that they actually need from the PPG.

3. AOB

Pharmacy – Issues with the Pharmacy were raised, lack of medication, lack of general stock in the shop, poor service, recent facebook comments.

MMP confirmed that the whole staffing team had previously walked out and they had worked hard to replace the team. The Practice continue to work closely with the Pharmacy. The Practice is meeting with a new area manager on Monday and will raise the issues with them.

The PPG would like feedback from the Practice as to the discussions and actions being taken to improve the quality of service. Can a formal complaint be considered?

Reception – It was noted by the group that the feel of the reception team had changed, and that the team were working well. They continue to highlight the need for the receptionist to acknowledge those waiting and to smile more.

Seeing the same GP – it was highlighted that it is still difficult to see the same GP, and example was given that a non urgent issue had to wait 3 weeks to see a specific GP. It was explained that most of the GPs only work 3 days a week, 1 of which requires them to be Duty Doctor (no Appointments), one day may include admin time (no appointments), one day could include doing a specialist area (minor ops), all of which impact on availability. It was highlighted thought that there are specific triggers that can be put in place with the agreement of the GP, such as condition or age.

4. Date of next meeting

To be arranged following consultation with the Partners