

HIGH FIELD SURGERY – PATIENT PARTICIPATION GROUP

Minutes of the Patient Participation Group held on Tuesday 27th September 2022 commencing at 11.00am. Meeting held by Video conference on Microsoft Teams.

Present: Chair - (GB).
(GB), (BA), (LR), (LRz)

Practice Manager - Mike Holmes (MH)
GP – Dr Helen Poulter (HP)
Practice Secretary – Kayleigh Burton (KB)

1. Apologies and Introduction

Apologies: (DM), (DA), (NP), (LW)

GB/MH opened the meeting.

No questions on previous minutes which were accepted.

2. GP Surgery Update

MH

- High Field Surgery (HFS) is now in flu and COVID season. HFS are in a 12 week programme to vaccinate 3600 patients. The surgery is trying to streamline vaccinations to enable patients to only have to attend for one appointment.

The vaccination programme unfortunately impacts on the nursing capacity in particular and due to the vast amount of eligible patients regular reviews are suspended or reduced, to be picked up after the vaccination programme. HFS are aiming to get all eligible patients vaccinated by December 2022.

- MH thanked the members of the PPG for their contribution to the publication of the newsletter and confirmed that the newsletter version 1 is now live. Paper copies are available in the waiting room and at Cohens Chemist at High Field. Copies can also be found on the website and the newsletter is also promoted on the TV screen in the waiting room. The final step is to publicise on social media.

MH asked BA for a retweet for the newsletter once social media has been rolled out.

LR asked for overall surgery feedback, MH confirmed the surgery was very happy with the format and content.

GB suggested that any ideas for the second edition be noted as and when they are raised

2a. Covid Autumn Boosters

LR & BA - Covid Autumn Booster update – NHS are sending vaccination reminders to eligible people but nothing yet received from HFS?

MH

High Field Surgery is on a 12 week programme to vaccinate eligible patients with Covid and Flu vaccines. Although the surgery is responsible for ordering/purchasing Flu vaccines (and therefore has a large stock of vaccine), we have little control over how much COVID vaccine is fed into the surgery. This restricts how many patients we can call in each week.

In accordance with NHS guidance the surgery has prioritised the eligible cohorts, eldest and highest risk first, but everyone will be offered jabs over the 12 weeks.

The NHS have been sending invitations out to patients which include younger cohorts, this has understandably caused some confusion with patients. The surgery has no control over these central invites, but patients are able to attend vaccination centres should they wish for a COVID booster but not flu.

LR queried if it is beneficial for patients to wait and come to us for their vaccinations or go to a vaccination centre for the COVID booster. HP explained there is no correct answer and patients should do what is best for their individual needs. MH explained that it does help the surgery if patients attend us for flu as any wasted flu doses create a financial loss to the surgery, but patients are free to go where they prefer.

LRz raised concerns that whilst the surgery is vaccinating normal care is restricted and wondered if additional vaccinating staff could be recruited so not to impact the routine care.

HP responded and explained the staffing market made this difficult; MH explained the difficulties of employing staff on a 12 week contract to suit the vaccine programme.

HP stated the only other option to prevent disruption to primary care would be to decline providing the vaccinations; and that any routine checks were picked up after the programme has finished.

3. Waiting times for Hospital Referrals

LRz - Waiting times for hospital referrals – are these known by the GP at the point of referral so patient expectations can be managed?

MH

GP's are not aware of exact waiting times at the point of referral. This is due to the waiting lists /times changing and varying from each department. On the High Field website there is a news item which explains this in more detail with a link to a website which has all up to date LTHT (Leeds Teaching Hospitals) waiting times for each department (other trusts are also available) <https://www.myplannedcare.nhs.uk/ney/>

The surgery routinely provides this link to patients as required. If patients require further assistance on waiting times they can contact the Patient Advice Liaison Service (PALS), as well as the department number on their referral paperwork. The surgery fully understands patient frustration on waiting times, but these are completely out of our control.

LRz explained that the paperwork received regarding the referral was not helpful due to the advice given on the letter.

MH explained that we as a surgery are unable to change the standard letter as this is produced by each department, although feedback from practices is regularly sent to the referral service and has resulted in improvements in the past.

4. Process for referring back to specialist

GB raised unnecessary steps being made by the surgery for patients to see a GP after seeing a specific specialist (physio).

MH informed GB that unfortunately on this occasion he was advised incorrectly by the receptionist. MH will also speak to physios directly to find out what they advise patients to do.

5. HFS Analytics

Does HFS have access to analytics that can inform the number of online views of High Field Surgery News?

MH informed the group that the website does have analytics and this shows that there have been 35 Downloads of the newsletter since launch. GB asked if these are actual downloads or views MH explained that this could either

HP asked if the surgery could send the newsletter link via text in the future – agreed this is an action for HFS.

6. PPG Governance good practice

GB referred to the documents linked on the agenda.

MH reminded the group that these updated governance documents were agreed in principle Pre Covid (previous chairman).

The group agreed all members will sign a code of conduct and GB will also include data protection permissions to sign.

GB raised that the group needs to introduce a process for the PPG to deal with scenarios such as replacement of the Chairperson or removal of any member who fails to adhere to membership requirements or standards. It was unanimously decided to introduce the governance as discussed, and it was agreed that decisions would require a simple majority vote, subject to quorum requirements being met.

HP raised that the group have to recognise that there will be times where we cannot get everyone at a meeting and decisions will have to be made by the attendees of the meeting on that day. Minutes are distributed to all members which allows members to raise issues if they are of disagreement.

GB will distribute final versions of the updated Governance documents and arrange for all members to sign in agreement.

7. Format of Future Meetings

GB Raised that his role of Chairman is to keep everyone happy regarding format of future meetings (an impossible job!). Some members want a return to Face to face meetings, others prefer online meetings.

Online meetings have been run through the pandemic but those restrictions are being lifted. MH pointed out that this had been a very sensible options to mitigate risk to the surgery, indeed in the last 2 months the surgery had had 3 staff absent with Covid which has a huge impact on our service.

MH pointed out that Face to face meetings at the surgery would have to be after closing hours (6pm) as the surgery has no capacity to host during surgery hours, admittedly this is unhelpful for sub group meetings who would need a venue. BA going to look into whether a grant can be granted to PPG for a venue for sub group meetings

BA – suggested next meeting online then F2F Spring summer to allow reduced chance of catching illness in surgery. General agreement to this.

MH – Surgery happy to alternate meetings F2F and then virtual.

GB would prefer next meeting to be F2F at the back end Nov

HP if covid sky high unable to guarantee F2F in winter

GB will ensure all members canvassed for opinions and then agree next dates

Proposed next dates for meetings

6 Dec 22 – Face to Face at the Surgery

7 Mar 23– Online Microsoft Teams

8. AOB

MH – The surgery would be interested in the PPG's assistance in patient feedback on how the surgery website is used.

Brief discussion of personal experiences, lack of awareness of e-consultations etc

BA What is website capable of, what is missing that could go on website?

MH – We have an offer from our website provider to attend a meeting and discuss with us. Add to future meeting agenda.

The meeting closed at 11:57