

HIGH FIELD SURGERY – PATIENT PARTICIPATION GROUP

Minutes of the Patient Participation Group held on Tuesday 03 September 2024 commencing at 11.30am.
Meeting held by Video conference on Teams.

Present: Chair - (GBu).
(BA), (CA), (LR), (LR)

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

1. Apologies and Introduction

Apologies:

(PK),(SK), (MS), (LW)

GBu opened the meeting, thanked all for joining.

2. Surgery Update

MH updated the PPG group on the vaccination programmes which are currently underway.

Flu season starts on October 3rd rather than in September. This is new NHS policy to delay the vaccines to give better immunity for when Flu hits in early winter.

The surgery is aiming to co-administer flu and covid vaccines but we are currently unable to order covid vaccinations.

If we cannot get enough covid vaccine deliveries to cover the first flu clinics then flu will be given initially and patients will be called back in for their covid vaccines.

RSV vaccine is a new vaccination. The recall programme commenced on the 1st September. The cohorts include 75-79 year olds and pregnant women over 28 weeks pregnant.

MH explained the operational issue at having a new vaccine when flu season is running is that patients do not want 3 vaccines at once. The surgery will likely vaccinate the older population before flu vaccines start and then pick back up after flu season.

HP gave a brief background on what RSV is – RSV is a virus that causes common colds. Young babies and older adults who are immune compromised are affected.

MH explained using links to book appointments massively helps the surgery manage the phone lines. MH also explained that this year specific instructions were sent out before the flu invite to assist patients on how to book an appointment and this has increased uptake.

CA – Asked if the eligibility for covid and flu are the same.

MH - Explained that the cohorts are supposed to be the same however the clinical searches for flu and covid are different and have discrepancies.

GBu – Asked if there is a risk that a pt may be missed as off reports different.

MH – There is a small risk but clinicians are trained to ask questions and check for eligibility

3. Update on industrial action

GBu - Asked if the industrial action is still going ahead

MH – Explained that the industrial action is ongoing and GP's were asked to vote on industrial action prior to it starting. The GP industrial action has taken place due to the NHS funding to General Practice dropping over many years (15% down to roughly 8%) Primary care see many more patients with less funding.

The BMA have suggested 10 actions for General Practice to choose from

The most controversial action is that individual GP's limit their daily patient contacts to the BMA recommended safe limit of 25 patients per day – the GP's at High Field see 30 pts per day not including telephone calls, econsults admin etc.

The actions the surgery is taking include pushing back work back that we are not funded to do.

MH explained the background of work being dropped on the practice from secondary care. This includes a consultant seeing a patient, they then write to the GP asking them to prescribe meds, do bloods, do repeat bloods in a certain time frame and follow up results. It can also include asking the GP to onward refer the patient to another department. This then builds in an unnecessary delay for the patient and their care.

HP – Explained that when work from secondary care is passed back to primary care it eats into our capacity as the GP may have to see the patient again to discuss the requests from the consultant.

MH – Explained that the actions we have chosen should not have much impact on patients.

Gbu – Asked if there are any work stream within the NHS

MH & HP both advised that there is supposed to be, but some have been forgotten

MH – Informed the group that LTHT have had meetings with ICB in Leeds and with Primary Care representatives before the industrial action started.

HP – Also added that there is an Interface board at LTHT which discuss issues between Secondary care and Primary Care regularly

4. Bramhope Medical Centre

GBu – LR raised good experience by being referred to Bramhope for procedure that couldn't be done in the surgery

MH explained that Bramhope surgery hold extra contracts with NHS including ENT, Audiology and Dermatology

KB – Explained that the surgery refers into Bramhope regularly for patients as it is one of the closest community services in the area. Unfortunately, the surgery can no longer refer directly to ENT in the community as they have to be sent to LTHT to triage referrals who will then distribute referrals within the community.

MH – Explained we are unable to promote other providers, but the surgery does refer regularly to Bramhope

5. Winter Vaccination Programme

The surgery will be putting posters up in the waiting room and social media will be going out shortly.

BA – Explained that OPAL are doing flu jabs with a chemist

MH - Explained the difficulties of competition as the surgery must buy our flu jabs and these are not supplied by the NHS. Due to this there is a risk of losing money if a patient attends at a different provider. The surgery is unable to return all unused stock. Chemists also have the same issues as the surgeries.

GBu – Does the chemist provide Opel with the vaccinations

BA – How does the flu jab get fed back to the GP surgery –

MH informed the group that the chemists contract states they need to notify GP surgeries within 24 hours if a vaccination is given. On some occasions the system fails, and we are not informed and a

patient is booked in for a flu vaccine which is then given for a second time, these incidents are reported as clinical incident

6. Childhood Vaccinations

GBu – Raised that vaccinations of children have dropped in the city and has been shown in the media in recent weeks

MH shared data from last year regarding vaccinations given at the surgery and overall we have a high achievement

MH explained that our lowest achievements are for patients aged 1 with full course of vaccines – MH explained that there were 5 children who were unvaccinated – examples behind this are that different vaccine schedules from abroad do not meet the NHS rules and some parents declined the vaccinations

The surgery has a very stringent recall system to try and get any children in that require catch up vaccines

BA &GBu feel this should be fed in to the Newsletter

7. AOB

No AOB

The meeting closed at 12.23pm