

**Minutes of Drayton Surgery Patient Participation Group (PPG) on Wednesday  
22nd May 2024 at 5.00pm**

**Present, Apologies, Welcome**

Mary Ramsay Chair, Daniel Ferrett Practice Business Manager, Kerry Joof Reception Manager, A.P. A.F. T.D. S.M. M.V. E.P.

Apologies J.G.

Mary welcomed A.A. who was observing with view to joining the group.

Thank you to A.P for minute taking.

Mary had been in contact with two former members L.I. and T.M. who had both left the group due to health issues. She passed on messages from both of them

**Minutes of last meeting and matters arising**

Mary explained the issue regarding the parking outside of the Surgery and that Portsmouth City Council (PPC) have agreed to the removal of one parking space ( immediately to the east of the surgery entrance ramp ) and replace it with double yellow lines. Following the consultation period with no objections the work is now awaiting PCC funding and start date.

Mary advised that the Parliamentary award which Drayton Surgery has been nominated for will be short listed on June 10th. Following the submission on 12th April there has been no feedback from Penny Mourdaunt's office.

The group discussed the second joint Primary Care Network PPG meeting between Drayton & Kirklands surgeries. It has been penciled in for 24th July, subject to Kirklands agreement. Following a decision to meet on common ground T.D. has agreed to make a provisional booking of the Boardroom at Gatcombe House, Hilsea for this meeting.

**Mary to contact Kirklands**

(Since the meeting Kirklands PPG have agreed to date and venue

Minutes of meeting agreed.

**Surgery update**

New operations manager to take up position from 10th June and there will be some minor restructuring

Daniel advised of the Waiting room refresh and how it had been received well by many patients.

**Questions from Group members:**

**Are there any benefits to winning a parliamentary award, apart from prestige and good local PR.**

Any type of recognition for the work we do is a benefit as it is important not only for staff morale, but also for the general public to know how we are doing well. Whether this type of award has other benefits, I do not know.

**I keep hearing about a whooping cough outbreak, not just children but adults too, is it anything to worry about?**

An outbreak of any disease or illness is naturally worrying. However, as long as you are protected through vaccinations in your past, there should be no concern. Children are given vaccination against pertussis in their routine childhood vaccinations which helps create herd immunity. Should there be a national concern about Pertussis, Public Health will release further information about what can be done.

**After recent news about the report of Royal College of Paediatrics on childhood mental health problems, has Drayton Surgery noticed an increase of children that need support with it?**

We haven't noticed an increase due to the report, however we have seen an increase over the past few years. The main focus of this increase seems to be Autism and ADHD referrals and assessments.

**Could the phlebotomists be trained to take blood pressure? This would help avoid doubling up appointments.**

Our phlebotomists are trained to only take bloods so that we are able to offer the service. To train Phlebotomists in other areas will decrease the amount of bloods we are able to provide on a daily basis.

If patients require bloods and blood pressure, this can be done by other members of the team such as a Healthcare Support Worker who have specific slots it can be booked into, or by using the blood pressure machines in all three of our waiting rooms.

**I have received some feedback from neighbours who have been advised by various family, friends etc to use the NHS app for most things including repeat prescriptions. The NHS app often simply states “No repeat prescriptions available to order... contact your GP surgery to get medication or set up a repeat prescription” I make the assumption that their repeats aren’t available because they are trying to order too early ( just my assumption) but they are interpreting the NHSApp wording as meaning they don’t have any repeats and that they need to contact the Surgery to set it up? System online does offer information around when each item is available to order or if review is required so would appear a better option. Clearly we can’t change the NHS app but might it be worth putting something on the Drayton website within the prescription info ?**

If prescriptions are not showing up in the NHS app, it usually means that the repeat requires re-authorisation – this happens after a certain amount of prescriptions issued as clinical review will be required, despite how long a patient has been on the medication. In Airmid (SystemOne’s App) you are still able to see these medications but instead of selecting them you are able to send free-text with your request. We do not control these aspects of either apps and promote each one equally via our website and prescription information board so that patients still have choice.

**Regarding the conditions that patients can now see a pharmacist for rather than a GP, are patients automatically referred by the surgery to a pharmacist now, or can the patient go straight to the pharmacist at a pharmacy?**

Both options are available, however we do find that patients will go directly to the Pharmacy themselves rather than via us.

**When pharmacists see patients for the specified list of conditions, has the pharmacist got access to the patient's medical notes or not?**

As far as we are aware, there is no access to the medical records except by ways of the NHS Spine and Summary Care Record. We believe this may change in the future, but is one of the reasons they see only acute presentations and not complex cases.

**When a patient requests meds online and puts comments/ requests in the notes box which could be for pharmacy, is the message referred to pharmacy?**

Online medication requests come directly to the surgery, we wouldn't pass any messages on to other parties. If you order your prescription through a Pharmacy app or website, they will see the message and only request the medication from us.

**Should all patients who have a lasting health and welfare power of attorney inform their GP practice about this? And should they, as recommended in the latest Weekly News email from the Patients' Association and the organisation Compassion in Dying, register it now and in advance with the records department of all the local hospitals?**

If a patient has a lasting POA for health and welfare, it would be important that we are informed of it so that we can make a note of who is responsible. It does have to be a very specific type of POA and not a general one or one for finances. It would always be useful to make sure this is known across the departments that deal with the patient, should anything happen.

**Should a 'Living Will' be noted on GP records.**

Whilst it would be useful to know if a living will is in situ (and we do have some patients with them), we have many different forms and templates which will provide similar information such as a DNACPR, (do not attempt cardiopulmonary resuscitation) form for resuscitation and an end of life care-planning template which takes into account how the patient would wish their end of their life handled.

**AOB**

**There was no AOB**

**Next Meetings** Wednesday 24th July 2024    Wednesday 25th September

**Meeting closed at 6.30pm**

### **Glossary of terms**

**ANP Advanced Nurse Practitioners**

**DNA Did not Attend**

**PPG Patient Participation Group**

**PCN Primary Care Network**

**GDPR General Data Protection Regulations**

**TOR Terms of Reference**

**CCG Clinical Commissioning Group**

**ICB Integrated Care Board**

**ICS Integrated Care System Integrated Care Board**

**ICP Integrated Care Providers**

**FTA Failed to attend**

**CQC Care Quality Commission**

**QOF Quality Outcomes Framework**

