

**Minutes of The Drayton Surgery Patient Participation Group on Thursday 25th November 2021 at 5.00pm**

**Present** Mary Ramsay Chair, A.F. L.I. R.L. S.M. T.M. A.R. M.V. Daniel Ferrett Practice  
Business Manager joined meeting at 5.45pm  
Thanks to S.M for minutes

**1. Welcome apologies and meeting open**

Mary welcomed everyone to the first face to face meeting since January 2020. There were no apologies. Mary expressed appreciation to the group members who sometimes had found zoom meetings inconvenient time wise. She said she was prepared to waive the absenteeism in these extraordinary circumstances. Now we are back in the conference setting we will work to the Terms of Reference

During the lockdown the group numbers dropped due to some members leaving for personal reasons. We have patients on a waiting list. Mary will contact them with regard to their current interest. It is important that the group is representative of the demographics of the surgery patient load. Anyone interested in joining will be invited to observe a meeting and signing a confidentiality statement prior to the meeting.

**Matters arising from the minutes of the past 18 months.**

Mary had still not received a reply from Councillor Simon Boshier regarding the idea of the existing grass verge being replaced by a paved area.

**Action: T.M. To contact the councillor**

A planned meet and greet event will remain on hold until the timing is right

As the Terms of Reference is a working document, Mary will review and consult members as to any amendments.

**Action: Mary**

Prior to Lockdown Joy, the practice Social Prescriber was due to give a presentation to the group. She will now be invited to the March meeting.

**Action: Mary**

**Feedback from CCG meeting 15/12/21**

All PPG members of the Portsmouth GP surgeries were invited to attend a zoom meeting regarding the introduction of a charter for each GP surgery.

Mary feedback to the group on the outcome of the meeting. She told the group that there was a strong feeling amongst most delegates that this was a non-starter in this current climate. Mary read her individual feedback to the group. She then shared a subsequent questionnaire the project chair needed completed. It was unanimously agreed that it was not a good idea thus making the rest of the questionnaire irrelevant.

**Action: Mary to feedback to project chair**

### **Surgery update**

**The Practice Business Manager provided answers to previously submitted questions by group members**

### **Covid update and winter flu vaccine programme**

I am sure everyone appreciates the time and effort by staff to facilitate the recent flu vaccinations. However, I am concerned that once again elderly people were expected to queue for some time (some for more than an hour) in the rain. This prompted a significant number of negative comments on social media. For the future, could the vaccinations be:

- spread over a number weekends with the older age group first
- if only one weekend then timed by age group
- offered as appointments especially for the older age group.

**The surgery has conducted walk-in clinics before, there is always a risk that the queues will be longer. There is no expectation for elderly patients to queue, bookable clinics have been available. The rain was nothing significant. Staff were constantly moving the vulnerable patients to be vaccinated quicker. Staff worked over the designated time to ensure the 945 patients were vaccinated. There were negative comments but not from the queue.**

**Two thirds of the surgery elderly population have been vaccinated.**

In a similar vein, could there not be better coordination with the pharmacies? The next door pharmacy was offering flu jabs on a walk in basis a month before. With future coordination with the pharmacy this should take some of the pressure off surgery staff.

**The surgery and pharmacy are both businesses and purchase their own vaccines, they are on different contracts. Both need to earn their funding.**

Why is there a delay between receiving the Covid eligibility notification and securing an actual appointment; is there a vaccine shortage or just the sheer volume of patients taking up the invite.

**The surgery is operating a working surgery and covid vaccination clinics with the same number of staff. So there is a limit to time available.  
Nationally it's a mix of staff availability and demand on the vaccine.**

What is the policy on compulsory 15 minute waiting times at covid clinics. If a patient doesn't wish to comply Do the volunteers **a)** challenge and record **b)** remind the patient it's their own responsibility and end the conversation.

**The 15 minute wait is mandatory, there is no workaround. The patient would be told at vaccination point**

What is the policy of providing raised seating for patients who need a seat as surgery chairs are too low.

**The current chairs are higher than previous and have arms, but surgery is looking into chair raisers.**

### **Government initiatives and changing directives**

With the ongoing national controversy about face to face appointments, may we be told what proportion of Doctor's appointments are face to face?

**Approximately 71 face to face appointments each week with a GP, but surgery operates a multi skilled team so other professionals are available**

Is the surgery experiencing an increase of abuse since the media has fuelled patients' minds to crave for returning to "as it was"

**It's not too bad, a few complaints but nothing to have an impact**

With the 48hour response time required for e-Consult several GP surgeries locally are closing down this service at 6.30pm to avoid wasted hours within the target time. Has Drayton any intention of following a similar pattern.

**Shutting down the site doesn't elongate the response time, 48 hours still stand as response regardless.**

**Surgery does shut down over weekends, only to help the workload on Mondays as they are always the busiest day**

Is the surgery finding patients are becoming cleverer in answering the e-Consult questions so their answers generate a quicker response or referral to secondary care.

**Patients do try but it doesn't accelerate their problem**

### **The Future**

I know it's a common theme running through all GP surgeries that there is still some considerable delay in the telephones being answered, does the surgery have any plans to overcome this. Can the provider change the system so a patient could book their own routine blood test or simple regular clinic into a dedicated clinic slot.

**There is a high volume of menial calls which block the system**

While it is useful for surgery announcements for patients to be placed in the surgery's Facebook account, would it be possible to add them to the Surgery website as well so as to cater for those of us who do not subscribe to Facebook?

**As far as Daniel is aware this system is happening.**

Are there any Staff changes

**Two new doctors have joined the practice, Dr Whittle and Dr Teoh. Some new receptionists also**

**Carly, has been appointed by Primary Care Network to manage HR issues and Covid Clinics**

Any further development on a new website.

**Daniel showed the group a demo of new website, a much clearer and easy accessible site. The PPG reference is shown on the header page.**

Is there any plans to open a Memorial fund for Dr Russell,

**No**

**A.O.B**

Mary told the group about the Community Compensation fund. (Every builder is required to give a proportion of their budget towards this fund for community projects) A local surgery PPG has been successful in securing funding for their practice. She suggested that PPG could apply for funding towards some redecoration of the surgery ground floor. ( the new build in basement has highlighted the need for some updating upstairs) She would like a couple of members to undertake this project but in the meantime will forward the information link.

Mary ended meeting wishing all a happy Christmas and thanking group for their support throughout the past year

Meeting ended 6.45pm

**Next meeting Thursday 27th January at 5.00pm**