

## High Field Surgery (HFS) Patients Participation Group (PPG) Meeting Minutes

<b>Location:</b>	Microsoft Teams Call	
<b>Date:</b>	29 April	
<b>Time:</b>	11:00	
<b>Attendees: (Patients)</b>	Graham Burns (Chair)	
	Caroline Anderson (CA)	Stephanie Kaufman (SK)
	Linda Robinson (LR)	
	Michael Strother (MS)	
	Paul Kaufman (PK)	
<b>Attendees: (Surgery)</b>	Mike Holmes (Practice Manager) (MH)	
	Dr Helen Poulter (HP)	
	Kayleigh Burton (Assistant PM) (KB)	
<b>Apologies:</b>	Barry Anderson (BA)	
	Liz Rezvani (LRz)	

Agenda	
Welcome and introductions	GB
Review previous minutes	GB
Surgery update Phone System	MH
Ongoing and planned vaccination and other programs (shingles etc)	All
Referral processes for other services (including self-referral)	All
NH Advice and Guidance initiative	All
Any other business	

**Minutes from previous meeting** – accepted.

### Surgery Update

MH Gave a brief background regarding the surgeries new phone system which was implemented in April. The surgery has been on cloud-based telephony for over 10 years however the surgeries phone provider was not on the list of approved suppliers. There has been a lot of work behind the scenes including setting up the system and training the staff on the new system. The switch to the new provider has been extremely smooth and has been no disruption to patients.

- Moved to a new phone system in April
- Additional features including callback which enables the patients to press a key on the phone and the system will call the patient back when at queue position one.
- Smooth transition for the practice and for patients

GB asked if the receptionist knows what option has been pressed on the menu by the patient. MH explained there is a feature called a “whisper” which tells the receptionist what option has been pressed.

MH also informed the group that the phone system integrates with the clinical system which enables the receptionist to see who is calling.

MH Feedback from the PPG would be welcome

GB welcomed PK,SK & MS and gave an overview of what the group had covered.

### **Vaccination Programmes:**

GB asked what vaccination programmes are planned for HFS this year.

MH informed the group that most vaccination programmes are ongoing as the cohorts are based on age meaning the cohort is constantly evolving. The surgery recalls patients on a weekly basis for pneumonia, RSV, shingles and the baby imms are also recalled regularly.

Flu and covid are annual and we do not participate in the spring covid campaign.

Shingles cohort is more complicated as NHSE are running a 10 year catch up programme. Eligible cohorts are 65, 70 and 50+ who are immunosuppressed.

HP advised eligible patients are recalled at the appropriate time and the surgery uses reports to find eligible patients.

MH explained there are now 2 shingles jabs and we are very lucky with take up rates which is assisted by our demographic/area

GB asked about the take up rate for children. MH fed back that again the area we based helps with our good take up rate. Difficulties with patients who have come from abroad as may be on a different vaccination programme. Other difficulties include language barriers and cultural beliefs.

GB asked if there is a risk for the child being given the same vaccination twice or not at all

HP responded to say better for the child to have the vaccination twice than not at all

MH gave an example of measles being on the rise nationally due to parents declining the MMR vaccination.

GB welcomed CA to the meeting

### **Referral process**

GB has noticed that the self-referral message on the phones is not played, MH explained it is still on the system but is not the first message that is being played at the current time, with the new phone system we can change the messages regularly. If the patient is in the queue for long enough they would hear the message.

MH explained the physio is still available. The PCN employs physios which is a great success as it reduces wait times for MSK, patients are usually seen with 7-10 days.

HP also advocated for the service as they can arrange any investigations and can refer on to MSK /Orthopedics.

GB gave positive feedback on his experience with the physiotherapy service.

## NHS Advice and Guidance

GB saw on the news that NHSE is reducing the waiting times for hospitals by introducing Advice and Guidance.

HP informed the group that this a tool the surgery has been using for over 5 years which works very well. There is some additional funding this year. HP explained the difference between referral and A&G if we refer for A&G the consultant will respond with a list of things to try/do/investigate/prescribe and the GP is responsible for that however a referral initiates the take over from a consultant to try/do/investigate/prescribe. A&G is not suitable for all patients.

LR suggested this be added to the newsletter

GB agreed A&G would be useful to add and to also include referral processes

MH added that one of the most common calls to the surgery is to chase up appointments for referrals would be ideal to add details to the newsletter of a website that gives up to date accurate waiting times across the country. PALS details to be added.

GB asked PK to give a background on the WGH heart cardiac club

PK explained the group does not require referral

GB asked if the group was for patients with heart disease

PK advised it is for heart conditions but other patients with non heart conditions do attend the group.

GB asked if PK & SK could do a piece for the newsletter

PK is going to collect some leaflets re the group and bring to the surgery for the surgery to display

LR asked if anyone looks at the newsletter and MH confirmed then paper copies always go from the waiting room and via the website stats show that it is viewed online

## Any Other Business

None

Meeting closed at 11:37

## Next meeting dates:

- Patient sub-group: to be confirmed
- Full PPG:

Action	Owner	Timescale
<u>High Field News Spring edition to be compiled.</u>	<u>GB</u>	<u>31/05/25</u>