

Patient Participation Group/29th April 2021 4pm-6pm Zoom meeting

Present: Sarah-Jayne Humphries – Practice Manager Members: LB.ST.AH.KS.TG..AD.CS.JS

Apologies: MB, MT, JS

<ul style="list-style-type: none"> • Introductions and welcome 	<p>MB not well. LB will send a card on our behalf MT had an operation and so unable to attend.</p>
<ul style="list-style-type: none"> • Minutes of last meeting • Collingham PPG 	<p>Taken as read LB has, again, had no response to an email that she sent to the Chair of Collingham PPG. We will pursue this no further.</p>
<p>Recurring subjects for further meeting</p> <ul style="list-style-type: none"> • surgery update 	<p>S-J would like to know what information from the surgery we would like on a recurring basis Please can everybody think about this and let us know before the next meeting so that S-J can be informed in good time. (LB has suggested that she informs us of any Govt directives that she can share with us, such as the idea that patients only have 5 minutes for a consultation.(Maybe a DR perspective would be good as well)</p> <p>The surgery continues to be incredibly busy. Some statistics 600-900 prescription requests every week (80-170 daily) initiated by patients.</p> <p>Face to face consultations (increased purposefully by the surgery)</p> <p>Jan -641 Feb-730 March-881</p> <p>That equates to a 14% increase Jan to Feb and a 21% increase Feb to March</p>

	<p>GP Appointments – Jan/ Feb increase of 8% and Feb/March increase of 17%</p> <p>Jan 2900</p> <p>Feb 3139</p> <p>March 3662</p> <p>For Nurse led appointments</p> <p>Jan 1078</p> <p>Feb 1110</p> <p>March 1360</p> <p>That's Jan to Feb a 3% increase and Feb to March 22% increase</p> <p>The reason why these figures have increased is unsure. There are new patients but this is offset by others leaving and so this doesn't explain the increase.</p> <p>There are problems with getting through to the surgery and booking appointments can be difficult and some patients, understandably, get frustrated about this and can take this out on the team. However, they do apologise when it is pointed out that it is beyond the staffs control because the telephone system is provided by the CCG and the surgery cannot alter it. This intolerance is also spilling into the vaccination programme with patients turning up at the wrong time for their appointment.</p> <p>Prescribing more than a month's supply of prescription drugs that are on a repeat is still being looked at but there are protocols to follow. Now that there are more pharmacist hours available they will be able to help with this.</p> <p>Vaccinations</p> <p>3393 patients have now received both vaccines</p> <p>One receptionist is retiring and recruiting a replacement is now in progress.</p> <p>The Clinical Coder is also retiring and this will also be recruited to.</p> <p>Dr Rivers has been successful in the salaried GP post recently advertised.</p>
<ul style="list-style-type: none"> • Vaccinations <p>Proof of vaccination cards</p>	<p>CS</p> <p>CS asked on behalf of a patient why vaccination cards weren't being given out.</p> <p>This card has caused unending problems. Our group of surgeries took the decision not to issue these because they are purely an appointment card. Due to the fact the card is purely an</p>

Second vaccinations	ST	<p>appointment card and because the surgery couldn't give a second vaccination date they didn't serve any purpose. Any vaccinations given are on the patient records which are accessed when you attend for the second vaccination. Patients have been asked not to request these cards but still do. It was pointed out that the card actually instructs patients to keep it in their wallet. This is not necessary and the cards themselves are open to abuse. They are not the passports that are being discussed for entry into premises.</p> <p>There was a problem caused at the start of the vaccination programme when a patient who had been sent for turned up for their vaccination with a partner. If there was sufficient vaccine at the time the partner was also vaccinated without an appointment showing on the system. This caused a problem when they turned up again at the same time as the original appointee because they didn't have an appointment and there was only enough vaccine for those with appointments This has all been sorted out now.</p> <p>Future cohorts 10, 11 and 12 will not be vaccinated at the Health centre but will go to the larger vaccination centres.</p> <p>Lessons will be learned by the practice from the whole Covid experience and some things used going forward. It may be possible for the PPG to do some fact finding from patients about their thoughts as long as it is positive and not just a way to complain.</p>
<ul style="list-style-type: none"> NAPP – Community platform 	<p>LB has had an email from the President of NAPP Dr Patricia Wilkie (not a medical Dr)</p> <p>As requested LB has emailed this and other information to S-J and all members.</p> <p>It is going to be necessary to access the Community platform to receive the E bulletins and general information even if we don't want to be more involved. Dr Wilkie and NAPP are lobbying Govt on behalf of patients and Drs' practices (e.g, the five minute appointment time, privatisation, the phone system.) and information about that will also be on the Community Platform site. Everybody needs to consider whether we should join and respond at the next meeting. S-J will look at information sent to her by LB.</p>	
AOB	None	
Next Meeting	<p>27/05/2021 4-6pm <u>Zoom meeting.</u></p>	