

## PLAS MEDDYG PATIENTS PARTICIPATION GROUP

### MEETING 27<sup>TH</sup> MARCH 2024

#### **Attended.**

Muriel Simmons(MS) Suzanne Walsh (SW) Julie Laing(JL) Mark Burgess(MB) Pam Garofalo(PF) Ann Watson(AW)Eunice Kirby (EK) Jeffrey Baker(JB)Mick Downs(MD)James Green(JG)

**Apologies:** - Sandra Gilliard, Mike Tindall.

**Welcome:-** The group welcomed new member Julie Laing.

#### **Minutes:-**

Previously circulated and accepted with one amendment made by MB. Reference to new telephone system being installed to be deleted as installed some months ago.

MS thanked EK for taking the detailed notes for the minutes.

#### **Matters Arising:-**

JB sought clarification on the flexibility of patients being able to discuss more than one issue with the doctor if scheduled appointment time allowed. MB confirmed that the partners wished to keep the present arrangement of one issue per appointment.

MB explained that MYChart was an app used for a number of hospitals allowing patients of those hospitals to access information about their health and care.

#### **Surgery Update:-**

Dr.Soremi who had been covering Dr.Jetha's maternity leave handed in his notice but fortunately Dr. Odinaka Nwodo, recently qualified, was able to join which meant no gap in service.

The Second Care Co-ordinator who was due to be in place had suffered an accident and been unable to join the staff. The post was now being re-advertised.

The two GP trainees had been placed on a pilot 'blended learning' scheme which had resulted in them only being at the surgery three days a week instead of five. This had reduced the number of routine appointments available. Investigations are under way to see how the number of appointments can be restored.

Emails to a further 25 patients who fit the criteria for the RA focus group had been sent out inviting them to join.

Information was provided on the Friends and Family Test responses for October 23 – February 24. It was noted that the numbers of Excellent, Very Good and Good had dropped whilst the number of poor had risen. MB stated that he was not in a position to report back on the main issues and actions taken to improve anything if possible but hoped to do this for the May meeting,

From the beginning of December new patients have been able to register on-line with the surgery if they live in the catchment area thereby reducing reception and admin time. 149

patients have been registered in this way. Most of the age range of new patients were in the 27 to 34 age group with 'moving house' as the most popular reason for moving GP, followed by 'didn't like previous GP' at 10.49%. SW asked if there was any flexibility in the catchment area? MB stated that if a patient already registered with the surgery was moving to an area very close to the catchment area it was unlikely that they would be expected to seek a new GP. Total number of registered patients is now 7190.

## **Patients issues**

Routine appointments were discussed and several anecdotal complaints about the system were relayed.

JB asked if the system allowed for data to be collected on the number of patients ringing but not able to obtain an appointment and if this was not possible could reception physically record the numbers. MB stated that the system did not allow this and it would be difficult for busy reception staff to gather the information. Considerable concern about the system were expressed.

MB reported that the duty doctor had 40 plus patient a day to deal with and Salaried doctors 35 plus. He acknowledged that patients unable to obtain an appointment on the routine system might well ask for an urgent appointment. It was hoped that there might be the possibility of engaging an advance Nurse Practitioner which might relieve the pressure on the appointments.

MB confirmed that he doesn't receive monthly stats from A&E of patients who go there. It would not be possible to state how many of these were because the patient was unable to get a surgery appointment.

In answer to a question MB confirmed that 'no shows' was not currently an issue. It was agreed that stats would be helpful if these could be routinely produced for future PPG meeting.

A question was raised on whether the surgery did home visits. MB stated that they try not to and instead refer them to the Rapid Response Nursing team. MS stated that this had happened when her husband had required a home visit and the Rapid Response Team had been excellent, continuing to visit and monitor daily for three days.

MB was asked if Shingles vaccine was available for patients and if the age criteria could be made less confusing. MB confirmed that the vaccine was available. There was an age stated on the advertisements but if a patient was visiting the nurse and it was felt appropriate the vaccine would be given then.

PG outlined problems obtaining routine blood tests. MB stated that forms are available at reception, and it would be the patient's responsibility to collect the forms for any routine tests. PG drew attention to patients being unaware of this. MB would look into this further and informed the meeting that the blood testing service on site is to be re-organised.

MB confirmed that the on-site ear syringing service which had been discontinued a few years ago is to have a new service rolled out. Surgery will publish details.

Discussion took place on the new Government initiative encouraging patients to use pharmacy services rather than visit Urgent Care/A&E. Questions were asked whether this allowed pharmacists to issue antibiotics or medication on the NHS. MB stated that generally this was not the case, and it was for over the counter medication to be issued and purchased by the patient, unless the pharmacist was a prescribing pharmacist. MS stated that Aspire

surgery in Sidcup was a prescribing pharmacist and she had visited it on a Sunday where she had talked with a customer who was told she needed antibiotics but unfortunately the lady could not afford the £30plus for the private prescription.

MB was asked why Plas Meddyg GPs no longer prescribed medication that can be bought over the counter when other GP surgeries still did. MB confirmed that Plas Meddyg followed health authority guidelines on what can be prescribed. He confirmed that the surgery did receive a payment for reducing prescriptions for products available over the counter.

**Focus Group: –**

SW reported that although the numbers attending were small the members of the group had all stated that they found it very helpful and wanted it to continue. One member in particular who had recently been diagnosed had found the advice from other members who had suffered with RA for many years invaluable.

In view of the success of the menopausal public meeting it was being considered whether a further focus group for this might be beneficial. JL said that she would be interested.

SW had tried to involve other PPGS in our PCN but had not had any response, however she would continue to try.

**Any Other Business.**

MS asked if JG would be prepared to help with transferring the newsletter onto Canva. JG agreed and would investigate the system and advise accordingly. He would also investigate the possibility that a free licence was available to doctors. MS said that she understood Canva was free to charities and voluntary groups. JG would confirm this.

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