

## **Minutes of Patient Participation Group Meeting Monday 25<sup>th</sup> April @ 1pm**

**Present:** HC, HW, 4 PPG Members

### **Introduction**

HC welcomed everyone to the meeting. This is our first face-to-face meeting back since the start of Covid.

#### **1. Spring Covid Booster Programme**

HC advised that the spring booster programme is for all patients aged 75 and over, and immunosuppressed patients which we will be running again from Beighton Health Centre. P1 queried when the category for over 75's that are immunosuppressed will be called. HC advised this is a much smaller cohort than the whole practice population, over 75's and immunosuppressed patients will be called at the same time when they are due. HC explained the vaccine needs to be given at least 3-6 months after their last dose.

HC advised that we did have clinics planned for the 12<sup>th</sup> and 13<sup>th</sup> May however due to supply issues, we have had to cancel these clinics as the number of vaccines we ordered to cover the number of patients requiring vaccinations have not been delivered. This is a national issue. HC advised if patients do not want to wait to have at Beighton Health Centre (as we cannot put a time scale on this) they can call 119 to find availability locally or attend a Grab a Jab site. HC has noticed these Grab a Jab sites in locally shopping centres, including Crystal Peaks and Meadowhall. HC advised that these sites have been delivered more vaccines than us however there is still a shortage.

HC advised we are prioritising housebound and care home patients with the delivery of vaccines we have received as per guidelines. These are due to start tomorrow.

P3 queried if the vaccine they will receive is Pfizer or Moderna. HC advised in terms of Beighton Health Centre, we have been delivered both Pfizer and Moderna therefore upon attending for the vaccine, the patient will be given whichever vaccine is in stock. HC advised if they would prefer Pfizer they can specify this upon attending, but it cannot be guaranteed. P3 asked if this was the case for Grab a Jab sites etc. HC unfortunately unable to confirm which vaccines these sites have, however advised that she would expect the same rule applies; that if a vial of one brand is open, that will need to be used prior to a different vial being opened.

All members commented that they would prefer the Pfizer vaccination.

P1 queried whether patients who are immunosuppressed and have received a letter advising they may be eligible for treatment should they test positive for Covid, can seek a free supply of LFT's. Unfortunately, HC unaware of how to claim free LFT

tests or in fact if this is an option. HC advised in this case patients would be best contacting 119. HC unaware if there is an exemption for this.

## **2. Andrew Sampson – Clinical Pharmacist**

HC advised Andrew Sampson, our New Clinical Pharmacist, joining the team. Andrew will be undertaking all medication reviews which should increase capacity of doctor appointment availability. Andrew works everyday apart from Thursday. HC advised patients can still choose to have a medication review with a GP however these will be predominantly booked with Andrew.

P1 mentioned she had had an issue with a previous pharmacist upon undertaking a medication review. HC advised that at the end of every morning/afternoon session, Andrew has a debrief with one of the GP's where he runs through any clinical queries, all work he has undertaken etc. All members agreed this was a good idea and felt confident with this process.

HC advised that Andrew will also be dealing with medication queries. P1 asked if a medication query came through via Patient Triage would he deal with this. HC explained the process of Patient Triage; upon receipt, the request is either dealt with by our reception team for example, if it is a repeat prescription request or forwarded on to the most appropriate person. In most cases these queries are sent onto the GP-on-Call to be dealt with or for the GP to give advice then the reception team can update the patient using their preferred contact method as advised in the original Patient Triage request. If there is a medication query, this could be sent to Andrew if appropriate.

P1 and P2 have both used the Patient Triage system and have not had any issues. P1 had previously highlighted to HC when we first started using Patient Triage, a response was sent to her twice. This was a teething problem but has since not had any issues.

HC explained that we try to accommodate all patients, therefore increasing ways patients can communicate with the practice.

## **3. Laura Allison – TNA**

HC advised that Laura Allison, who patients will probably recognise as being on reception, is now a Trainee Nursing Associate. This means she will no longer be on reception, she will be down in the nursing wing, seeing patients and training with HS. The TNA role is similar to an HCA however can offer long term condition management. Her training programme lasts for 2 years. This should free up time for our Practice Nurses who can spend more time on more complex cases. Laura will also be on placements, so when attending the surgery, patients may see new faces in the nursing wing who are training with us for a short period of time.

HC also advised that HW who is now our Office Administrator, progressing on from her apprenticeship with us, is now a trained Phlebotomist so she is also part of our nursing team.

#### **4. Patient Survey**

HC advised that we will be undertaking a patient survey on access over the next month. P1 asked how we would undertake this. HC advised we will have a questionnaire we will hand to patients upon attending the practice. HC advised this will be over a set period of time before results are collated. HC would like to also target patients who may have had a telephone consultation therefore hasn't been given the survey. HC is looking into sending the survey electronically to these patients to try and be inclusive of all patients. Once results are collated, we can discuss at our next meeting and have a look from a patient perspective what we can implement to improve any issues identified.

P4 advised that upon contacting the surgery via telephone, the message is extremely quiet and is difficult to hear. HC advised we have been in contact with our telephone provider on numerous occasions around this issue. We have been advised to re-record the message but unfortunately this has not helped. HC will re-log again with our provider and see if there is anything else we can do. **(HC emailed our telephone provider on 27 April 2022 to bring to their attention again).**

#### **5. AOB:**

P1 asked if an agenda can be emailed over to them prior to the next PPG meeting. HC explained she previously used to do this but found if items on the agenda were not of interest, it decreased engagement. However, HC happy to forward the agenda of the next meeting to PPG members.

**Next meeting: TBC**