

**PPG Meeting**  
**Monday 26<sup>th</sup> February 2024**

**Attendees:**

AP; EA; ME; VA; ST; HW; IS AH

**Apologies:**

CLC; ST

Introductions took place, welcome to our new PPG member AP.

**AH - Staff Updates**

We have 3 new GP Registrars that have started this month:

Dr Mohamed Eltaher – 12 months

Dr Nikita Bharath - 6 months

Dr Komal Ahmed – 6 months

We have a new Reception Supervisor – Jo Long.

Katie Black (Practice Nurse) is back from maternity leave.

Paige Storke (Practice Secretary) will be going on maternity leave in July.

**IS - Emergency Surgery**

This is the busiest winter we have experienced in 7/8 years. This means that the Practice has seen a lot of minor illnesses in Emergency Surgery (ES).

Since we came out of Covid patients often come to ES who are do not have an emergency that needs to be dealt with on the day and attend for more routine problems. This makes it difficult for the GP to cope with the volume of patients to be seen. We have got to the point where this has become unmanageable. We thought we need to change it slightly so therefore we have started by doing a little bit of triage during ES. This means when attending the patient will complete a slip asking:

1. What are your symptoms
2. How long have you had them
3. What do you want the outcome to be

The 3 answers to these questions are conveyed on the appointment ledger. The experienced GP will look at these and see if anyone is inappropriate (is not an emergency). The GP suggests that they might be better seen by another service and reception inform the patient of the GPs note. In terms of other services we have the diagnostic hub physio who can refer for scans and liaise with GP if need pain relief.

Pharmacy team – Medication queries can be dealt with by our in house pharmacy team.  
Acute eye conditions can now see by optometrists. This is via the community optician. If they see you have an eye emergency they will send to hospital.  
Healthy Minds – anxiety, mood disturbance. A patient might see a clinical psychologist who can refer for self-help for example and Healthy Minds can also issue sick notes.

There are specialities developing which will help in taking the workload from us so that we can concentrate on seeing patients who need to see us.

HW - How many available on the day?

IS - If the triaging clinician sees the symptoms as urgent, the patient may be seen by IS. If not urgent then will not usually be seen on the day

HW - Can an appointment be rescheduled?

IS – We can arrange a pharmacist appointment on the day if needed. Physio and Healthy Minds are both scheduled appointments.

The ES is not there to get rid of patients but to filter out and free up the clinician's time to see patients who need to be seen here.

The government has an agenda to bring total triage to GP Practices. This means that when you ring up to see a GP an e-consult (form) needs to be completed on the website. It is triaged by a senior GP. It does have its pros and its cons, but this would stop the ES as we know it. The partners have rejected the idea of total triage; however the point is to bring this to a meeting like this with patient involvement to see how you would like Emergency Surgery to be shaped or reshaped. This is a good time to ask for any thoughts of how we could do better, or how it could be changed or whether you think we should go to total triage.

IS - Does anyone want to support a total triage service?

The PPG gave a unanimous no.

AH asked for any questions:

EA - Ear wax and verrucae are not for ES. Are they sent away?

IS - They will have to book a routine appt with a clinician.

Just to note, Reception do not make any clinical decisions, this is always done by a GP.

IS - This is a sensible start by a little bit of triage and in the last few weeks I have reassigned one or two patients a week which stacks up over a period of time.

HW - Sounds sensible.

VA - Are the pharmacists based here?

IS - They work from both Guiseley and Menston.

ME – My husband refused to fill a form in.

IS – The e-consults are an opportunity for patients to go on our website to complete a form advising of symptoms and asking questions. A clinician will either text or ask the patient to come

in. Photos can also be attached to an e-consult. Information links can be sent to patients regarding certain illnesses and medications etc.

The e-consult form is usually dealt with same day, but patients are advised 72 hours.

Link for the website

<https://www.menstonguiseleypractice.co.uk/>

Link for the e-consult

<https://florey accurx.com/p/B86052>

It is difficult to recruit GPs; Last year we advertised for a salaried GP, 1 applicant came to look around. We offered the job to the applicant, but they did not take it and accepted a position at another Practice for other reasons. There is a shortage of GPs and feedback at the end of GP Registrar training sessions is that the GP Registrars move abroad or decide to do locum work. Many of our Registrars come back and locum at the Practice. We have to prepare a success plan who will take over this Practice in later years.

HW - We should pay for medical training and then they sign up to work in the NHS and not anywhere else.

VA - How many days do GPs work?

IS 4 and 5 days alternate weeks

RAK 3 days per week

VB 3 and 4 days alternate weeks

JNE a day and a half per week

CZ – one day a week – former Registrar

SM – Former Registrar and now regular locum

VA – What are the Doctors' specialities?

RAK – Diabetic Clinic

IS – Coils and contraception

VB – Women's health – pessary change clinic.

Joints injections

VA - Approximate dates for the PPG:

We only had 3 meetings pre Covid. We are supposed to have one 4 a year by Law.

VA would like to be advised the month of the next and subsequent meetings.

AH proposes:

May

August

November

February 2025

VA – Why do the minutes take so long to be sent out even though they are taken in the meeting.?

AH – I make notes in the meeting which require tidying up. Tomorrow morning I return to my day job. Two weeks is an acceptable time, agreed by the majority of the PPG.

**AOB:**

EA - Any enquiries from the posters?

AH - Not yet but it is winter, maybe the summer warmer and lighter months will generate some interest.

EA to collect posters again, thank you.

☒ **AH to leave at Reception for collection (13/3/2024).**

ME - What is the criteria for home deliveries from the chemist?

AH - Up to the pharmacists discretion and a good will gesture and they are under no obligation to do this.

AP - Any GP specialise with Dementia?

IS - No we do not have a specialist, but we are in touch with the memory team.

ST - Can our pharmacy test for urine?

IS - You may have heard in the press that pharmacies are going to deal with minor ailments. They are attending a practice meeting soon to discuss this with us. They are not prepared to deal with minor illness, and I will be able to report more as to what the local chemists can do for you.

☐ **To bring back to the next meeting.**

IS - Postage costs have been on the rise. We are saving trees and the Practice will send more information via text message by a special software. A mobile phone is required.

AH – We are also starting to use email addresses more. This requires a verification by the patient.

☐ **AH to bring to the next meeting.**

VA has some handouts which AH will attach to the minutes of this meeting.

AH – The Spring Covid campaign will begin in April. We will let patients know more when we have information. This information will be sent via text messages, be on the web site, Facebook, TV screen and anywhere else we can advertise!

**Date of next meeting:**

Monday 20<sup>th</sup> May 2024 - 6.30 – 7.30pm