**HIGHLANDS SURGERY PRG**

**Minutes of the meeting held on 27th February 2024**

**PRESENT** Dr Shaw, Carrie Reid, (**Practice Support Manager)**, Pat Holden (Chair), KB SC VC GC VCr JdT LE RE DG MG PHa WH AJ VJ EM MP AR LS JS PS MS DT MW BW SW

**APOLOGIES** Katie Baker, JB FG PG JJS ML-B RL-B SM

**PH** welcomed all to the meeting and remarked how pleasing it was to see so many attending.

**MATTERS ARISING**

A member referred back to the information in the minutes about criteria regarding pharmacists treating patients. They had been refused treatment for a UTI as were over 65. **Dr Shaw** said that in normal circumstances treatment should happen, but possibly if it was not a straight forward UTI and there had been previous treatment, the pharmacist may have wanted it referred to a doctor. He explained they would only treat women with UTIs as it was important not to miss prostrate problems in older men.

**EXTENDED PHARMACY SERVICES** – **treatments available listed** at the end of the minutes.

**COMPLIMENTS**

**PH** said she had heard from members how good reception staff were. On two occasions recently a member had a long wait in the phone queue but, when they finally got through, found the receptionists extremely kind and helpful to the point of ringing back with a response from the doctor; they are a credit to the surgery. **CR** advised there was a laminate compliment board and any compliments are put up there. She said reception was a very pressured job, and that daily negative comments were received. It could be, she said for example, someone rings because they are awaiting a hospital appointment, reception staff are unable to help with this but the frustrated patient takes it out on them, being the first person they contact. She advised that staff are all trained on how to cope with this. She explained staff may ask a few questions when a patient calls in, but this is purely so they are able to triage correctly, and allocate them to the right person for their specific needs.

**Dr Shaw** advised that patients can Google Highlands Surgery Ratings and Reviews and Google will give the surgery a star rating for reviews received. He said that often people use it for negative reviews and it would be good to also have more positive ones put on.
(Katie has since suggested with regards to reviews that, if people would like to leave feedback (all good hopefully) NHS choices is the better platform as CQC review this and they don’t really use Google.)

**PNEUMONIA VACCINATIONS**

**PH** mentioned that when a member received the pneumonia vaccine she was told it was for a lifetime, however information in the current leaflet, says that ‘protection begins to reduce after 5 years’. **Dr Shaw** advised that vulnerable patients with certain conditions would be given a booster after 5 years but for most people one vaccination is enough.

**SHINGLES VACCINATION**

**PH** said that she had heard that efficacy from the Zostervax vaccine could wane after 5 years.
**Dr Shaw** explained that they are now using the newer vaccine Shingrex, but that doctors are not being encouraged to re-vaccinate patients. From 1 September 2023 the shingles vaccine will be offered routinely to people turning 65 and 70. They remain eligible up to 79 years of age.

It was asked why other ages were not included; **Dr Shaw** said he didn’t know, possibly it was finance, but that the ruling does change year by year.

**Find your current eligibility for shingles vaccination here** [**https://www.getshinglesready.co.uk/**](https://www.getshinglesready.co.uk/)

It was asked how important it was to have the vaccination, if eligible. **Dr Shaw** responded that it can be quite a debilitating illness, symptoms can last a long time and his advice would be, if eligible it would be wise to have it. The surgery is actively calling those on the eligibility list. He said sometimes non eligible patients could be given the vaccine if there was a real health need, but these were fairly few. You can get shingles more than once, so it's important to get vaccinated even if you've had shingles before, if eligible..
It was asked could the surgery check whether you had received a vaccine or not. **CR** said if you emailed in, your records could be checked.

It was asked how far back records went. **Dr Shaw** advised that doctors’ computer records went back 15 years. Records *could* be tracked further back than this but it was possible there could be more gaps, or maybe information had not been documented in the same way.

**BLOOD TESTS**

**Dr Shaw** confirmed there were no phlebotomy clinics at the surgery. He explained nurses were needed for other tasks in high demand, such as wounds and ulcers. He said in exceptional cases, if a doctor saw a patient that they considered was quite unwell, blood could be taken. He said it was not a contractual requirement for the surgery. If a test was needed fast it would be marked Urgent. When asked how soon blood test results were available, he said that normally uncomplicated tests, for example like blood count would be back to the surgery by the next day; some more specialised results could take a bit longer.
Blood tests can be booked via <https://www.swiftqueue.co.uk/ippmain.php> with the soonest available venues highest in the list, but a member said that an earlier appointment could usually be made via the phone number on the test request form, which is **01702 746065**If a test is marked ‘Urgent’, try to go early to **the blood-testing clinic in Victoria Shopping Centre in Southend – find m**ore information at <https://www.mse.nhs.uk/blood-tests>

**BLOOD GROUPS**

It was asked how someone could find out their blood group. **Dr Shaw** said there were only 2 ways. 1) If you were fit, healthy and eligible, give blood, or 2) If you had surgery. He said also if a female patient was pregnant their blood type would be on the hospital set-up. He confirmed Highlands Surgery did not have a record of a patient’s blood group on their notes, as there was no real use in knowing this.

**PPG MINUTES**

It was asked whether all patients with an email address were receiving the minutes. **Dr Shaw** said he was unsure but would investigate and come back with the information at the next PPG meeting. A patient would have had to agree to receive this sort of email. New patients are asked.

**CR** said that the surgery was hoping that communication would happen through the website, and that the surgery wanted to encourage people to visit. Presently there is only a small amount of traffic, and it would be good to see this increase. She said there are many links on the website and all the information was there. It was asked how the website was being marketed and could it be put on the television in the waiting room. It was requested that members visit the site, and let **PH** know any thoughts regarding it; what was useful and whether other information could be added.

Addendum. Since the meeting, PH had a call from Dr Houston to say that he had used the vouchers we gave him on leaving to have a wonderful meal in London. He wanted to thank us all for the lovely occasion.

Next meeting **Tuesday 26th March, 12.30**

**at St Margaret’s Church Meeting Room, Lime Avenue/London Road SS9 3PA**
please use the northerly entrance, facing the Church

**New members always welcome.**

|  |  |
| --- | --- |
| **Extended Pharmacy Services** |  |
| **Clinical pathway** | **Age range** |
| Acute otitis media\* | 1 to 17 years |
| Impetigo | 1 year and over |
| Infected insect bites | 1 year and over |
| Shingles | 18 years and over |
| Sinusitis | 12 years and over |
| Sore throat | 5 years and over |
| Uncomplicated urinary tract infections | Women 16-64 years |