**HIGHLANDS SURGERY PRG**

**Minutes of the meeting held on 26th March 2024**

**PRESENT** Dr Shaw, Katie Baker, (**Practice Manager)**, Pat Holden (Chair KB JB VC PG DG MG PHa AJ VJ SJ ML-B RL-B AL EM MM MP DP AR LS JS PS MS DT MW SW

**APOLOGIES** GC SC VCr JdT WH SM

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

**MINUTES**

The minutes of the meeting were read and agreed by all present.

**NEW FUNDING CONTRACT**

**Dr Shaw** informed us that details of funding as part of the NHS contract had been released and GP surgeries had been allocated a 1.9% increase. He said this would make budgeting very difficult, and might mean cutbacks, with rising utility bills and money needed for staffing. He said the partners would consider this very carefully and try to make sure if cutbacks were needed they would be in areas that would affect the patient least. He said there are some basic services which contractually they don’t have to provide, which possibly in the future they may not be able to provide.  
He said the level of funding had sparked a national outcry amongst GPs and a national referendum had been called for so that GPs could vote to accept or reject the offer; it was likely that strike action would be called for. He said a threat of strike action was needed as it would certainly send a mandate to the government. The referendum was due to close on 26th March. He said the contract was in place until a new government was elected but with that in the offing, it was a case of waiting to see what changes might happen. He informed us that GP surgeries receive less than 5% of available funding but see 95% of the population.

**KB** referred to the lack of available funding for staff and said there would be a need to streamline, and as digital devices were cheaper than a staff member it was becoming more and more necessary to use digital resources. She also advised us that pharmacies were going to receive the flu vaccine well in advance of GP Surgeries. Vaccine for this year had already been purchased, but next year there might be a need to stop flu vaccines at the surgery, as this year’s vaccinations had run at a loss.

**Dr Shaw** said it was possible in coming months they might have to look at augmenting things slightly. For example, it was probable that things like medication reviews and asthma reviews may come in questionnaire form as it is not always necessary to see the patient in person. He said questionnaires would be sent to a patient’s mobile if this was on their records. **KB** added that the questionnaires could also be found on eConsult, and reminded us that there is a need to push traffic through the website. **Dr Shaw** explained that if those who were computer literate used that system then those patients who were not, would still be able to ring and should be able to get through quicker. **KB** assured us all questionnaires are carefully reviewed and if any issue comes up a nurse will ring the patient concerned to talk the issue through, or refer them to a doctor if necessary. She also added there was a new SystmConnect which the surgery was looking at setting up. She said it might be possible to provide a guide for use, which would be able to signpost patients to the right place, by sending them a link.

**QUESTIONS**

**PH Chair** had received some questions from PPG members and patients and these were put to Dr Shaw and Katie.

**Q.**  If a patient takes a letter to Reception at the surgery a) from a patient or b) from a private hospital, will it be seen by a GP that day?

**A.**  No not necessarily. It depends to a degree what time of the day it is received, and what is in the letter. There is a member of staff who looks at letters received and directs them to the right person – this for example could be a pharmacist if the letter was about a certain medication, or to a doctor. All letters are turned around within 24 hours. Blood tests are looked at the same day they arrive.

**Q.** If a patient can’t get an on-the-day appointment, and consider they need to be seen fairly urgently, what advice does the receptionist give, do they suggest use 111?

**A.** The receptionist would always discuss this with the duty doctor, they would never say ring 111 as this is an out-of-hours service. If the duty doctor felt it should not wait they will see a patient however, if there are patients with greater clinical needs and the doctor felt the patient was safe to wait a day or so, this might be the possible outcome. If something was extremely urgent, a patient might be advised to visit A&E.  
It isn’t possible for a patient to see a doctor at the exact time they request, health does trump work and most employers understand if an appointment is necessary.

**Q.** If a GP writes a letter to A&E for a patient to take with them to A&E, what is the expected response from A&E?

**A.** Blood and other tests can be accessed faster by A&E than by the surgery, they are also able to perform tests that can’t be done at a surgery. For example, if someone has a bad chest infection, the doctor might feel they need to be put on a list to be seen on the Assessment Unit, so the patient would be sent with a letter to A&E. Being sent to A&E still means the patient will have to wait to be seen.

**Q.** Why is it no longer possible to send messages via SystmOnline? It was a useful and easy way of sending and receiving messages.

**A.** Unfortunately it was not being used correctly by all patients. It was being used to try to book appointments, or as a bounce back and it was not there for that purpose. It is currently being reviewed, because too many routes administratively become a nightmare. It might be able to be used with certain cohorts, for example the deaf, but with some queries eConsult is a better route. It was suggested it would be very helpful if a basic tutorial could be made on how to use things such as eConsult and maybe this could be uploaded to YouTube and the screen in the surgery waiting room.

**Q.** Are Covid Boosters available this year?

**A.** Yes these will be available for the over 75s and those within the high risk bracket from April 15th 2024, but we have to prioritise care homes and the housebound before we put on the clinics.

**Q.** Is there still a service that aims to keep people in their own homes instead of them being taken into hospital?

A, Yes there still is the Admission Avoidance Team. The Primary Care Network has a PCN Aligned Core Team (PACT) service for those with complex needs, and those acutely unwell. The hospital is also able to send someone out if further action is needed. The surgery has an Acute Visiting Service where an Enhanced Clinical Practitioner(ECP) can visit housebound patients and link up with social care if necessary, enabling patients to be cared for at home when it is clinically safe to do so. Mid and South Essex ICB also have an Urgent Community Response Team(UCRT) that will help patients stay at home when they are feeling unwell, rather than be transferred to hospital.

**Q**. Can you choose who you want to be referred to?

**A.** Yes and no. Yes, you can be referred to who you want to see, but there are occasions where it is not possible to see the consultant you want. If they are not on the Choose and Book system, then you cannot be referred. Sometimes, if the waiting times are above a certain time, you may be offered to be seen at a hospital with a shorter waiting list. You can request to be seen at a London Hospital, but often there is as long a wait. Some hospitals such as Great Ormond Street, Papworth, Royal Brompton, require a referral from a consultant.

**Q.** When a member called the surgery, why were they told the phone was busy and to call back later?

**A.** This will only happen when there are 60 calls waiting.

The next meeting will be held at

**St Margaret’s Church Hall Lime Avenue SS9 3PA** on

**Tues 30rd April 2024.**