**HIGHLANDS SURGERY PPG MEETING**

**APRIL 2025**

**PH (Chair)** welcomed all to the meeting and said how nice it was to see people. She also warmly welcomed two ladies visiting us from the PCN, Shanie and Freya.

**TELEPHONE**

A member mentioned there seemed to be a big queue on the telephone line, having been in 49th position. **Dr Shaw** said the surgery was looking at what could be done about it, and were looking at how to better triaging, probably using a digital means to help out.

He explained there is a company called Anima who does document processing, they are a newer company and their triage model would suit Highlands Surgery better and it would be easy to streamline. He said the Surgery wanted to use phone calls less and a digital platform more for minor problems. They had found eConsult a bit lengthy and repetitive and felt Anima would be better. It is likely Anima will be set up within the next month, until then, System Connect will be working. They do anticipate possible teething problems in the first few months of the new system but this will affect the Surgery far more than it will patients.

Several people had experienced problems, typically not being able to get an appointment for example for a week’s time, only being offered one on the day. **KB** said there were four new receptionists and she would make sure they were up to date on all the protocol.

**STAFFING**

We were informed Dr Boyce would be leaving to do work at Fair Havens Hospice; she is already working there but wants to be able to spend more time in the job.

**Dr Shaw** said they had quite a lot of applicants, so should hopefully be able to employ somebody. He said candidates came to interview and they looked at who would be the best fit. He explained not just doctors sat on the interview panel, but other members of staff as well, who were able to look from a different angle.

The surgery now has a male receptionist, Jurgen; he is ex-army and also has worked in the police working with offenders, so he has a lot of personal skills to bring to the job. Another new receptionist had also started. There is also potentially a new Manager of Operations.She is currently working at a dental practice, but is due to leave and start at the Surgery on the 21st July.

The Surgery had also appointed a digital and transformational lead who will be dealing with outreach programmes, bringing back health events etc. She has worked in the PCN before and will be working with Freya. The Surgery has no digital presence at present, so she would be looking at things like a Facebook page - Victoria and Freya would be able to introduce some of these things.

A question was asked as to how many staff were employed at the practice. We were told there were thirty five staff but obviously they were not all there at the same time.

**COVID CLINICS**

**KB** said information about Covid clinics would be put on the website. She would also let **PH** know, so that she could inform us. She explained they can't put clinics on the website until they get a supply a vaccine. They don't know in advance what vaccine they will get. It was suggested it might be helpful if something was put on the television screen in the waiting room.

**SOCIAL PRESCRIBERS.**

**Shanie** introduced **Freya** and herself**.** She explained that the job was not a clinical role; she was a link worker able to link patients to things in the community. She explained you only get 10 minutes with the doctor and sometimes you might need more, she is able to make people aware of services that they might need. She can provide information about local clubs people might like to go to, assist in filling in forms that people find difficult, she was there to help carers and a host of other things. One of the members said how invaluable their help had been to a friend. Shanie also wanted to put on events to bring patients together. She would like to come to one of our meetings and do a presentation about what her job involves. We all agreed this was a good idea.

If you wanted to contact her, you can ring the surgery and book an appointment, or you can use a self referral form that can be found on the website. The surgery will be putting more about social prescribers on the website and also on the television in reception; she explained they also need to educate some of the staff, so they too fully understand this role.

**Dr Shaw** explained the PCN have a budget list of staff that can be employed by the Surgery. They then look to see who they want, according to their needs. The Surgery currently has some money to spend and are thinking about what they most need. They are looking at digital platforms and the NHS App and are hoping to make some positive changes. **Dr Shaw** explained there are now more resources because there are only 2 practices in the PCN so it is much easier to work together.

Digital workers will be looking at things like the newsletter as the Surgery are hoping to provide a newsletter again.

They were also looking at how to utilise the screens in reception - at present, each slide lasts 3 minutes, so a patient would need to be there for 6 hours to see them all!

It was suggested that the clinicians could introduce themselves on the TV and tell us what they do.

A question was asked, did the doctors have any specialities? **Dr Shaw** said yes most do. He said Reception staff were aware of these. It was suggested, it would be helpful if these could be put on the website.

A question was also asked about prostate cancer and the current procedure. **Dr Shaw** said currently they ask men to have a PSA (Prostate Specific Antigen) test first and depending on the results this might lead to an examination or referral. It was agreed that it is really important that men particularly those over 50 do get tested, and are not reticent about asking for this. There are national campaigns to encourage men to book a test