



Crossley Street Surgery
Patient Participation Group
Minutes of Meeting held at the Surgery
on 15 February 2024

Present: LB, AH, ST, TG, KS, MT, AD, Eliza Venizelou (Date Quality Manager) attending for S-J Martin (Practice Manager) Apologies: JD, PG, S-J Martin

Guest: Anita Downie (Reception Manager)

| | |
|---------------------------|---|
| 1. Welcome and Apologies | LB welcomed members of the Group, Eliza Venizelou and Anita Downie and gave Apologies on behalf of those unable to attend. |
| 2. Pharmacy First Service | <p>Anita Downie briefed the group about this new service launched by the government and NHS England on 31 January. From this date, pharmacies across England are able to consult and prescribe for seven common health conditions. These are: Sinusitis; Sore Throats; Earache; Infected Insect Bites; Impetigo; Shingles; and uncomplicated Urinary Tract Infections. Pharmacists are now fully trained and qualified to prescribe antibiotics, antibiotic creams and nasal sprays should they be necessary.</p> <p>When a patient completes an AccuRx form indicating symptoms of one of these conditions, the Triaging GP will review the form and make a clinical decision as to whether the patient meets the criteria to be referred to a pharmacy. The surgery will contact the patient informing them they are being referred to a pharmacy of their choice (for Crossley Street patients this at the moment means either Day Lewis or Boots). The pharmacy will then be forwarded the patient's AccuRx form and will make contact with the patient to arrange a time for a consultation,</p> <p>Following the visit, pharmacies will inform the practice of the patient consultation (and of any prescribed medication) in order that the patient's medical record can include this information. The pharmacist will also make the GP aware if any further action is needed.</p> <p>Day Lewis Pharmacy have 'capped' these referrals to two patients in the morning and two in the afternoon while Boots have no 'cap' on numbers.</p> <p>Although this system has only just started, it seems that referrals and the updating of patients' medical records is working seamlessly,</p> <p>The group thanked Anita for attending the meeting and for explaining the system. Members expressed their</p> |

| | |
|-------------------------------------|---|
| | gratitude to staff who had put the service into practice in a short space of time. |
| 3. Approval of Minutes | The Minutes from the Group's January meeting were approved. |
| 4. Matters Arising from the Minutes | <p>Before leaving the meeting, Anita was asked if patients were finding the surgery's iPad useful in order to complete the AccuRx form (this is sited beside the BP pod for patients' use). She was able to tell members that it is well used and that Reception staff are on hand to offer assistance.</p> <p>Car Parking: The signs have been received from the car parking company and are now displayed. They are however proving to be confusing for patients with regard to wording that says a permit is needed to park in the car park. This is not the case. S-J has raised this with the company and is waiting on a response but it is not something the Practice can influence greatly due to licensing laws requiring a specific wording to be displayed. There are, however, clear signs within the surgery that indicate where patients can park (and where they should not) and this information is also on the Practice website and on FB.</p> <p>For clarification, the company dealing with parking is NPC and not NCP. This is on the signs.</p> <p>Comfort Message: The new call-back system is now operational and will mean that patients will hear fewer repetitions of the message.</p> <p>The Reception team is now undertaking training in order to assist the triaging GP with the administration function of the AccuRx triage. This training will remain in place until all staff members are fully competent.</p> <p>'Capping' of AccuRx forms. This is currently on hold as levels are manageable. A message will be sent out to patients via the usual ways if, following (say) a Bank Holiday, the number of forms being submitted increases.</p> <p>Rural patients and mobile phones: A member of the surgery staff was made aware of the problem, has made contact with the patient and has spoken to them.</p> |
| 5. Surgery Update | <p>Staffing: One GP will be leaving the Practice in April and the post has been advertised with interviews being held at the end of February. One of the Admin Team will be leaving at the end of February. This post has also been advertised and interviews will be held shortly.</p> <p>Dr Thompson will commence joint injection clinics in April. These clinics will be in addition to those carried out by Dr Rickwood and Dr Salisbury.</p> <p>Richard Laybourn (Surgery Pharmacist) will attend the Group's March meeting. LB asked that members provide questions for him prior to the meeting and agreed to forward members a list of questions already compiled in order to avoid 'doubling up'.</p> <p>Appointments in January: A total of 5,304 GP and Nurse appointments were made. 1,343 were Nurse/HCA appointments, 2,227 were face to face, 575 were telephone appointments, 947 were triage appointments and 212 were home visits. The number of appointments where a patient did not attend was 91. Of these, 43 were with a GP,</p> |

| | |
|-----------------------------------|---|
| | <p>20 with a Nurse and 32 with an HCA and represent a total of 20 hours. LB thanked Eliza for attending the meeting and for giving the Surgery Update.</p> |
| 6. Noticeboard | <p>It was confirmed that the next topic would be 'The Journey of the AccuRx Form.' TG agreed to have a go at designing this. LB added that, following a design, other members might help with printing etc.</p> |
| 7. Newsletter | <p>LB already has some ideas for the content but would welcome members suggesting some more. This is scheduled for Spring.</p> <p>ST raised a question about assessing the number of patients reading the Newsletter online and in printed form. A discussion followed about the easiest/best way to reach patients. It was suggested that fewer printed copies might be printed but that it was not easy for patients to find the PPG Group/Newsletter on the Practice website. Other ways to promote the Newsletter were suggested.</p> |
| 8. ICB Report on GP views of PPGs | <p>Following a survey of 92 practices in the Leeds area by the ICB (Integrated Care Board), LB told the group that 60 different practices were represented in the results recently published with both positive and negative results. The detail of these responses was discussed. with topics covering the type of meetings held by PPGs and how useful practices felt their PPG was (if they had one). There had been mixed responses across the city to some of the questions asked but members were pleased to know of Crossley Street Surgery's positive responses and felt the practice valued the contribution made by its PPG.</p> <p>As a means of representing the town's demographic, the Group discussed ways of encouraging new members.</p> |
| 9. AOB | <p>TG raised the subject of the 'Friends and Family' messages sent to patients in order to measure patient satisfaction following an appointment and asked whether patients could opt out of receiving them.</p> |
| 10, Date of Next Meeting | <p>4 p.m. Thursday 21 March 2024.</p> |