**HIGHLANDS SURGERY PPG**

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

**Please note the change of date of the next meeting, at end of the minutes**

**PRESENT** Dr Shaw, Katie Baker, (**Practice Manager)**, Pat Holden (Chair), JdT JD AJ EM MP AR LSa LS JS DT

**APOLOGIES** JB SC YC VC PG PHa JJS VJ DP PS MS SW

**PH (CHAIR)** welcomed all to the meeting, a warm welcome was extended to two new members with us for the first time.

**MINUTES**

Last month’s minutes were read and agreed by all.

**DIGITAL SYSTEMS INCLUDING EDATT**

**KB** said there was no update at present as the surgery were waiting for EDATT to be approved. She added they were hoping to set up a page on SystmOnline explaining it with visualisations, this would be an overview page containing important information.

**QUESTIONNAIRES**

A question was asked as to who generated these Qs. KB responded that Dr Ozturk created many of them. She said they were currently looking at the wording of some questionnaires, and explained that some already existed whilst others were produced new, this meant that with some it was possible to modify wording and with others it was not. She explained they would hopefully be using the check in screen to ask questions, such as patient’s weight. Dr Shaw said it was important to know this to determine appropriate medication dosage, and would also provide information for certain cohorts. It is helpful if a patient knows their weight in kgs.

**STAFFING**

**KB** informed us that a new ECP (Emergency Care Practitioner) had started that day as a member of the PCN staff. She said the practice was also going to have some Occupational Therapy students joining them; these were students still at university, but out on placement. They would be affiliated to the PACT (PCN- Aligned Care Team), this team aims to proactively identify and support people living with frailty and complex needs to live at home safely. The team has direct links with Southend Hospital, and patients are often discharged into their care. If these people need more acute help, it may be provided by the **Urgent Community Response Team** (UCRT)

**FRIENDS and FAMILY TEST**

**KB** informed us that anyone can be sent a text after their appointment. These responses will now be recorded, as requested by the ICB, so it would be possible to look at a report at the end of the month. She said there would be a page on the website with the results, hopefully starting soon. Patients would also be sent a survey if they had a telephone call lasting over 5 minutes.

**SURGERY BLOOD PRESSURE MACHINE**

It was asked if the BP machine was automatically linked to a patient’s records.

The response was ‘No’. The patient would need to hand their reading in at Reception. **KB** said there are many places now that you can get a BP check. Pharmacies will send the reading to the Practice. **Dr Shaw** said a reading of 140/90 or above, meant a patient had hypertension and would need to be seen by a clinician. He also said patients could be given a monitor for 24 hours to record their blood pressure during that time. He said both BP numbers are important.

**SATURDAY MORNING DR’S CLINIC**

From September, the surgery are going to take back the contract for running these ‘Extended Hours Access’ appointments. There have been a few problems since its set up and it was agreed it would be easier to run in house; appointments will be back at the main surgery. There will be some changes, with an HCA also being there, and there is still on-going discussion as to what else may be offered, a possibility being something like a phlebotomy clinic.

**DNAs** (Did Not Attend)

These are now being dealt with by Amelia. A patient who DNAs will receive a phone call and letter asking for the reason. If a patient DNAs three times they will asked to leave the surgery. **KB** said it was particularly frustrating when a patient books an on-the-day appointment and then fails to turn up.

**PHARMACY APPOINTMENTS**

It was asked whether visiting a pharmacy for the illnesses they can treat, was working. **Dr Shaw** said there had been some initial teething problems; some had worked well, but others not so well. He said the ideal would be for this to work in a clinical system, where a GP could message a pharmacy, but this can’t be done at present.

**VACCINATIONS**

The practice had just found out that day, a new vaccine was coming out for RSV (Respiratory Syncytial Virus) a contagious virus which causes infections of the respiratory tract. This could be the reason that the flu vaccine has been held back. It will be launched from the 1st September 2024 and will be available for patients 75 -79 years, and for pregnant women from 28 weeks gestation. A question was asked as to why it wasn’t being given to people of 80 years and above, **Dr Shaw** said he didn’t have any information as to why, but perhaps it was not as effective in this age group. He said they would be proactively inviting in 75 – 79 year olds.

**KB** informed us that there are trials in process for a flu/Covid combined vaccine, but this was still in trial stage.

**A.O.B.**

A question was asked, was it possible to have an ECG at home?

**Dr Shaw** responded that is it not at present as a specific machine would be required. He said he would look into any possibilities.

A question was asked, if a patient passes away at home at night how can the GP be contacted? Does a death have to be certified within a time frame?

**Dr Shaw** said there is no longer the 28 day window there once was. He explained that if the patient was under a palliative care team, they would be able to certify the death, or a relative may have been given a number to call. 111 can be called but if they are really busy they may ask the caller to ring the surgery in the morning. If the surgery hears at 8.00am they will try to get a doctor there as soon as possible, but there may be some delay because of clinic duties. The protocol is that a doctor may issue a death certificate if they have seen the patient in their lifetime and during the current illness. All deaths are referred to be reviewed by an independent medical examiner. This isn’t yet a slick process and not yet fully digitalised.

If a PEACE (Proactive Enhanced Advance Care Plan) document is in place, the patient will have already chosen where they wish to be cared for at the end of their life.

**Tues 23rd July 2024 at 12.30**

**in St Margaret’s Church Meeting Room, Lime Avenue SS9 3PA**