### PPG Meeting

### December 6th 2023

### Alwoodley Medical Centre (AMC)

**Present (Patients):** Dr Stewart Manning (Dr SM), Richard Killington (RK), Shelley Ross (SR), Marilyn Ableson (MA), Susan Smith (SS), Philip Turnpenny (PT), Colin Sykes (CS), Louise Scott (LE), Barbara Robinson (BR)

## Present (Practice): Dr Raj Sathiyaseelan (Dr RS), Dr Jorge Allegria Valencia (Dr JAV), Sue Appleyard (SA), Luke Gawthrop-Pleasant (LGP), Vicky Amos (VA)

**Compiled by: SR**

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| **Item** | **Notes** | Action |
| **1.** | **Apologies**Brenda Metcalfe, Alex Sharp |  |
| **2.** | **Minutes Of Previous Meeting**The minutes of the September 13th 2023 meeting were approved. |  |
| **3.** | **Matters Arising****Reading Well on Prescription** MA advised that Reading Well leaflets for children were proving popular and two books about eating disorders had disappeared. She advised that she would be inviting Maddie form Moor Allerton Library to provide an update at the next meeting in March. **Befriending Service**CS asked if Dr SM had discussed this at a recent Integrated Care Board (ICB) meeting. Dr SM said that he had asked for it be put on the agenda for the next meeting. CS advised that MAECARE already offered this service and suggested that if the Practice would like to introduce this facility, then it should liaise with MAECARE. BR suggested that liaising with social prescribers would be beneficial, and information could be placed about different organisations on the Practice website. SA/VA said they would look into this. VA said that there were a number of walking groups in the area and would be happy to pass on details if required. Dr RS suggested it would be good to get a directory of all the different services on offer. Dr SM advised this would be discussed further at the next PPG meeting. **Action: CS will liaise with MAECARE and feedback at the next meeting.**  **Dr SM to provide an update from the ICB meeting at the next** **meeting.** **VA to feedback about social prescribing services****Patient Survey** SA produced a summary of the results from the recent Patient Survey and advised that the results were more than satisfactory. | **MA****CS, Dr SM, VA** |
| **4.** | **Appointments** SR raised the issue about making appointments in advance as she had been contacted by some patients who were unable to contact the surgery either by phone or on the various apps, because they were either travelling to work or taking children to school at 8am. Dr RS said that if they offered advance appointments there would be a six week waiting list. SR continued to explain that there was also an issue with making appointments for health reviews, with patients being contacted to make appointments and then not being able to do so because there were none available. Dr JV said that patients could use PATCHs to do this. He explained that a clinician would review the issue stated by the patient and they would then be contacted. MA explained that she had made several attempts by telephone to make an appointment for a health review and was unable to do so. She then used PATCHs but was advised after she had submitted the required information, that she would have to contact the surgery to make an appointment. She provided the email she had received from the practice in response to her enquiry which stated: “We are unable to make appointments via PATCHs.” Dr JV said this should not have happened and he would look into it. Dr RS said there were 80 appointments each day as well as an urgent telephone list for children, palliative care and elderly patients. He added that health check reviews are carried out by nurses and health care assistants and these appointments are pre-bookable. **Action: Dr JV to feedback at the next meeting about the message received by MA.**  | **Dr JV** |
| **5.** | **Test Results**RK advised that he had had a health review which involved blood tests. One of the results had been abnormal but he had not been advised about this and had only found out because he had asked for a printout of the results a week later. He was advised to make a routine appointment to discuss. Dr RS said that the patient’s GP or the duty GP reviewed test results and the patient should be contacted if necessary. Dr RS asked VA to find out why the admin team had not contacted RK.**Action: VA to look into this and report back at the next meeting.**  | **VA** |
| **6.** | **Repeat Prescriptions**RK asked why repeat prescriptions were prescribed for different lengths of time and that it would be easier, from a patient perspective, if all prescriptions were prescribed for the same length of time, such as three monthly. Dr JV said this was because they might need to be reviewed and a new medication would only be issued for a month to ensure that it was tolerated by the patient. RK advised that his wife had emailed the practice to ask if she could have her prescriptions issued on three-month basis but had not received a reply. Dr RS said they would look into why RK’s wife had not had a response. **Action: VA to provide an update at the next meeting.**  | **VA** |
| **7.** | **The Pharmacy Group, AMC** Dr SM said the service provided by The Pharmacy Group at AMC was appalling. Repeat prescriptions were taking an exceptionally long time. He advised that his wife had needed an urgent antibiotic and not received it immediately. Feedback about the pharmacy to the PPG was extremely negative. Dr JV explained that the new pharmacy had no connection with the Practice and patients needed to be aware of this. Dr SM asked Dr RS if he was happy for him to speak to the pharmacy about the issues and he confirmed that he was.**Action: Dr SM to feedback at the next meeting** | **Dr SM** |
| **5.** | **Lived Experience and Carers on the Delivery Oversight Group for the Community Mental Health Transformation Programme**The PPG welcomed BR who is a volunteer representative for Lived Experience and Carers on the Delivery Oversight Group for the Community Mental Health Transformation Programme across Leeds. She spoke of how she became involved with this programme with her husband after their son tried to take his own life in July 2022. She said she is keen to help improve mental health services for lived experience, carers and staff working in mental health teams. She advised that the Transformation Programme will impact all GP surgeries and medical practices. She is keen to promote mental health services more proactively. Dr RS said there was a mental health practitioner that the Practice could access. |  |
| **6.** | **Reception**CS advised that he had been in reception and had noticed that there had been a large number of people queuing into the AMC entrance. He asked if there was a better system of organising this. SA said they had reviewed it but had to take into consideration wheelchairs and mobility scooters. Dr SM asked why some of the seats in reception still had signs on them advising patients not to sit on them. SA advised this was because the labels could not be removed, and patients should therefore sit on them.  |  |
| **7.** | **Any Other Business**Dr RS advised that hospital referrals were taking 6-12 months, particularly for complex cases. Non-complex issues were being referred to the Yorkshire Clinic and private clinics. Primary mental health referrals were also taking an exceptionally long time and patients could be waiting years. He added that the capacity for social prescribers had been reduced. Dr SM asked if the Practice sought out research opportunities, for instance cancer patients.**Action: Dr RS and Dr JV said they would look into it and feedback at the next meeting.** SA is due to retire before Christmas. RK thanked her for all her assistance with patients.  | **Dr RS and Dr JV** |
| **8.** | **Date of Next Meeting** Wednesday March 6th 2024 |  |