PPG Meeting September 14th 2022 Alwoodley Medical Centre (AMC)

Present (Patients): Dr Stewart Manning (Dr SM), Richard Killington (RK), Shelley Ross (SR),

Alex Sharp (AS), Louise Scott (LS), Robert Stephenson (RS)

Present (Practice): Dr Martin Sutcliffe, (Dr MS), Sue Appleyard (SA)

Compiled by: SR

Item	Notes	Action
1	Apologies	
	Alison Dickinson, Jayne Tait, Brenda Metcalfe, Dr Raj	
2	The minutes of the March 2 nd 2022 meeting were approved	
3	Discussion Points from the March 2 nd Meeting	
	Communication to Patients	
	Since the last meeting, Dr MS had set up a facility on the AMC	
	website to allow patients to sign up for news about the practice	
	via email. He said that although patients had signed up for this	
	service, he did not know how many. SR asked whether the	
	practice could look into promoting this to ensure as many	
	patients as possible knew about this service. She suggested that a	
	text be sent to patients. Dr MS said he would look into this.	Dr MS
4	Appointments	
	SR asked when patients would be able to book appointments via	
	the Patient Access App. SA explained that patients are able to	
	book telephone consultations with GPs via the App and this had	
	been up and running for some time. She said that signs had been	
	placed in the waiting room to promote this. SR said she had not	
	seen these on a recent visit but was very pleased to hear that	
	patients were able to choose who they wanted to speak to. SA	
	explained that these appointments are released each morning at 8am.	
	Dr SM stated that the current system of only being allowed to	
	book an appointment on the day did not work for patients who	
	worked away from the area or who had commitments and could	
	not make a same day appointment. He said patients should be	
	able to book an appointment in advance. Dr MS agreed that the	
	current system was not ideal for patients but there would be no	
	changes.	
	SA advised that the practice will be introducing a call back system	
	in the next month so that patients will no longer have to wait for	
	their call to be answered. Instead, they can leave their contact	
	details and will receive a call back which will take into account	

their position in the queue. This was welcomed by all members of the PPG.

RK said that he thought the service provided by the practice was excellent.

RS asked whether patients can be referred to a consultant outside of Leeds if requested. Dr MS said this did take place. Dr SM asked whether a patient can be referred to a specific consultant and was advised by Dr MS that a patient can be referred to a speciality only. However, he added that some patients were quite forceful and were referred to a specific consultant.

Dr MS added that there was a very good GP to patient ratio at AMC and the practice was performing well.

5 GP Profiles

SR said that there seemed to be an influx of new GPs who had joined the practice but there was no information about them on the website. She requested that this be updated. Dr MS agreed and advised this would be taken forward as an action point.

Dr MS

6 Cancer Champion

Dr SM said more should be done for people with cancer and their relatives and that cancer outcomes will be the hidden cost of Covid. As chairman of the charity, Yorkshire Cancer Community, he and his network of professionals and carers seek patient experiences and their feedback. He said their aim was to reach communities that were not accessing free cancer screening such as mammograms, cervical smears and bowel testing kits. He explained that every week in West Yorkshire, 250 people are diagnosed with cancer and 115 people will lose their lives to it. The outcomes for people living in deprived communities, ethnic minorities and people living with mental health and physical disabilities were poor because they were not accessing screening programmes. He said that 40 years ago 24% of people diagnosed with cancer had a survival rate of 10 years but this has now been increased to 50%. If early treatment is given, 27 lives could be saved each day.

He said the appointment of cancer champions within the practice would help reach those who were not engaging with screening programmes and was something the PPG and the practice could work on together.

Dr MS suggested that it would be beneficial to establish what initiatives could be used to improve diagnosis and care of patients. He proposed that a buddying scheme and finding cancer champions in different communities would aid this.

SA suggested that information days could be held in the practice

SA suggested that information days could be held in the practice staffed by volunteers.

Dr MS said it would be good to know why screening was not being taken up by particular community groups but business intelligence at the NHS West Yorkshire Integrated Care Board (ICB) (formerly the Leeds Clinical Commissioning Group) would be able to assist with this. He explained that the ICB would be able to see where the misses in cancer diagnosis were and then work out which populations were being affected. He added that targeted work could then take place. He also said that social media had been extremely successful with Covid and he believed it could also be effective in this case.

The PPG welcomed Dr MS's suggestions and Dr SM said he would take this forward.

It was agreed that this would be discussed further at the next meeting.

Dr SM

7 AOB

PPG member Philip Turnpenny had contacted SR to ask her to extend his thanks to the practice for the efficient way they were handling the Covid vaccine booster programme.

RK asked what the practice's policy was regarding the wearing of masks by the medical team when they were seeing vulnerable patients. He reported that a patient who was extremely vulnerable to Covid had attended the practice for a routine blood test and was very upset to find the health assistant was not wearing a mask. After asking why, she was advised that staff no longer had to, but she did put one on. RK said that several months ago, (at a time of high transmission), the government had changed the mandatory need for clinical staff to wear masks when seeing patients, allowing them to decide whether to wear them or not. He concluded that AMC had chosen for staff to make their own decision but this change was not announced to patients on the web page or by email or text to patients. Dr MS said patients could ask the member of staff looking after them to wear a mask and they would be expected to do so.

Dr SM asked if patients records could be annotated to notify clinical staff of their vulnerability but was told it was not possible.

Dr MS added that the ultimate protection was to be vaccinated or have the booster.

RK felt that the position re masks and clinical staff should be communicated to patients.

Next Meeting

8

Wednesday December 7th