

Latham House Medical Practice Patient Reference Group

MINUTES OF MEETING

Meeting	LHMP PRG	Date	10 October 2024
		Time	10:30hrs
Location Zoom Meetings			
Present Jane Horn (JH) (Chair) Paul Crosbie (PC)(LHMP Practice Manager) Angie Phillips (AP) (LHMP representative) Liz Draper (LD)(prospective new member) Mike Kitching (MK) (Secretary) Julia Hawley (JHa)			

ITEM	DISCUSSION	ACTION
1.	Mental Health Friendly Places a) This Teams meeting was attended by four of our members.	
2.	Apologies and Welcome a) Apologies were received from Peter Roffey, Helen Cullinan (who is being made redundant by LOROS), Louise Finn, Nitisha Ganatra and Pip Alnatt. b) LD and members introduced themselves.	
3.	Council Update – Pip Alnatt a) Unfortunately, PA is recovering from a serious illness. b) However, he sent this update. <ul style="list-style-type: none"> a. Mike, my apologies also. I have been in hospital myself and frankly very lucky to be alive. b. Still catching up on life and trying to get back to normal. c. On the 10th I am fully engaged in interviews for a senior Director post at MBC. d. I can report that a variety of strategic health and care issues have figured in the individual CVs and discussion. e. For the proposed 2nd GP practise in Melton work is continuing with the ICB to achieve a viable arrangement. This is all about costs and practical issues. <ul style="list-style-type: none"> i. Q. What can PA share regarding the logic of each of the sites being considered and what the timescales are? A. f. I am not hearing major complaints about Latham House. There is continuing low level noise about general frustrations with the capacity and doctor availability but not so much now with the "appointment system". g. And of course, continued concerns about maternity provision and the state of Leicestershire Hospitals. h. At MBC I am concerned to develop a coherent approach to planning for the next pandemic when [not if it comes]. i. In terms of assistance on problems around social prescribing, healthy living and mental health issues we are really only at the beginning of that journey. <ul style="list-style-type: none"> i. We do what we can in a variety of small ways. funding mental health advice for the rural community (mostly farmers), promoting better use of allotments aimed at socialising for lonely the elderly and children. ii. Q. Farmers4U – Has Pip heard of them? A. <ul style="list-style-type: none"> 1. Was this an NFU initiative? JHa will investigate. 	JHa

	<ul style="list-style-type: none"> iii. This plays into health living and eating. iv. We actively support healthy living through activity and recently secured our local swimming and other facilities for the next 10 years. j. I hope that the arrangement for car parking has assisted Latham House and would like to hear how that is working. k. My apologies, again, for not joining you this week. Best wishes, Pip Allnatt, Leader MBC. 	
4.	<p>Practice Update – Paul Crosbie</p> <ul style="list-style-type: none"> a) Collective Collaborative Action <ul style="list-style-type: none"> a) GPs voted to work-to-rule in a ballot conducted by the British Medical Association (BMA) in August, with 98.3% of the 8,500 GPs who took part in favour of taking collective action. b) Following the ballot, the BMA recommended 10 protocols for surgeries to action, including limiting the number of patients seen by a doctor each day to 25 and being able to stop work when they are not contracted to do so. c) As an example of the extension of the service expected: d) LHMP are paid to deliver 75 appointments per 1000 patients. In reality we deliver 135 appointments per 1000, that's 60 appointments per 1000 patients that the contract is not paying for, which is putting Primary care and staff under unsustainable pressure. b) ARRS funding for new GP's <ul style="list-style-type: none"> a) A new Gov scheme was launched at the start of October offering funding to employ newly graduated GP's. The funding is currently only in place until March 2025, making it a six month offer. It will take any GP Practice up to four months to run a successful GP recruitment campaign, and then there will be a significant period of onboarding of any new clinical staff member. This time scale for financial support renders the gov offer untenable if funding isn't extended. We await more information. c) Calls to the Practice <ul style="list-style-type: none"> a) Following patient feedback, phones and access has been a key project area. Since we changed our working processes to enable all of our reception and sub reception team to be able to answer calls for the first peak hour of each working day, we have seen call wait times, during this period, drop significantly and we will be working to implement the same process to an additional daily peak call time frame. Latest figures demonstrated 78% of all calls received being answered. d) New Practice Website 	

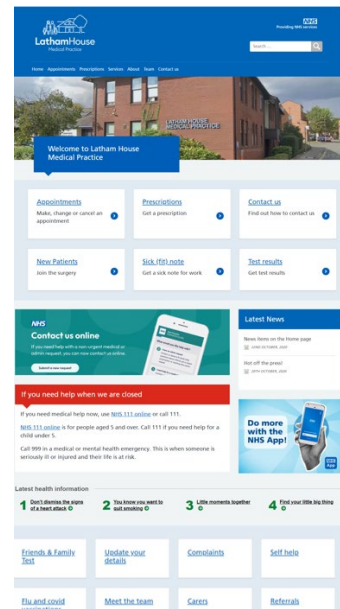
a) New Practice is now Live, and we are starting to iron out any issues or confusion a small number of patients have had navigating the site. Would welcome your feedback.

b) New Practice website address: www.lathamhouse.nhs.uk

c) **Why the Change?**

- All NHS websites are transitioning to the nhs.uk domain name to ensure clear recognition as part of the NHS family.
- This move ensures that our website is maintained in accordance with NHS corporate guidelines, guaranteeing patients reliable and trustworthy information.
- The new site will have improved search functionality and will be aligned to recommended NHS resources as a first port of call for information.

d) We will maintain the existing domain name for our website (www.lhmp.co.uk) so that we can automatically divert people to our new site. This will be in place for 1 year.



e) Role Changes in the Practice

a) Congratulations to Sarah Culpan who was appointed Head of Clinical Services, effective 1st August.

a. To ensure a smooth transition, Kerry Eaves, will support Sarah until the end of March 2025. Kerry will work closely with Sarah to facilitate a seamless handover of responsibilities. This continued presence will provide stability and support as Sarah transitions into her new role.

b. Congratulations Sarah on your new role and soon to be a congratulations to Kerry on a well-earned retirement in 2025.



f) New GP's

a) Dr Balraj Sarai – Salaried GP – (12 Aug)

I am originally from Leicester and studied medicine at St Bartholomew's in London qualifying in 2014. I then completed by GP training in Leicester in August 2021. I have a keen interest in Sports and Exercise Medicine, and I am due to start a postgraduate diploma later this year. Outside of work I enjoy road cycling and hiking.

Balraj

b) Dr Sophie Greca – Salaried GP – (12 Aug)

Originally from Vienna, Austria, I studied medicine there and after qualifying in 2012 moved to London for a master's degree in molecular medicine and Cancer Research. This led to me down the path of doing a PhD in the field of Placental Toxicology. Originally wanting to specialise in Obstetrics and Gynaecology, I decided to become a GP as I felt this was a more suitable career choice for myself. I trained in Nottingham and qualified in 2024, joining LHMP shortly after. I enjoy going to the gym, travelling to see family all over the world, spending time

outdoors, snowboarding and experimenting in the kitchen when I am not working!

Sophie

- c) Dr Sakshi Sadhu joined us as a salaried GP following very successful completion of qualifications.

I studied medicine in India and qualified in 2013. After couple of years in India as an SHO I moved to Abu Dhabi, UAE where I worked in areas of medical marketing, hospital administration in addition to clinical work for a period of 5 years. I applied for GP training thereafter and divided straight into it! Lucky for me, my base surgery happened to be LHMP! After 3 years of a beautiful journey, I'm glad to be a salaried GP to a place I called my second home :)

I'm passionate about medical education and lifestyle medicine. Outside of work I enjoy travel, photography, and home decor!

Sakshi

- d) Dr Marshall Shoshore

Originally from Zimbabwe, I studied undergrad medicine at the University of Zimbabwe, College of Health Sciences and qualified in 2013.

I did my GP training here in Leicestershire and completed in 2022.

I've worked in Zimbabwe, Namibia, Kent and Wigston, and recently joined LHMP. Outside work, I enjoy reading and I am passionate about fitness.

Marshall

g) Fundraising

- a) MacMillan Coffee Morning: Fundraising

a. Note for PRG – We always struggle for staff volunteers to help out at fundraising events like this. If any member of the PRG would like to get involved in these sorts of events, please get in touch. Your support will enable us to do more activities on site for patients.

b. Staff and Patients ate, baked, and donated at our Macmillan coffee morning on Friday 27th September. Cash donations raised £252.09, and we are awaiting the total raised via the QR code that was supplied, so our final total will be higher still!!

c. Every delight on the table was homemade, which is fantastic. always the best cakes come from the home.

d. Special shout out to

- Dr Atkinson. for making the world's most delicious smelling chocolate cake – sadly, I didn't get a slice as it sold so fast.
- Dr Riley. for being spotted the evening before doing a mad trolley dash for ingredients and who must have baked through the night to bring in multiple delicious bakes!
- Dr Sach Hirani. for purchasing so much he had to borrow someone's Tupperware to get it home safely for his daughters!



- Most importantly, Linda. for being the most well-known lady in Leicestershire! Many visitors came in especially to see her. Hugs from all staff was also mandatory.



- b) On Wednesday 16th and Friday 18th October staff will be wearing pink in support of Breast cancer



- h) MBC Car Parking provision of parking permits for Practice staff

- a) As the Practice has grown, so have staff numbers and car parking was becoming an issue.
- b) MBC organised for the Practice to utilise up to 5 passes for staff to use in council car parking as required.
- c) We took the decision to only offer these passes to staff who are not easily identifiable by their uniform. This has meant that we have been able to make more on site GP parking available for our new team.
- d) Current usage has been 2 passes regularly, but we have yet to have a true feeling for impact until the team are fully installed.
- e) Thank you, MBC, and Pip.

- i) Vaccinations Update

- a. Flu season:

- a. Eligible patients are being invited and we are offering the vaccine opportunistically at routine appointments.
- b. Saturday clinics are scheduled for:
 - Saturday 5th October
 - Saturday 12th October
 - Saturday 2nd November

- b. RSV Vaccine – New for older adults in 2024.

Source [RSV vaccine - NHS \(www.nhs.uk\)](https://www.nhs.uk)

RSV vaccine

The RSV vaccine helps protect against respiratory syncytial virus (RSV), a common virus that can make babies and older adults seriously ill. It's recommended during pregnancy and for adults aged 75 to 79.

What the RSV vaccine is for

The RSV vaccine helps protect against [respiratory syncytial virus \(RSV\)](#). The RSV vaccine helps reduce the risk of serious breathing problems like pneumonia and bronchiolitis.

Who should have the RSV vaccine?

The RSV vaccine is recommended if:

- you're pregnant – the vaccine is recommended during every pregnancy (from 28 weeks onwards) to help protect your baby after they're born.
- you're aged 75 to 79.

Information:

If you're aged 80 or over

- If you turned 80 on or after 1 September 2024, you're eligible for the RSV vaccine until 31 August 2025.
- You're not eligible for the RSV vaccine if you turned 80 before 1 September 2024.

How to get the RSV vaccine

If you're pregnant: You should be offered the RSV vaccine around the time of your 28-week antenatal appointment. Speak to your maternity service or GP surgery if you're 28 weeks pregnant or more and have not been offered the vaccine.

If you're aged 75 to 79 Your GP surgery will usually contact you about getting the RSV vaccine. This may be by letter, text, phone call or email.

Please wait to be contacted before booking your vaccination.

How the RSV vaccine is given

The RSV vaccine is given as an injection into your upper arm. Unlike some vaccines (such as flu or COVID-19 vaccines), the RSV vaccine is given all year round.

- If you're pregnant, you should have the vaccine during every pregnancy.
- Older adults only need 1 dose, which should protect them for several years.

Having the RSV vaccine at the same time as other vaccines

- If you're pregnant, you can have the RSV vaccine at the same time as other pregnancy vaccines, such as the whooping cough and flu vaccines. But it's best to have them as soon as they're offered rather than waiting to have them at the same time.
- If you're aged 75 to 79, the RSV vaccine is not usually given at the same appointment as your flu or COVID-19 vaccines, but

you can have them at the same time if a doctor or nurse thinks it's needed.

- You can have it at the same time as other vaccines, such as the shingles and pneumococcal vaccines.

Who cannot have the RSV vaccine?

Most people who are eligible for the RSV vaccine can have it. You only cannot have the vaccine if you've had a serious allergic reaction ([anaphylaxis](#)) to a previous dose of the vaccine or an ingredient in the vaccine.

Information:

The RSV vaccine has been approved by the Medicines and Healthcare products Regulatory Agency (MHRA) and meets the MHRA's strict standards of safety and effectiveness.

[Find out more about why vaccinations are important and the safest way to protect yourself](#)

Find out more.

- [GOV.UK: a guide to RSV vaccination for pregnant women](#)
- [GOV.UK: your guide to the RSV vaccine for older adults](#)

c. Shingles vaccine

Question raised in the meeting asking for LHMP stats:

Eligibility in 24/25

- Shingles Part 1 – 1512
- Shingles part 2 – 460

Vaccines given in the last 12 months:

- Shingles Part 1 – 919
- Shingles part 2 – 370

Vaccines given in the last month:

- Shingles Part 1 – 37
- Shingles part 2 – 58

Source: [Shingles vaccine - NHS \(www.nhs.uk\)](#)

The shingles vaccine helps protect against shingles. It's recommended for all adults turning 65, those aged 70 to 79 and those aged 50 and over with a severely weakened immune system.

Who should have the shingles vaccine?

The shingles vaccine is recommended for some older adults and people with a severely weakened immune system.

People who turn 65 on or after 1 September 2023

From 1 September 2023, you're eligible for the shingles vaccine when you turn 65.

You'll be offered 2 doses of the vaccine. These are given between 6 and 12 months apart.

Your GP should contact you to make an appointment to have your shingles vaccine.

You'll remain eligible until your 80th birthday (but you can have your 2nd dose up until your 81st birthday).

Information:

If you turned 65 before 1 September 2023, you'll be eligible for the shingles vaccine when you turn 70.

People aged 70 to 79.

Everyone aged 70 to 79 is eligible for the shingles vaccine.

Depending on the type of vaccine you have, you'll have either 1 dose or 2 doses (given between 6 and 12 months apart).

Contact your GP surgery if you missed your vaccine.

People aged 50 and over with a severely weakened immune system.

You're eligible for the shingles vaccine if you're aged 50 or over and you're at higher risk from shingles because you have a severely weakened immune system.

This includes:

- some people with blood cancer (such as leukaemia or lymphoma)
- some people with HIV or AIDS
- some people who've recently had a stem cell transplant, radiotherapy, chemotherapy, or an organ transplant
- people taking certain medicines that severely weaken the immune system.

You'll be given 2 doses of the shingles vaccine. These are given between 8 weeks and 6 months apart.

Ask your GP or care team if you're not sure if you're eligible for the shingles vaccine or you can check your vaccination status on your medical record online.

d. Pharmacy First

Source: [NHS England » Pharmacy First](#)

The Pharmacy First service builds on the NHS Community Pharmacist Consultation Service which has run since October 2019. The consultation service enables patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply.

The new Pharmacy First service, launched 31 January 2024, adds to the existing consultation service, and enables community

pharmacies to complete episodes of care for 7 common conditions following defined clinical pathways.

Accessing Pharmacy First services

The following table shows the 7 conditions pharmacists can manage across various age ranges.

Clinical pathway	Age range
Acute otitis media*	1 to 17 years
Impetigo	1 year and over
Infected insect bites	1 year and over
Shingles	18 years and over
Sinusitis	12 years and over
Sore throat	5 years and over
Uncomplicated urinary tract infections	Women 16-64 years

Providing high quality health and care services

For the 7 common conditions, pharmacists will follow a robust clinical pathway which includes self-care and safety-netting advice and, only if appropriate, supplying a restricted set of prescription only medicines without the need to visit a GP.

PHARMACY FIRST **NHS**

YOUR PHARMACIST IS THERE TO HELP

You don't need to wait for a doctor's appointment.
Quick, friendly advice and treatment:

BLOCKED NOSE SORE THROAT EAR ACHE
FEVER COUGH OR COLD TEETHING PAIN

Other conditions include:
 > Athletes foot > Sprains or strains
 > Thrush > Hay fever
 > Threadworms

Advice from your pharmacist is always free

Use your **PHARMACY FIRST**

5.	Angie Phillips – Any additional practice updates <ol style="list-style-type: none"> a) Terms of reference for PCN PPR will be circulated for us all to contribute and feedback on. b) Jubilee PPG have been running a ‘how to contact the Practice using AccuRx’ and the event was oversubscribed. It sounds like it was a very well received event and was held on site -can we connect with them and replicate? c) The practice are looking at the concept of a Customer Service Desk. d) Questions regarding RSV and Pharmacy first are answered in Item 4 – Practice update. 	
6.	Minutes of the Meeting of 1st August 2024 <ol style="list-style-type: none"> a) The minutes of the meeting were accepted. 	
7.	Matters Arising – Action List <ol style="list-style-type: none"> a) Charities / Local Groups – to be invited to speak to us – it was agreed to take this off-line and report back at a later meeting – to be marked as completed. <ol style="list-style-type: none"> a. It was agreed that we should ask a representative of the ICB to come and speak to us – members to jot down their questions before organising the meeting - ongoing. b) Matters Arising - Speaker – Paul Crosbie – Practice Manager - The underuse of Melton Hospital is a cause of concern - NAG asked for a copy of the original email to take to the ICB meeting in September – email provided – response awaited – NAG is currently on maternity leave - on-going. c) Items for any other business – members not currently attending - Email TD/JC/PR – ongoing. d) Items for any other business – Survey - Create a survey covering attendance, preferred meeting times and the website – ongoing e) Date, Time & Location of Next Meetings - Could all members please check the proposed dates in section 11 and give any feedback – it was agreed that the results of the survey (Item 7.d) would answer this question – completed. 	<p style="text-align: center;">ALL</p> <p style="text-align: center;">NAG</p> <p style="text-align: center;">MK</p> <p style="text-align: center;">MK</p>
8.	Items for Any Other Business <ol style="list-style-type: none"> a) None. 	
9.	Chairs Report <ol style="list-style-type: none"> a) JH has written to our new MP as an individual, not as a representative of the PRG, asking for their opinion on health and other matters. b) They responded to the carers survey that was circulated. c) She suggested that the practice invite our new MP. 	
10	Secretary’s Report <ol style="list-style-type: none"> a) The website is updated approximately monthly and will be at it’s latest at the same time as the survey is released. b) The members views on the website, alongside questions on attendance, preferred meeting times and the future structure / content of our meetings will in our survey. 	
11	Any Other Business <ol style="list-style-type: none"> a) None. 	
12	Date, Time & Location of Next Meeting Next PRG meeting, 5 th December 2024, 10:30. All meetings are currently ZOOM meetings. <ul style="list-style-type: none"> • 2025 (proposed – awaiting the feedback from the survey) 	

	6 th February 3 rd April 5 th June 7 th August 2 nd October 4 th December	
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