Latham House Medical Practice
Patient Reference Group

MINUTES OF MEETING

Meeting	LHMP PRG	Date Time	5 December 2024 10:30hrs

Location
Zoom Meetings

Present
Jane Horn (JH) (Chair)
Angie Phillips (AP) (LHMP representative)
Mike Kitching (MK) (Secretary)
Julia Hawley (JHa)
Duncan Sidwell (DS)
Louise Finn (LF)
Paul Crosbie (PC)(LHMP Practice Manager)

ITEM	DISCUSSION	ACTION
1.	**Apologies and Welcome** a) Apologies were received from Peter Roffey, Michelle Howard, Nitisha Ganatra (hols) and Liz Draper.	
2.	**Practice Update – Paul Crosbie** a) **Phones issue** a. W/C 25 November we started to experience issues with our phones at the Practice. b. We have communicated with patient online, via website and on phone messages. c. Relevant suppliers have been on site trying to isolate and fix the issue. b) **Room moves** a. We have moved IAC to suite 3 to ensure we can provide GP rooms on the ground floor as much as possible or in areas that are easily accessible b. only suite 8 remains a consideration and we have a downstairs room to accommodate patients with access needs. c) **Respiratory and infectious disease surveillance including vaccine effectiveness 2023/2024: Virology Swabbing** a. We will be participating in a Respiratory surveillance programme from the Oxford-Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC) network. b. This year there is going to be a much wider range of vaccines and treatments for respiratory disease, alongside influenza vaccines. c. Any patient attending our on the day (IAC) service reporting respiratory symptoms will be asked to participate in the virology sampling. d. This work provides results about the causation of respiratory disease and great data quality is important for disease surveillance. e. We would like to thank patients in advance for their support and participation in this important work. d) **Day & Night Pharmacy Issue** a. On 12 November we were made aware that Day & Night Pharmacies locally (Pharmacy Walk and Sherard Street) would be unable to issue any new prescriptions requests from 12 November 2024 until further notice. b. We were also informed that they will still issue any existing scripts submitted recently but only before this date. **c. Website / social media and poster notices were shared as below**	

DRAFT

We are aware that Day & Night Pharmacy are currently unable to accept or issue any new prescriptions from 12 November 2024

- If Day & Night are your nominated Pharmacy and you are requesting your medications on or after 12 November 2024, the Practice will still issue your prescription, but you will be sent an SMS from the Practice which details your prescription barcode. This will enable you to take this code to another local pharmacy for processing.
- If you have already requested a prescription (prior to 12 November) and you have not had an SMS message from the Practice, Day & Night Pharmacy will still be able to dispense this medication for you. Please see their notices about their opening hours.
- Patients who usually have prescriptions delivered to their home address by Day & Night, please contact alternative providers locally to make the home delivery arrangements you require.
- This issue is outside of the control of the Practice.

d. If you wish to change your nominated pharmacy with the Practice, you can do this in a number of ways.
   1. Change your nominated pharmacy in the NHS App (View and manage prescriptions / your nominated pharmacy)
   2. Email the team at lhmp.prescription@nhs.net stating who you wish to change to.
   3. Send the team an ADMIN REQUEST online via AccuRx on the Practice website at www.lathamhouse.nhs.uk stating the changes you wish us to implement for you.

e. Current: The issue is now resolved.

f. Only the Sage Cross branch was affected, however because the message came from the ICB, it covered both Sage Cross and the branch on Sherard Street.

g. It is believed that the Sherard Street branch lost about 1000 patients.

h. It was suggested that a possible communication be put on the website reinforcing the "issue outside the control of the practice.

e) **Practice Performance**

a. **Routine apt wait times** averages:
   i. Face to Face 39 days
   ii. remote 29 days.

b. **Phones:**
   i. 18,000 to 19,000 calls
   ii. 82% calls answered (12% either lost or patient hung up after listening to options)
   iii. **Q. What does the 82% mean? A.** When the patient gets through to a health professional.

c. DNA's
   i. Total time lost though DNAs = 131 hours
   ii. Total number of appointments = 690
   iii. Checks are still being completed and letters going out via text to those patients who have missed 30 minutes' worth of appointments in the last 3 months focussing on GP and Nurse appointments.

f) **Staff Engagement:**

a. Our Practice tree theme this year is The Giving Tree & we have supported Storehouse this Christmas where staff have been buying gifts for children and families in need in our community.
b. Gifts have been wrapped and will be delivered to the charity on Friday 6th December.
c. Our Tree is also up in St Mary's.

g) **Practice Key Messages**

Christmas and New Year Practice Opening Hours 2024/25

Monday 23rd December		Open
Tuedsay 24th December	Christmas Eve	Practice closes at 4pm
Wednesday 25th December	Christmas Day	Practice Closed
Thursday 26th December	Boxing day	Practice Closed
Friday 27th December		Open
Saturday 28th December		Practice closed
Sunday 29th December		Practice closed
Monday 30th December		Open
Tuesday 31st December	New Year's Eve	Practice closes at 4pm
Wednesday 1st January 2025	New Year's Day	Practice Closed
Thursday 2nd January 2025		Open
Friday 3rd January 2025		Open

When the surgery is OPEN, please contact us on 01664 503000 or online via the NHS App or AccuRx.

On the dates when the surgery is CLOSED, please contact NHS 111 for help and advice.

h) **Pharmacy First**

Source: NHS England » Pharmacy First

a. The Pharmacy First service builds on the NHS Community Pharmacist Consultation Service which has run since October 2019.

b. The consultation service enables patients to be referred into community pharmacy for a minor illness or an urgent repeat medicine supply.

c. 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.

d. **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

e. **Providing high quality health and care services**

i. 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.

3. Council Update – Pip Alnatt

a) No information received.

4.	**Angie Phillips – Any additional practice updates** a) Second practice in Melton a. Still waiting for the ICB to make a decision. b) GP funding timescales. a. No news from the Health Service as yet. b. Possibly we won't know until the financial year end. c. **Q. Why do tests for cancer appear to be the last ones to be done? A.** The cancer referral pathway is designed to ensure that pts with suspected cancer are seen and assessed by the secondary care service within 2 weeks – essentially fast tracked. i. If GP's put every minor symptom through the cancer pathway 'just in case', genuine possible cancer cases would not be appropriately assessed in the 2 week timeframe – the 2 week timeframe simply wouldn't be achievable in secondary care. ii. In addition, every referral from your GP must meet the clinical criteria for each department being referred into. iii. Reaching a diagnosis is as much about ruling things out as it is about identifying the root cause which is why most referral criteria will require that relevant tests / pre investigations have been completed prior to referral, supporting the secondary care team to pick up care. c) Melton Hospital. a. MK to chase Nishita for a response – see matters arising b. **Q. Can a GP still refer to Melton Hospital for non-urgent X-Rays? A.** Yes. c. The practice is aware of complex procedures that are carried out at the hospital.	**MK**
5.	**Minutes of the Meeting of 10th October 2024** a) The minutes of the meeting were accepted.	
6.	**Matters Arising – Action List** a) 3.b.i.ii - Council Update – Pip Alnatt - Farmers4U - Was this an NFU initiative? a. This was an initiative by MBC funded from the share prosperity fund. b. It provides a registered nurse twice a month, provided thru Rural Stress, concentrating on blood pressure, diabetes and well being. c. Only funded until the end of March. d. Completed. b) 7.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. 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. c) 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. d) Items for any other business – members not currently attending - Email TD/JC – ongoing. a. PR has resigned from the PRG. b. JH to write to PR with a letter of thanks. e) Items for any other business – Survey - Create a survey covering attendance, preferred meeting times and the website – added to the agenda to be discussed at the next meeting – completed.	**ALL** **NAG/ MK** **MK** **JH**
7.	**Items for Any Other Business** a) None.	

8.	**Chairs Report** a) **Q. Why is the RSV vaccine restricted to people under 80? A.** NHS policy.	
9.	**Secretary's Report** a) The website is updated approximately monthly. b) The members views on the website, alongside questions on attendance, preferred meeting times and the future structure / content of our meetings will be in our survey and will be in the agenda at the next meeting.	
10	**Any Other Business** a) The practice has removed the GP's first appointment for face to face meetings to free up staff to answer calls. a. The meeting acknowledged the initiative with a Well Done and thought it was a really positive development. b. Call Back use is picking up, get a text message with a link to keep you up to date with your position in the queue. c. The meeting requested that this be added to the stats currently provided for our meeting. b) PCN meetings. a. Circulate meeting invite to the members.	**AP**
11	**Date, Time & Location of Next Meeting** Next PRG meeting, 6th February 2025, 10:30. All meetings are currently ZOOM meetings. • 2025 (proposed – awaiting the feedback from the survey) 3rd April 5th June 7th August 2nd October 4th December	