



Stockbridge & Broughton Surgery PPG

Minutes of meeting held on Thursday October 24th 2024 6:30pm Stockbridge Town Hall

Present

Andrew Brock (Chair), Ann Spooner (Practice Manager) [AS], Dr William Dougall (GP Partner) [WD], Peter Storey, Sheila Fitzpatrick, Audrey Watts [AW], Alison Deverill [AD], Beryl Pratley [BP].

Apologies Martin Gossling

- 1 Minutes of the meeting on 10th July. Agreed
- 2 Actions from previous meeting and surgery update
 - a. Whilst planning permission has been granted, the Dispensary building plan has not progressed as the estimated cost cannot currently be covered from premises improvement grants from NHS. **Action:** Basic update to be put on the Practice website to keep all involved
 - b. Several items were actioned to be included on the website. The explanation of the appointments system and the use of waiting lists was considered adequate. The site is constantly revised, and its usage is monitored. Not all patients naturally search for this information. Members agreed that clear, easily read content, as free as possible from technical jargon, was preferable and that the Monthly Newsletter, Surgery information screens and other communications should have a footnote to promote the use of the practice website
 - c. Monitoring of Covid reactions. Whilst Dr Walsh's account was of interest, there was still concern about reactions noted at the local level. Dr Dougall advised that reactions such as fatigue showed the vaccine was working. Surgery should consider further advice such as taking paracetamol before the vaccination, and planning for recovery time afterwards.
 - d. Vaccine programme so far was working well, Since 3 October, the surgery had given 1740 Covid, 2022 flu vaccinations, and since Sept 1, 117 child nasal flu, 85 RSV, 33 shingles and 10 pneumovax vaccinations. There are potentially 800 patients to be invited for RSV (between 75 and 80 years). RSV needs a 7-day lapse after a Covid jab, so Covid is priority, and there is a pre-booked allocation of the Covid vaccine, which has quite a short shelf life.
 - e. Private vaccines. Travel vaccines can be booked 8 weeks ahead and paid for privately. WD reported that the NHS contract did not allow private treatment services save for travel vaccines for current patients, and it was not clear regarding other vaccines which would require BMA advice and a management decision, though this was recognised as being a potential income stream into the Practice. **Action:** WD to seek BMA clarification in the first instance.
- 3 PPG terms of reference. New draft was approved for adoption. It was agreed to regard the proposed membership number (10) flexibly, as there is currently space for new members. The term of 5 years, renewable by agreement, was accepted.
- 4 Geriatrician service. There was a sympathetic discussion of AD's proposal for a geriatrician service, which was justified with data showing the higher-than-average number of elderly patients registered with the surgery. 25% of our 9,120 patients are aged over 65 and we



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- have a significantly higher population of people aged over 75 than the average in England. She felt it would be helpful to access advice on aspects of ageing other than serious illness, which could be addressed through more informal discussion with a specialist. WD explained that Community based GPs have training which includes geriatrics; that there is a dedicated hospital-based advice and guidance service which the GPs can access, and an excellent geriatrician in Southampton, Mark Baxter, who can be consulted privately. Note that 2 of the practice nurses have experience and interest in the care of the elderly. AW suggested that the routine contact after hospital discharge to check on needs would be helpful. This depends on the fast receipt of discharge notes from hospitals to GPs, and the pressure of other cases, but was already undertaken by the Practice where possible based on the type of hospital treatment and patient knowledge etc. AS noted that there is a Pro-Active Care team for the area that additionally supports longer term hospitalisation cases and patient's rehabilitation once home.
- 5 NHS Change Consultation. BP suggested the possibility of a group response to this major but short consultation. Immediate suggestions were: reduce bureaucracy to a minimum; shift the balance of finance to primary care and prevention; maintain and improve the person to person contact with GPs; WD did not agree that GPs should all be direct employees of the NHS as this dilutes the ability for some independence and the ability to offer more personalised care and ownership - but mentioned other models of operation, e.g. all salaried doctors, or a no doctor practice run by paramedical professionals. **Action:** It was agreed PPG members convene a meeting to discuss as a group in November.
 - 6 AOB. WD reported another recent car break in at the surgery in Broughton. Window smashed and doctor's bag removed. Police had been informed. Members suggested urgent consideration of improved exterior lighting and CCTV, another approach to police for security advice, and a protocol for solo working of staff. **Action:** Practice to improve lighting and add CCTV capability of similar and amend policy regarding solo working after dark
 - 7 Next meeting 15th January (Venue TBC)