

BUXTED, EAST HOATHLY AND MANOR OAK PATIENT PARTICIPATION GROUP (PPG)

Minutes of PPG Committee meeting held at 4.00pm on 23rd March 2023 At Buxted Surgery

Present: Jonathan Walker (JW) (Chair), Linda Pugsley (LP), Alison Ledward (AL).

Practice Representatives: Charlotte Luck (CL) (Practice Director), Martha Newman (MN) (Operations Manager).

Visiting Speaker: Anna Hoad (Healthwatch East Sussex).

TOPIC	ACTION BY
Apologies for absence:	
JW reported that Lynne Fraser (LF), Stephanie Newman (SN) and Bob Ruthven (BR) had all given their apologies.	
Guest Speaker:	
JW welcomed everyone to the meeting and introduced the Guest Speaker – Anna Hoad who was standing in for Elizabeth Mackie who was no longer available. Anna is part of Healthwatch East Sussex. (Note: The replacement for Elizabeth Mackie as the project lead for the work with PPGs and PCNs is Riona Doidge - Riona.Doidge@escv.org.uk.)	
Anna outlined the role of Healthwatch as being focussed on the Health and Care of patients, listening to their views both good and bad. A large part of their work involved carrying out surveys on both specifically targeted topics or more generic matters. Healthwatch East Sussex is part of a wider national organization to whom they report their findings.	
Healthwatch also have some statutory powers and can where necessary, make observations to organizations to effect change.	
Healthwatch provides feedback by publishing its survey results online.	
Healthwatch also has a Signposting function to direct individuals with problems to get the help they need. If this amounts to a formal complaint then they provide advocacy support.	
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Healthwatch covers all public healthcare bodies including Hospitals, GPs, Social Care, Care Homes, Dental Care and Eye Care.

Every year Healthwatch East Sussex hold a Listening Tour to focus their work on a specific area. Last year it was Eastbourne and this year it will be Rye.

Responses to Questions:

Healthwatch East Sussex are located in Eastbourne and funded by ESCC.

Healthwatch is an impartial organization which is very important to them and means that they are independent (Note: Their website also indicates that they are a Charity).

Much of the work done by Healthwatch is carried out by a large network of volunteers. Healthcare providers are approached by Healthwatch and significant liaison takes place prior to any survey activity.

CL asked if negative patient responses were given any context before they were accepted. The example of a problematic patient who might be making unreasonable and irrational negative comments (possibly someone with mental health issues). Anna confirmed that they would not have access to medical records to check such matters. If a negative response amounted to a complaint and became part of the advocacy system, then it would be checked for its reasonableness and voracity.

Much of the focus of Healthwatch is focussed on the urban centres but it was acknowledged that rural GPs faced different issues to urban operations.

The two most significant issues currently identified by Healthwatch East Sussex were: One: Dental Care – access to lists and appointment. Two: GPs – appointment availability and waiting times.

JW thanked Anna for her presentation and answering all the questions. He noted that it had been interesting and informative and also thanked her for bringing the literature she had provided. Anna asked if she could stay in the meeting in order to see what went on in a PPG meeting. This was agreed.

3. **Surgery Update:**

CL recapped the Practice's vision, mission statement and aims. CL also welcomed Linda and Martin on behalf of the Practice.

CL reported with regret that there had been further departures of staff from the reception and administrative teams. The reasons for these departures were unhappiness with the negative attitude of some patients and a feeling of being unable to satisfy patient demands. The Practice proposed to try and improve the retention of new staff by providing more insight and a more gradual introduction to the rigours of the posts.

CL commented that the new phone system seemed to be working well and that some positive feedback had been received.

CL reported several departures of staff: Dr Richards was leaving to become a Medical Examiner. Dispenser Emma Logan was leaving. Nurse Anna Cryer was leaving in her current role but would return one day per week to run specialist Women's Health Clinics. Clinical Pharmacist Niall would be leaving in May and would be replaced by Charlotte Johnson.

Two new receptionists had been recruited plus a secretary and two workflow administrators. They were expected in post by mid April. Recruitment of more reception and administrative staff was ongoing.

Recent levels of sickness including Covid-19 had led to shortages in the nursing team and had adversely affected the level of appointments.

Three new COBAS (Note: I could not find out what this stands for ?) machines had now been installed. This tests for Hba1C lipid levels and provides instant results.

Afternoon blood test collections had been partially restored but the last collection was at 3pm.

CL reported that the Practice continued to work with the ICB to try and increase the number of pathways to improve patient access. AL asked if self-referrals for MSK services were monitored to ensure that they were reasonable. CL believed that the questions posed in the self-referral process would filter out most of the inappropriate cases. CL also noted that some specialist clinics had a policy that patients could return within one year without further referral if symptoms recurred.

CL was very pleased to announce a donation by the Uckfield League of Friends. This had enabled the purchase of three FeNO (Nitric Oxide) Machines at a cost of £7,500. This was used for Asthma diagnosis. CL

	would be writing a letter of thanks for this and it was suggested that the PPG might do the same.	LF
	CL announced that the Spring Covid-19 Booster would be available for those aged 75 and over, care homes and those aged over 5 who were immunosuppressed. The vaccination was a new one: Sanofi Pasteur. Its handling and the timings of its use were still not clear. Notifications to patients would be via text and Facebook. CL agreed to share the Facebook information with LP. The clinics were provisionally:	CL
	3 April – care homes and housebound patients.	
	22 April – clinics at Manor Oak and Buxted.	
	24 April – clinic at East Hoathly.	
	CL announced that from 1 st April, a new system of HRT pre-payment certificates would operate that would considerably reduce the cost of prescriptions. This would be posted on Facebook and CL agreed to share the Facebook information with LP.	
	CL stated that she had been considering the health inequalities within the Practice area. After viewing a map showing areas of health inequality, she wanted to explore the possibility of initiatives to create health improving activities such as a walking group and a gardening club. CL agreed to circulate the relevant map.	CL
	CL concluded her update by showing the latest Feedback Overview. The good and very good responses had fallen slightly on the previous month but was still at 90% and CL stressed that they were still working hard to improve in all areas.	CL
	JW thanked CL for the update and at this point CL, MN and Anna Hoad left the meeting.	
4.	Prospective new PPG Committee Members	
	JW explained the procedure that they would be invited to tell the meeting about themselves. Following any questions, they would be asked to leave the meeting and their application to join the PPG Committee would then be considered.	
	Linda Mason and Martin Ensom both gave short presentations about their experience and why they were interested in joining the PPG Committee.	
	JW thanked them for their presentations and agreed to email them a copy of the PPG Constitution to explain further how the PPG was organised.	
	Linda and Martin then left the meeting and following a discussion it was agreed to co-opt them both to the PPG committee.	

5.	Date of Next Meeting:	
	Pending approval from LF - Monday 27 th March 2023 at 6 pm via Zoom.	LF/JW

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