

**PATIENT PARTICIPATION GROUP**  
**BUXTED, EAST HOATHLY AND MANOR OAK SURGERIES**

**MINUTES OF THE MEETING HELD ON MONDAY 9<sup>TH</sup> JUNE 2025 AT  
BUXTED MEDICAL CENTRE AT 4.30 P.M.**

Present: Linda Mason (Chairman) LM)  
Jean-Mary Crozier (Vice-Chairman) (JMC)  
Gina Cuthbertson (GC)  
Martin Ensom (ME)  
Sue Ovens (SO)

From the Practice: Charlotte Luck (Practice Director) (CL)  
Martha Newman (MN)

**1. Welcome**

1.1 LM welcomed two new members to the Group – Peter Lister and Ann Bonner.

**2. Apologies for Absence**

2.1. Apologies for absence were received from Stephanie Newman, Bob Ruthven and Alison Ledward. LM said she had received a proxy vote from Bob Ruthven.

**3. Minutes of the last meeting held on 7<sup>th</sup> April 2025 and Matters Arising**

3.1. The Minutes of the last meeting held on 7<sup>th</sup> April 2025 were approved unanimously.

3.2. Item 3 – CL said a paramedic would be happy to attend a committee meeting and she would organise this in the autumn. **ACTION: CL**

3.3. Item 5 – CL said the signs would be updated. **ACTION: CL**

**4. Practice Report**

4.1. CL reported: the surgeries had an Accurx outage last week whereby it was running very slowly for a period. This affected all Accurx users. Accurx is investing in upgrades to prevent this occurring again- we have a manual process which we used which is slower but which, however, allowed the service to continue

A former dispensing office has been changed into a phlebotomy room at Buxted to increase available clinical space. We are waiting for a computer to arrive from IT- once we've received the computer and monitors from IT we will be able to use the room.

The yellow disabled bay lines will be repainted at East Hoathly, hopefully this week (weather and contractor permitting).

We now have a dedicated triaging doctor who is triaging all of the forms and requests coming into the surgery, and a separate duty doctor. This is to maximise opportunities for patients to get seen by the right person at the right time, and also to maximise opportunities for a patient's requests to be reviewed earlier and completed by triaging doctor if possible.

Early indications are that this model is improving our capacity and increasing the availability of our medical forms. However, the statistics need to be run and reviewed to confirm. A summary of the impact total triage has made on the practice will be given at the PPG Annual General Meeting on 1 July. This will include the effect on phones and appointments.

We have recently changed the music on the phone lines for a refresh and changed several of the audios.

Our next PLT event is taking place on Wednesday 2 July and so the practice will be closed from 12.30pm in line with instructions from NHS Sussex.

We have a new, dedicated wound nurse joining the practice for 6 months. Had a locum nurse lined up for Mondays in June (to replace Lorraine's Monday and Tuesday mornings who has retired) and July but locum is now only available to work the Mondays in June. We are recruiting for a new chronic disease nurse- no applicants with the relevant experience have applied yet

The practice has moved back to a system of inviting people for their annual reviews according to their month of birth.

4.2. Complaints would be dealt with at the next meeting.

4.3. CL confirmed that Dr. Perry would be at the AGM to answer any questions.

## **5. PPG Annual Report**

5.1. LM reported that she would write this for presentation at the AGM. ME and JMC would provide information on the newsletter and suggestions boxes. ME would also report on the position on PPG emails. SO and GC would give an overview about the topics covered on the noticeboards. LM asked for this to be sent to her by 23<sup>rd</sup> June.

**ACTION: LM, ME, JMC, SO, GC**

## **6. Election of Committee Members and Roles**

6.1. LM reported Mike Batchelor had resigned from the Committee. Alison Ledward would be resigning at the AGM.

6.2. LM said at the AGM those members up for re-election at the AGM – BR, ME, JMC, GC and herself, would be proposed for election and would serve for two years. At the next meeting on 8<sup>th</sup> September, after a probationary period, PL and AB would be co-opted on to

the committee. LM will remain as Chairman and JMC as Vice-Chairman. ME would be the High Weald PPG representative. SO and GC would deal with the information provided on the noticeboards, JMC and ME the newsletter, JMC fundraising.

## **7. Order of AGM**

7.1. It was agreed the format of the AGM would be the same as last year. LM would make a presentation to Alison Ledward for all her work on the committee at the start of the meeting.

7.2. A signing -in book will be available at the meeting as well as paper forms to list questions. MN will arrange for a QR code to be available for those wishing to read the last AGM Minutes and copies of the minutes will also be available at the meeting. CL will make her presentation which will take 30/45 minutes. LM will chair the question and answer session with Dr. Perry and CL.

## **8. Patient emails/GDPR and Facebook**

8.1. ME reported that currently the PPG had about 300 emails for patients on its email list. GDPR meant the information had to be kept appropriately. The PPG had a Facebook page but it was not very active. ME hoped this would be improved in the future.

## **9. Fundraising and suggestion boxes**

9.1. JMC had circulated a note on fundraising. Because of the concerns of another member of the committee JMC wanted to confirm it was a clear remit of a PPG to be able to fundraise. ME said one third of all PPGs in the High Weald Group did fundraise. GC expressed her concerns about the Group fundraising. PL and AB had offered to be on the sub-committee.

9.2. CL, MN and the Lead Nurse had identified items which would greatly help the team in the surgeries e.g. more, larger armbands for blood pressure machines.

9.3. JMC proposed that a fundraising sub-committee should be formed and this was agreed

**ACTION: JMC, PL, AB**

## **10. Newsletter**

10.1. The next newsletter would be sent out after the AGM and CL suggested it should include the practice report from CL and this was agreed as this would provide all relevant, up-to-date information for patients.

**ACTION: ME, CL, JMC**

## **11. Health Awareness Board**

11.1. SO and GC will liaise with CL and MN to agree topics for the noticeboards in future. These included sepsis and breast cancer awareness.

## **12. Refreshments and organising of waiting room for AGM**

12.1. CL will organise the layout for the waiting room and BR will provide the wine and glasses.

## **13. Any other business**

13.1. LM thanked CL for the letter she had sent out to every member of the group which was much appreciated,

13.2. BR had confirmed that he will be sending out an invitation to every member of staff for the barbecue to be held on 5<sup>th</sup> September at his home.

13.3. It was agreed that a sub-committee would be set up after the AGM to review the PPG constitution.

13.4. There were three candidates who had expressed interest in joining the Group and LM will contact them after the AGM to arrange a preliminary meeting.

13.5. LM said Lynne Fraser, who was previously on the committee, had taken a break in January for personal reasons and her position would be reviewed in January next year. Mike Batchelor had resigned from the committee.

13.6. GC reported a problem with a text message sent by the practice which it was not possible to reply to. CL would look into this and report back at the next meeting.

**ACTION: CL**

## **14. Date of next meeting**

14.1. The date of the next meeting is 1<sup>st</sup> July 2025 for the AGM.

## **15. Date of next PPG Committee meeting**

15.1. The date of the next committee meeting is 8<sup>th</sup> September 2025.

16. The meeting closed at 5.50 p.m. and LM thanked everyone for attending and for their contribution.

/jmc