



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

**Minutes of PPG Annual General Meeting (AGM) held on Tuesday 2nd July 2024
7pm at Buxted Medical Centre**

PPG Members Present: Martin Ensom (Chair), Bob Ruthven, Alison Ledward, Stephanie Newman (Secretary), Lynne Fraser, Gina Cuthbertson, Jean Mary Crozier, Mike Batchelor, and Linda Mason, (Vice Chair)

In Attendance from the surgery: Dr Wright, Charlotte Luck, (CL) Jo Matthews, Martha Newman, (MN) Teagarden Gosden and Annabel Garnham.

Attendance of 39 with 23 members of the Public.

	TOPIC	ACTION
1.	<p>Introduction and Welcome: Martin Ensom (Chair) welcomed everyone to the meeting. Chair introduced the committee members to the meeting and explained the various roles of Vice Chair, Secretary, and Alison Ledward's role on the High Weald PPG forum representing our PPG on a group encompassing all PPGs in this area.</p> <p>Chair gave a brief explanation of the role, explained to those present the purpose of the Patient Participation Group (PPG), explaining the PPG represents all registered patients of the practice across the three medical centres and patients are automatic members. There are approximately 16,000 patients across the three surgeries.</p> <p>We are trying to capture the views of our patients, and we know we need to improve. We promotion self-help and health awareness information to patients. We aim to stay connected with patients through the newsletter and other social media platforms.</p> <p>There are 12 committee members with the aim of attempting representation across all 3 sites. The committee meets typically every 3 months We are grateful that we have great input on the committee from the Practice Director, Charlotte Luck and her staff.</p> <p>The paper explaining what a PPG is will be put onto the PPG section of the website.</p>	CL

	<p>Communication with patients via their email addresses is welcomed, this helps us distribute the Newsletter. We currently have 200 patients, so if anyone wishes to add their email address to the PPG please let the us know and that can be arranged.</p>	
2.	<p>Apologies for absence: Bill Walsh Tony Rea Joy Wadsworth</p>	
3.	<p>Minutes of the last AGM 3rd July 2023: The minutes of the previous AGM were approved and will be published on the Website.</p>	CL
4.	<p>PPG Annual Report: The Chair read out the Chair's Annual Report, a copy of this is attached at Appendix 1. Thanked all the committee members for their input and from the Practice CL and MN Challenging year, more patients, and this applies across all 3 surgeries, it is also a growing number of patients. Reduced finance budget, less money and more demand to offer services, context we work in. PPG Committee carried out a Telephone system survey last year and the suggestions were used to help modify the current system. Revamped Newsletters, and health awareness boards. To try and raise the profile of the PPG, the PPG collected a lot of emails from patients when the covid clinics were taking place. CL and MN worked with the PPG on a FAQ document on the new appointment system Frustrations, and future work programme Facebook Page been dormant, we would like to try and reenergise this. Average age of the committee is a little bit older than we would like some we would appreciate younger people involved in the committee. Plus that may help us gain social media expertise. The Chair opened the floor for questions: Q: Can you explain the Practice budget cuts? A: CL can explain more in her presentation to follow. Q: Can the practice give the PPG patient's email addresses? A: No unfortunately due to data protection as the Practice remit is on the basis of their patients Health Care only.</p>	

Chair said future use of social media we hope to use to encourage more patients to provide communication.

It was recognised that holding databases will have some future challenges if we increase the email coverage.

5. Update on the Practice – Charlotte Luck Practice Director

Charlotte Luck (CL) gave a presentation

CL thanked the Chair for all his hard work over the last year.

CL introduced herself and explained that she has been in post since January 2022.

CL gave the AGM a slideshow presentation.

CL thanked the PPG for their work and felt it had been a productive year and looked forward to moving forward.

CL explained the Practice vision, which had been produced from the teams across the 3 surgeries.

An aspiration to be the best in the UK.

Team looking to be a centre of excellence, delivering high quality compassionate care with a commitment to improving outcomes and wellbeing for our patients.

How are we going to get there? To place the patient at the heart of all we do, that every patient matters.

CL emphasised that all staff really do care and want to do the best they can.

Recognising difficult time across the NHs.

Snapshot of the Year.

- Good working arrangements with the PPG
- Number of telephone call back attempts increased to 2
- Dr Jenkinson appointed in October 23, for 3 days a week.
- New experienced GP starts 3 days a week in September 24.
- Reception team from the 3 sites have all relocated to the Manor Oak Surgery, so one team to support patients, answer the phones, and provide staff support and training.
- New Patient Call screen in Buxted to indicate which Dr and room, this will save some time for the Dr.
- Joined a charity the Medi Tech Trust so can ethically recycle medical consumables like bandages, cotton wool, scissors when they expire to more struggling countries.
- Box to go into receptions where patients can give plasters, bandages etc no longer required.
- New look website being looked at to make this more user friendly, hope to launch in the New Year.
- Vaccinations against Flu, covid and shingles taken and to take place. A new RSV (Respiratory Virus) , for over 75s, has been announced from September. Vaccination clinics are held by the team on Saturdays and evenings, and this is helping to save lives.
- Induction days held for new joiners, to promote vision and aims to staff.
- Promote training and development of staff, gain new skills and support business resilience.
- Support patients to use the NHS App, scheduled appointments to

be held to support patients to use the app. If popular more sessions to be scheduled.

So we want:

More GPs for the Practice.

Better access for patients.

Less time spent for patients on the telephone.

More surgery staff.

A booking system that suits everybody.

Patients seen at the right time by the right person.

Continuity of care.

Work with patients to improve their healthcare offering.

Raise health outcomes for patients.

To empower patients to use the NHS App.

Intention to try and make things easier for patients.

“Sorry doesn’t fix anything but change does”.

We want to try and make it better for you.

The old systems haven’t worked, trying something different.

So why bring in the ‘total triage’ system?

Looked at the research and what other practices are doing.

8am ‘phone rush’ was very stressful for patients and staff.

Waiting for 2 hours at a turn in a long line on the phone with 500 patients wasn’t good.

We wanted to ensure patient is seen by the right person at the right time in the right place.

Examples where this didn’t work well on the old system was given.

New system means we can see what the problem is in more detail don’t have to react in 30 seconds to move onto the next call, and get through the calls.

So appointments via the form can make sure the patient is seen by the right team member and try and book patients in with the Dr they have been seen with before where it is possible for better continuity of care.

Using the form system gives a fairer equity of access and can signpost patients to the best place.

We want happier patients and a happier team, receptionists at the front line have been subject to dreadful comments and threats which is not to be tolerated.

This causes staff to leave which is unacceptable.

We have a fantastic reception manager in Annabelle who doing a great job.

In Summary:

Looking for fairer equity of access, not who shouts the loudest, but the forms which either the patient fills in or the receptionist helps the patients with this.

Looking for reduced call wait times for patients.

Increase continuity of care.

Reduced appointment waiting times.

Increase efficiency.

The new system has now run for 2 months.

CL shared statistics from the launch on the 22nd April to the 30th June.

Percentage of calls answered within 10 minutes gone from March at 51% to 62.9% in June.

Progress but still work to do.
 Number of hours on inbound calls to the surgery has showed a reduction of a total of 723 hours in the month of June.
 Maximum number of callers 80 people across the 3, maximum on a Monday March was 80 and lowest was 45.
 Under the new system in June the highest number of callers on a Monday was 23 and lowest was 19.
 Model will not solve the demand problem but it is helping.
 Emphasised interesting in helping patients use this system going forward.
 Since launching the new system saved almost 800 GP appointments in 2 months.
 CL gave helpful examples where patients were sign posted to the correct care giver e.g the pharmacist, the physio.
 Only 3 times since 22nd April that we have not been able to reopen for extra access/forms where slots have been unfilled, and one was a protected learning time afternoon.
 Routine appointments are around a 7 day wait time.
 This system has now freed up receptionists to do outbound calls to patients with chronic diseases for reviews where they don't have mobile phones to text.
 Continued Pressures and ongoing challenges:
 Budget.
 CL showed a slide from the British Medical Association, shows that from 2019 to date we have 6.6% less funds available.
 Constraints on both the budget and the space.
 Issue with growing population, no choice to not accept new patients.
 Issue when commissioners stop the budget for service provision by G.Ps, like minor surgery, makes planning difficult.
 Ongoing retention of good staff.

The Chair thanked CL for her informative presentation.

6. Dr Wright and Charlotte Luck Question and Answer (Q&A) Session

Dr Wright thanked the PPG committee for their hard work and commitment and for putting on the AGM.
 The PPG committee had made available Q&A sheets for this session.

Q How does a patient know when new forms are open?

A Not perfect at the moment, look on the website it will say when it will reopen, or call reception. After 3pm they usually won't be made available.

Q Medical Requests, so the forms are open at 8am, is there a specific time to look at the website?

Triage can reopen at anytime, depends on factors.

A We can look at better messaging.

Q Is it necessary to have the long message on the phone line, outlining the issue with patient aggression on the phone?

A It was discussed with the PPG and unfortunately due to the behaviour of a minor number of patients it was decided to keep the message as is.

How to make a future routine appointment? Not an urgent appointment?

Q Advised to complete a form, or ring reception to help the form to be completed.

A Is there much Summer covid in the area?

Q Yes not on the same scale, and some staff off sick, unwell with high fevers, but not severe complications as before in 2020/21, milder symptoms.

A Are test kits available?
Yes available, to buy from the Pharmacy

Q Do the annual age patient checks combine with the other periodic blood checks needed for specific conditions?

A General annual health screen, chronic condition will be combined together, but depends on the timings and the particular condition.

Q Are annual check ups still being held and how do the reception team communicate this? And how does the practice follow up the regular health checks, to ensure attendance?

Q Yes annual checks are still being done for chronic long term care conditions.
Asthma COPD patients are seen annually.

A Text links are sent out to those with mobile phones so self booking can take place.
This happens for cervical smears too.

Q Issue with not getting a text message immediately due to signal issues, can What's App be used?

A It has to be encrypted data so there isn't a what's app facility
CL has fed this back upwards as not an immediate solution, but patients do have 7 days to respond.
Wi-Fi calling was also suggested to enable as will allow messages to come through.

Q if No reception can emails be sent?

A Not in position at the moment but hopefully in the future.

A Can also view by going online through the NHS portal.

A Software will tell the practice if the msg will fail and will create a report with those patients so their landline can be used instead.

Referral letters, when GP receives a letter from a consultant requesting

<p>Q</p> <p>A</p> <p>Q</p> <p>A</p> <p>Q</p> <p>A</p> <p>Q</p> <p>A</p> <p>Q</p> <p>A</p> <p>Q</p> <p>A</p>	<p>e.g physio and the patient and the GP receive the letter at the same time. Who looks at the letter and how long does it take to get in touch with the patient?</p> <p>We have a team of scanners, who scan the letters into the patients records and then the task will be alerted to the Dr/Patient as appropriate. 1500 letters/emails that come through each day.</p> <p>Manually add codes to the data to add to the electronic record, dedicated coding team that does this. No backlog at the moment. If there is an issue of delay then submit an Admin request form.</p> <p>What is the best way to book an appointment for 2-3 weeks? To submit the medical request form.</p> <p>When did smart phones become essential to patients, and where did the assumption come from that all patients have smart phones and can use them?</p> <p>No not essential but helpful, you can call reception if required, or come in and speak to reception.</p> <p>If the Meads are not using the NHS App why do you think it's so efficient? NHS England are encouraging the NHS App to be used so we are following that advice as funding and investment from the NHS is going into this.</p> <p>The Meads have a different patient system to us and it might be that the App they recommend suits their system.</p> <p>A patient then spoke as he wanted to commend the service on behalf of a vast majority of the 16000 patients and thank the staff as for him the service has been exceptional. And wanted to ask the PPG how they can change the patients perception of what they are entitled to and how they can play their part in changes? The Chair agree and we will be working on this.</p>	
<p>7.</p>	<p>Close The Chair closed the meeting thanking Charlotte and Dr Wright and the staff who had stayed here beyond their finish times to hear and contribute to this meeting tonight. The Chair thanked all for attending.</p>	