**BUXTED, EAST HOATHLY & HORAM PATIENT PARTICIPATION GROUP (PPG)**

**Minutes of PPG meeting held on Tuesday 8th February 2021**

**5.30pm pm by Video Call**

**Present**: Linda Pugsley (LP – Chair), Norman Pugsley, Stephanie Newman, Carol Sweetland, Pat Linfield, Vanessa Biggs, Stephanie McKenzie-Hill, Jonathan Walker, Alison Ledward, Julie Meredith, Lynne Fraser, Thomas Ballantine Dykes, and Bob Ruthven.

**Surgery Staff:** Dr Sarah Perry, Charlotte Luck, Sue Trenchard, Penny Hollywood, and Debbie Boyes.

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|  | **TOPIC** | **ACTION****BY** |
| 1.  | **Apologies for absence:**Quentin Burch The Chair Linda Pugsley (LP) welcomed a new Patient member to the group: Thomas Ballantine Dykes.  |  |
| 2. | **Adoption of Minutes of Last Meeting held on 2nd December 2001:**Minutes were agreed as a correct record. |  |
| 3. | **Matters Arising:**None |  |
| 4. | **Debbie Boyes – Social Prescriber Role:**Debbie (DB) works at all our 3 Practices; she has been in post for a year and works for Age UK contracted to the NHS, working mainly with patients over the age of 50.Works with them to help assess and identify their wellbeing, financial, social, housing or health or caring issues, obviously with their consent.Julie Meredith (JM) asked how this role works with other charities. Referral could be for an assessment to an appropriate charity e.g. Caring for the Carers, foodbanks, or Age UK East Sussex, to signpost the patient, where appropriate. Debbie’s said the contract with the Clinical Commissioning Group (CCG) runs out this year; it is funded by the NHS currently.Stephanie Newman (SN) asked whether any evaluation of this role had been done, as DB had said that this contract ends this year.DB explained feedback forms are done on an individual basis.Norman Pugsley (NP) asked how this role links in with stroke patients, DB confirmed that she does link in with this patient group.Alison Ledward (AL) asked what hours DB works, and how do the referrals come in to her? DB confirmed the post is full time, and she works at all 3 of our surgeries with referrals from the nursing practice staff, G.Ps, and patients can also sometimes self-refer. |  |
| 5. | **Reducing the demand on the G.Ps:**NP stated that on the Practice website it says there are10 GPs, (not all work full time), and asked if the surgery knew the impact of this on the volume of appointments; last year we know there were around 200 appointments a day. Do we have more appointments now? Dr Perry said they were currently not gathering these numbers, but they would produce them for the next PPG meeting.NP asked if we still have patients who are not able to get an appointment on the day.Dr Perry reminded the group of the access work that was done previously, demand is still very high, but the number of appointments has increased and we are in a better position now than 18 months ago.NP had shared a slide with the group on selecting the right service for the patient’s medical needs. NP suggested that slide should be widely distributed, to help to educate patients.Charlotte Luck (CL) agreed that it would be good to put this information out to patients.Dr Perry said we are feeling the benefit now of the Primary Care Networks, introducing additional roles, like the social prescriber, clinical pharmacist, first contact physio and a mental health practitioner. The practice also has an Advanced Nurse Practitioner in the reception helping the receptionists with triage. An appointment may not be made with a G.P but with another health care professional.Dr Quintana has agreed to write an article on Self Help for the next PPG Newsletter due out in early March.JM queried why the Pharmacist referrals have to go via a G.P as that is missing the point.Jonathan Walker said he was approached by an individual patient who had raised concerns, and doesn’t feel comfortable to be triaged by a receptionist, and feels uncomfortable explaining, and repeating the information multiple times. Could notes not be taken and passed on to avoid repetition? There was discussion around this issue. NP said e-Consult would help with this, but for the moment this is not available in our practice.SN shared her experience in a hospital setting recently, with triage used via an admin person and that triage is widely used in other NHS settings.CL said that receptionists are trained to identify red flag symptoms and to sign post patient to 999 if necessary/appropriate. JW raised concern for patients that are stressed about their condition. CL suggested referrals online may also help those patients.Alison Ledward (AL) said in regard to the other health care professionals, a message on the answerphone to educate patients about who they might see would be helpful.Stephanie McKenzie-Hill asked, with reference to Norman’s slide, if it could be more explicit on the slide re where our walk-in services are. This information is on the surgery website, but NP will clarify with CCG as googling this does not produce helpful results. LP can add this to the slide. LP said she was using this slide in the next Newsletter to bring it to the attention of patients and it had already been posted on Facebook.Vanessa Biggs (VB), raise the query that opening hours on the website does not show lunch time closing. Patients also do not know all the GP’s availability at all of the surgeries. CL replied that this was not possible as GPs worked different days at different surgeries, depending on demand.NP suggested updating the telephone messaging re opening hours would be helpful.CL acknowledged we have work to do on the telephone messaging and the appointment booking.There was a discussion around hearing aid referrals. It was felt that on some occasions it was not necessary to see a GP but just request a referral. CL reminded us that the correct process has to be followed.  | Dr PLP/CLDr QNPLP |
| 6. | **Up-date from the surgery:**Charlotte Luck shared with the group some slides she had prepared, looking at her focus since starting her role in the practice in January.CL gave a comprehensive presentation of the work done so far.* Looking to emphasis a one team/one practice organisation.
* How to involve the team in an appropriate vision. The team looked at brands that provide great customer service.
* Taking ownership and pride in what the team does; delivering positive outcomes in a smart and professional manner.
* A memorable experience for patients for all the right reasons, acting as one team.
* Looking to develop a mission statement with the team and share this with the PPG to seek our opinions.
* Creation of a CQC working party to regularly discuss CQC action plans.

Recent meeting with the CQC was encouraging and positive and they will revisit in the Spring.New pharmacy technician Rebecca Smith appointed who will also assist with audits and drug monitoring.CL met with the phone provider to understand better the current system.Six new clerical assistants to be recruited, (2 have been appointed already), a new dispenser and a new medicines counter assistant have also been recruited.New care co-ordinator and mental health practitioner. Will be or has been appointed.Website updated and to be regularly updated with news and useful information.New registration pack has been developed.There was a Super Saturday, a catch up day to focus on what needs to be done.CL is looking at the Friends and Family Test feedback process.Covid has impacted on the Practice staff and CL thanked the patients for “bearing with us”.Penny Hollywood, (PH) new nurse manager, introduced her role to the group. Her previous role with the ambulance service will help in sign posting patients to self-help, and other helpful services. PH will be working with CL on the website to improve sign posting for patients on specific health pathways.LP updated PH re information that the PPG has already produced in this area on the waiting room screens and Health Awareness displays. Currently much of this is being posted on the PPG Facebook site.LP thanked Charlotte and Penny for their comprehensive presentations and for the work undertaken so far. |  |
| 7. | **Who’s who of surgery** **staff?** NP requested photos of the clinical staff to help patients know who is who. This is compulsory in a hospital setting.CL replied that due to individual security concerns, photos would not be displayed. |  |
| 8. | **A.O.B**LP enquired progress with the Webinar from Diabetes UK. Can the group let LP know if they are able to support this? If no one can help AL with this, we will have to drop the idea as LP has no more spare time to give. | ALL |
| 9. | **Date of next meeting: Tuesday 24th May at 17:30****To be formally confirmed once the CQC dates are known.** |  |

Footnote: – Funding for the Social Prescriber

The contract is with the CCG, funded by the PCN through theNHS.