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

**Minutes of PPG meeting held on Thursday 23rd September 2021**

**2pm by Video Call**

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

**Surgery Staff:** Sue Trenchard, Practice Manager, Horam, Dr Sarah Perry, Rebecca Slattery-Kavanagh, Business Manager, Buxted East Hoathly & Horam.

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|  | **TOPIC** | **ACTION**  **BY** |
| 1. | **Apologies for absence:**  Quentin Burch, Sara Sawyer, Lynn Fraser and Fiona Thorpe |  |
| 2. | **Adoption of Minutes of Last Meeting held on 22nd July 2021:**  Minutes were agreed as a correct record. |  |
| 3. | **Matters Arising:**  None  Everyone introduced themselves to the new Business Manager Rebecca Slattery-Kavanagh (RSK), who started in August and who previously worked in a Haywards Heath G.P practice for 6.5 years |  |
| 4. | **Areas of Concern (other than telephone and appointments) Communication and how the receptionists deal with patients, training in triage and customer care**  There have been several changes in reception and a new supervisor is starting next week.  There is a need for receptionist training and triage training. Dr Perry and an Advanced Nurse Practitioner are going to do some triage training for reception staff.  RSK knows that this is an area of priority and wants to support this and look to empower the staff, to improve their approach and confidence.  Julie Meredith (JM) asked if the practices could look to review the appointment system so that patients who ring later can be seen the same day. Simple measures could be implemented to help avoid frustration on both sides.  RSK and Dr Perry emphasised that if patients need to be seen face to face then they will be, as clinically appropriate, patient choice will also be taken into account.  All agreed that the reception is the first point for the surgery and that it is important that they are supported in their role to ensure they give the correct information to patients to help reduce conflicts.  Dr Perry commented that with the new management and G.P capacity in place, it will help them move in the right direction.  Jon Walker agreed this all sounds positive and suggested we need to communicate this to all our patients, and to ensure that the patients also need to be clear on what behaviour is expected from them.  JM we must be clear to patients that abuse will not accepted.  Norman Pugsley (NP) suggested that the front-line messages are phrased in a positive way.  **Communicating with Patients – for routine and follow up appointments, chronic conditions, tests, out of range results**  Dr Perry agreed this is a priority area. Two new GPs are joining the practices which will provide more flexibility in how test results and follow ups are communicated to patients.  GPs will have a dedicated list of patients with chronic conditions, test results, and follow up. This will provide better patient continuity of care for patients.  When a patient needs an annual health reviews, they should be invited to make an appointment on or around their birthday, for an annual check-up.  RSK will be reviewing the use of digital services, to improve messaging to mobiles, etc. to provide more efficient organisation of patient recalls.  General discussion about the messaging/communication currently, examples given around how communication about the flu vaccine had been unclear, leading to patients ringing up and being told that they were not eligible.  **Continuity of care – seeing the same clinician for each episode of a condition**  Linda Pugsley (LP) having your own G.P we understand is not always practicable but if you have an acute episode, seeing the same G.P is more efficient for continuity of care. Dr Perry agreed that they aspire to this as this is better for the patients and for the G.Ps.  It would help if the G.P arranged the follow up appointment to help with continuity. However, there is a need to balance between available follow up appointments and emergency appointments.  All agreed that whatever systems are implemented in the future, it is clearly communicated to patients. | RSK |
| 5. | **Feedback from Patient Representative Group (PRG) Forum Meeting**  NP updated the group:  Forum met last week, includes the 10 practices of the Weald and representation from the Clinical Commissioning Group.  Access to G.Ps was the main topic and there are a range of issues locally.  There was a discussion around how telephone systems and procedures should be improved to avoid long queues. Everyone recognised that call volumes had increased since Covid.  Dr Perry reminded us of the responsibility of the Primary Care Network (PCN) and their role to support making general practice more resilient. They are looking at how to avoid the administrative burden on G.Ps to help support more clinical availability.  Patient Initiated follow up is being rolled out over the coming months and this will mean that patients do not have to contact their GP before requesting a follow-up outpatient appointment.  Integrated Care Systems, (ICS), partnerships between health and care organisations are pushing for better health prevention strategies.  RSK will look at other technological resources to support patient self-help education. Dr Perry said that the PCN funding and developing the implementation of health coaches will also support health education and promotion. When this is implemented, it needs to be prominently displayed on the website, the waiting area and other social media sites. |  |
| 6. | **A.O.B**  Alison Ledward, (AL) asked how often is the practice answerphone message is updated? AL observed it needs more up-to-date messaging on Covid and /or more informative messaging.  Pat Linfield asked if patients were aware of what healthcare actually costs.  Dr Perry said a recent exercise of returned medicines from patients added up to many thousands of pounds.  Carol Sweetland agreed we should tell patients how much their medication costs.  All agreed that missing appointments cost should also be indicated to our patients. Possibly via the surgery screen and social media posts.  Dr Perry has been looking at other PPGs and their roles; some offer additional services, organising telephone support services and transportation. All agreed that patient transportation was not a role for the PPG as it required additional insurance and manual handling training and was a high risk to all concerned.  The group discussed that signposting and raising awareness of local services would be helpful. All agreed to send a list of ideas to LP and LP would liaise with the Community Navigator.  The Community Navigator/Social Prescriber would be a co-ordinating resource for these services.  LP will liaise with RBK as required.  PPG Chair, Vice Chair and Secretary agreed to continue in their roles as no A.G.M this year. | RSK  RSK  ALL  LP/ComNav |
| 7. | **Date of next meeting:**  **Thursday 25th November 4.30pm, by video** |  |