



BUXTED & EAST HOATHLY & MANOR OAK Patient Participation Group (PPG)

Minutes of PPG meeting held on Monday 5th February 2024 at the Buxted Medical Centre

Present: Martin Ensom (Chair), Stephanie Newman (SN), Bob Ruthven, (BR) Linda Mason (LM), Jean-Mary Crozier (JMC), Sue Oven, Gina Cuthbertson (GC), Mike Batchelor (MB)

In Attendance from Practice: Charlotte Luck Practice Director (CL), Martha Newman (MN)

	TOPIC	ACTION BY
1.	Welcome: The Chair, Martin Ensom welcomed all to the meeting.	
2.	Apologies for absence: Apologies were received from Alison Ledward, Lynne Fraser and Dr Perry.	
3.	<p>Minutes and Matters Arising from meeting held on 5th December 2023: Minutes were agreed as a correct record by the group.</p> <p>Review of the Action Notes: Chair asked if Practice Update had been provided by CL for all Parish Magazines? LM confirmed this had been received and had gone into the to Buxted messenger Parish magazine February edition. SN confirmed she had provided the details re Blackboys & Framfield & Palehouse Common Parish magazine. JMC provided East Hoathly Parish magazine details. Agreed to discuss further under item 14.</p> <p>Matters Arising not on the Agenda: MB asked for clarification re yearly health reviews are they taking place and which patients are eligible? MN confirmed this is based on patients with chronic health conditions, Hypertension, Asthma, Chronic Pulmonary Airways Disease (COPD), and Dementia, usually around patient birthdays, but not for children. The NHS health check is for patients aged 40-74, this is five yearly and if there are no chronic health conditions. This is more of a health screen. MB asked can we note that NHS 111 can be helpful if you lose a</p>	

	<p>repeat prescription and can't get a prescription and need an emergency prescription, issue noted. CL cautioned this is only available outside of core surgery hours if a prescription emergency.</p>	
4.	<p>AGM Minutes and Associated Papers: Confirmed by the committee with the following corrections with the practice staff names. Jo Mathews, no apostrophe Annabel correct spelling Martha Newman was present to be added. SN noted and will update, Chair asked that the practice presentation is removed from the minute's appendices. Will be agreed at the next AGM meeting.</p>	SN
5.	<p>Surgery Update: The Chair welcomed Charlotte Luck (CL) to the meeting who gave the following Practice Update.</p> <ul style="list-style-type: none"> • Protected Learning Time Event: On Wednesday 21st Feb from 1pm the surgery has protected learning, and all three practices will be closed. This is mandated by the NHS for training and development. • Staffing Update: Llara Bevan a new nurse has started for 4 days a week. Ali Joslin a new HCA joined and will allow an increase in blood test appointment availability. Currently 3 weekly wait for routine blood tests usually just a few days, but due to staff availability, sickness, covid. • New Accurx "Total Triage" Model: CL reminded the group of the current pressures within the NHS and on GPs and staff. The unfairness of the telephone triage system where the queue determines when you get through, despite the issue's seriousness. Moving to a "total triage model", where an e- request is received from the patient answering 4 or 5: key questions and triaged by reception team and the duty Dr. Patients will be asked to complete a form online or the reception staff will fill this in via a call if online is not practicable. Staff can then fairly allocate the appointments appropriately, according to the patient's condition/issue, and signpost to the most appropriate place, e.g medicine management team, sick note, pharmacist or minor injuries unit. This will prevent the current 8am rush and optimise workload effectiveness. CL played to the meeting the video on the 'Accurx total triage' as previously shared on email with the group. CL has seen this in action at another surgery and has been very impressed with how well this has worked and increased capacity. System can deal with 200 forms however once they have been dealt with then potentially more slots can be opened up. 	

	<p>Improvement has been shown of around 25% in other practices, CL said we can audit this system and track the capacity requirement.</p> <p>The group felt this was a good model for patients, but that patients will need to be “trained”.</p> <p>CL said two evenings are planned to show the video and to explain the new proposed process to patients, social media, the Practice screens, text messaging and other wider communication is planned.</p> <p>CL said it is hoped to commence this on 22nd April a long lead time to ensure appropriate training of staff and communications.</p> <p>There will be challenges to support this change, but we hope that patients will see the benefits as the system becomes more efficient. Will also support the stabilisation of the receptionist team as currently a lot of staff have unfortunately left due to the difficulties of dealing with some of our patients.</p> <p>Potential to open this up at 7am, rather than 8am.</p> <p>This will also replace the current anima system of e-consult which hasn’t been successful.</p> <p>A new link will be made available on the website and on the NHS App.</p> <p>Noted that until this is communicated formally, hopefully in a couple of weeks time, that this information must stay within the confines of this group.</p> <p>A FAQ will be provided.</p> <p>The group strongly supported this change as being a positive change and beneficial to both patients and staff.</p> <p>https://www accurx.com</p>	
6.	<p>Thematic Complaint Data:</p> <p>Martha Newman took the group through the data from 1st December 2023 – 31st January 2024.</p> <p>11 patient complaints per month, 29 separate issues, this is out of 16,500 patients, and compares to 13 patient complaints last time.</p> <p>Themes included:</p> <ul style="list-style-type: none"> ➤ Non-NHS work, paid for work like insurance forms. Complaint mainly around turn-around time, as NHS provision services are prioritised. Patient expectations are managed, by letting them know this. ➤ Practice processes examples included a blood test comment that on the NHS App it did not have enough detail. But the ranges are fairly standard for reporting. PSA monitoring protocol concerns, where a patient wanted a PSA blood test but had not been seen by a Dr. ➤ Prescription ordering these are forwarded to the medicine management team. ➤ Referral Process, secondary care referral, choice of provider and length of time. 	

	<ul style="list-style-type: none"> ➤ Appointment availability. ➤ Communication between teams. <p>SN commented that the overall numbers are very low and as a group we should concentrate on those issues with the larger numbers, appointment availability was very low, practice processes seemed higher, MN confirmed this was due to amalgamation of themes. SN asked if the ICB Integrated Care Board look at this data, just to give comparison?</p> <p>MN said there is an annual audit to the ICB, the average level of complaint was around 10.</p> <p>CL reminded the group that the friends and family test gives live feedback around 85% say good or very good. CL would like this to be higher.</p> <p>MB queried the PSA testing for patients under supervision with an out of the area hospital, MN said that if patient under active surveillance, then PSA levels will be checked according to that hospital's guidelines. MB asked what should a patient do? MN said a letter from their urologist would be received by the patient and blood tests ordered but they would not have to see a G.P for this to take place.</p>	
7.	<p>Medication Dispensing System: Deferred to a future meeting.</p>	CL
8.	<p>Issues raised by Mike Batchelor: Six items discussed:</p> <p>1. Confirmation that when a Practice phone call which fails to connect with the Patient, is it the normal procedure to leave a message for the Patient?</p> <p>CL confirmed no message will be left for a patient if a call is not connected, due to safeguarding and confidentiality but will be a case-by-case decision.</p> <p>2. If the Patient receives the call on a mobile phone when in a difficult reception location and the call drops out, there is no means to communicate this effect directly either by phone or TEXT.</p> <p>If a call cuts out due to a poor signal, then the call will be attempted again by the practice.</p> <p>3. Why does any G.P. referral have to be rubber stamped by the Patient's assigned doctor?</p> <p>A referral doesn't need to be rubber stamped by the patient's assigned Dr; patients are split to a designated Dr for the practice list purpose only.</p> <p>Locum Drs can and will refer patients but the patient's assigned G.P will be put on the referral form, as locum Drs are not permanent staff.</p>	

	<p>4. In the event of a Patient being unavoidably delayed in attending on time for an Appointment, to advise of the cancellation would a more convenient solution be to TEXT in the message rather than waiting on the phone to cancel?</p> <p>Option 1 on the telephone can allow a patient to cancel and will be dealt with quickly, plus on the text message there is an option to cancel.</p> <p>5. When a referral to a specialist has been made could a TEXT message or email be sent to the Patient to give confirmation of the referral?</p> <p>Unfortunately not as we do not the capacity to deal with this, on the NHS App you should see when it has gone.</p> <p>6. Where Patients, in particular elderly, who have known problematic medical conditions or medication, as part of Patient Care, what procedure is in place at the Practice either for the Practice to call in the Patient or the Patient to request such an appointment?</p> <p>Annual and medication reviews can support elderly patients, and the practice will contact patients if required and patients can ring in if they have a problem.</p>	
9.	<p>Phone System: Jean- Mary Crozier (JMC) has continued to provide an information leaflet for patients on the telephone system. Work in progress but to be finished shortly. Will go onto Facebook, website & out to newsletter distribution list. But also to highlight new system is on the way.</p>	JMC
10.	<p>PPG Newsletter: Newsletter has been sent out to 36 email addresses, some are to couples, and 8 new sign ups. Frustrated small numbers. CL suggested we can communicate this re the new triage system, to support getting email addresses for the newsletter.</p> <p>Future newsletters, this will fall into the video call extra PPG meetings, informal but noted, and concentrate on one topic only. Whoever leads the topic area will take action notes.</p> <p>New newsletter is due mid April, MB keen to have paper copies with information which patients can keep for future reference and more so those patients without technology access. Chair highlighted we need both hard and electronic versions, the QR code enables patients to access the newsletter electronically.</p> <p>Need new topics for next copy, need to agree who does what, so a specific meeting will be set up tbc.</p>	Chair

11.	<p>PPG Facebook Page: Lynne Frasier (LF) is the lead, not present today. No update currently. Chair did contact LF to discuss and will pursue.</p>	Chair
12.	<p>PPG Health Awareness Display Boards: LM, GC and Sue Ovens (SO) issue with meeting up, the content for the other 2 surgeries has been prepared will be up and running within the next week. JMC and GC to sort East Hoathly and LM and SO to complete Manor Oak. CL has agreed access to boards in each practice premises. Chair recommended another discussion to be held to agree the topics, CL agreed to catch up end of February to LM, SO</p>	LM/SO/GC /JMC CL/LM/SO
13.	<p>High Weald PPG Forum Meeting: Alison Ledward and the Chair had both attended this recent meeting on 29th January, it was the first one to be held in 6 months. It is a meeting of PPG chairs and reps with NHS Sussex commissioners and was held by video conference. AL had shared a briefing with the Chair which will be circulated to the group.</p>	Chair
14.	<p>PPG Publicity Locally: Getting information into the parish magazines is an aim, however, need to agree who will coordinate this, and to ensure equitable coverage across the various practice boundaries. JMC can get the Horam details, there is also an online magazine called "The Bugle" one page online on a Monday morning. Chair suggests it is "News from the surgery" and for the PPG to encourage sign up. Perhaps not monthly but to especially signpost issues and the AGM. Chair suggests we have a further discussion on actioning local publicity to further enable the above and other actions. PPG suggestion Boxes are open for patients at the 3 surgeries.</p>	Chair
15.	<p>Diary Dates for PPG Meetings: Dates were circulated to all prior to the meeting and confirmed by the Chair post meeting, alternating Mondays (6pm) and Tuesdays (4.30) (Tuesdays may support a Dr attend the group) and times to help individuals attend. Date of the Next Meeting to be held on: Tuesday 16th April at 6pm Additional topic meetings tbc via teams.</p>	Chair
16.	<p>Any Other Business:</p>	

	CL said thank you for the group's time and input and support.	
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