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

**Minutes of PPG meeting held on Thursday 15th April 2021**

**4.30pm by Video Call**

**Present**: Linda Pugsley (Chair), Norman Pugsley, Stephanie Newman, Sylvia Shilliam, Stephanie McKenzie-Hill, Carol Sweetland, Jonathan Walker, Lynne Fraser, Pat Linfield Alison Ledward, Bob Ruthven, Quentin Burch, Vanessa Biggs and John Wenham

**Surgery Staff – Sara Sawyer, Sue Trenchard, Dr Perry and Fiona Thorpe**

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|  | **TOPIC** | **ACTION**  **BY** |
| 1. | **Apologies for absence**  **Julie Meredith** |  |
| 2. | **Adoption of Minutes of Last Meeting held on 9th February 2021**  SN noted the minutes are on the website and all up to date, notes were agreed as a correct record. |  |
| 3. | **Matters arising from last meeting**  Quentin Burch (QB) asked which PPGs are in the Weald Primary Care Network, Linda Pugsley (LP) responded it is our 3 practices and Bird in Eye, The Meads, Mid Downs (Newick), Herstmonceux and Heathfield |  |
| 4. | **News from the Surgery:**  **- Update on Covid Vaccinations and the uptake**  Sara Sawyer (SS) and Dr Perry updated the group.  SS informed the group there is a Gant Chart available with this information which will be shared.  All residential homes and housebound staff and patients a total of 558 patients, have been vaccinated with their first and second vaccinations.  759 patients - age over 80s, first and second vaccinations  737 patients - age 75-79 a proportion of who have gone to hubs  1411 patients - age 70-74 and including the clinically vulnerable have had the first vaccination, there are 30 patients left to do.  873 patients – age 65-69 have had their first vaccination.  Bob Ruthven (BR) asked what how many patients are declining to have the vaccine; SS said it appears similar to the flu vaccination in terms of refusal numbers.  LP asked re Astra Zeneca (AZ) vaccine anxiety. Patients have been asking about the safety of the AZ vaccine. There is NHS information available to help surgeries with this.  LP asked that the surgery not refer patients to the CCG hot line if there are clinical queries. This was noted.  SS reported clinics upcoming, Pfizer only half boxes being sent for second vaccinations, so split clinics for the 2nd vaccination, 450-500 on Saturday at the Meads, and hopefully next Saturday too.  Lynne Fraser (LF) asked what the length of time is between doses, SS stated it is a maximum of 12 weeks.  LP and SS thanked all the car park volunteers from this group helping at The Meads.  **- Care Quality Commission (CQC) Improvements**  ~ Dr Perry updated the practice is engaged with an experienced external consultant for support with an action plan for all the ‘big ticket’ items.  ~ The Mandatory training is nearly complete, for 80 staff.  Learning hub for collaboration and shared learning has been established. CQC felt it should be reviewed for effectiveness.  ~ Drug monitoring; now have a lead clinician for high risk patients. The surgery is also looking for a clinical pharmacist to join the team.  ~ Website development, first stage is to combine the Manor Oak website into Buxted and then review as a whole, with a potential new platform and rebranding. Dr Perry thanked the group for the PPG input. Jonathan Walker (JW) asked if we can help review this going forward, which was agreed.  ~ Recruiting a business manager, and have engaged an external consultant to support this process.  **- New Covid Enquiry Line**  SS updated that the Practice has a separate person, Claire Smith, a ‘Covid coordinator’ dealing with this call line so not impacting on the other receptionists’ workload.  AZ clinics are running weekly, and therefore patients can be booked in as required by Claire, at the time if appropriate.  **- Impact of the White Paper**  Dr Perry, CCGs will go and in its place will be an ICS, (Integrated  Health and Care System), with two boards, and clinicians at every level.  From a patient and practice perspective there will be many changes.  Primary Care Networks will remain in place, and will look at health inequalities and prevention, focus on self-care and be more responsible for health awareness.  Norman Pugsley (NP) asked will the new focus health awareness justify employing a health coach within the PCN? NP said that our Health Awareness displays support this approach.  Stephanie Newman (SN) queried re the new relationship with social care, especially with the Covid lessons learned?  Dr Perry said yes the ICS NHS Board, is developing the plan at a strategic level, and the ICS health and care partnership board, across Sussex will include social care.  SN had the view that this new model should ensure better communication going forward and be more cohesive for patients and after Covid ‘lessons learned’ will be important.  Stephanie McKenzie Hill (SMH) said this has worked well in Northern Ireland.  **- Surgery Response to the PPG Survey**  Not discussed |  |
| 5. | **Lack of Patient Appointments**  Patient appointments issues, ringing and waiting, volumes of calls, and a glitch where patient was thrown off call waiting.  What happens to patients today if there are no appointments?  Dr Perry acknowledged that the volume and level of demand has increased, partly due to list size and due to the Pandemic, where patients have waited, and secondary care delays.  We have an audit tool on EMIS system, SS learning how to use this and they have the phone database.  In November there were 400 calls per day, however, some could be for pharmacy and/or nurse, Monday this week there were 480 calls.  NP asked why do they not routinely monitor and analyse this. Do they have enough Drs to meet the need?  Dr Perry said they had looked at this and compared with national figures, and on this basis they recruited another full time G.P. last year.  An access group is reviewing this issue and they are on a recruitment drive at present.  Vanessa Biggs (VB) asked ‘How does the system work during the day for urgent need patients?’ Dr Perry it is different depending on the demand, there is a duty Dr every day who has an empty list and will see or speak to patients that need to be seen that day. This relies on the receptionists to triage the patients. Training is ongoing with receptionists to support this.  LF asked if there will be a dedicated GP at Horam every day, as there are many new homes being built, which will increase the list size?  Dr Perry said there are regular sessions with regular G.Ps to help continuity, but important that the G.Ps work as one team.  LF asked how this works with continuity of care, to ensure you can speak to the same Dr.  Dr P said they are looking at this now with the reception manager as it is better that the same G.P ideally can give continuity of care.  JW asked if the analysis of the appointment system be made public. This would be helpful for patients to understand the process, and therefore understand what the actual issues are.  JW gave examples of patients who had experienced problems, not being able to access primary care services, is this the tip of the iceberg or not? Concern that the complaint process is not on the website, to complain online.  VB asked could the books be closed temporarily if overstretched.  Dr Perry view is this is a national problem, demand, off the scale.   * Looking at online bookable appointments. * Looking at e-consultation to improve future access.   SN said in her view there are positive experiences as well, we unfortunately won’t hear of the positive experiences, only hear the negative experiences. She had seen the continuity of G.P care working well too, when it does go right we don't hear of it.  Online appointments are very difficult to obtain and this does need improving and we must communicate the access models clearly to patients.  NP view this is basics, we have a number of patients, a finite resource and variable patient requirements, it will therefore be a moving picture.  Alison Ledward asked - did they have a PPG representative on the Access group? Dr Perry said that was a good idea and they will look to do so.  JW enquired on the patient access system, how many appointments are available and are available for East Hoathly patients?  SS said 25% patient appointments are web based.  SS will check the East Hoathly issue and will ensure this is clearly identified on the website as a ‘how to’ guide.  QB asked how many patients are there in Horam and ratio with the Drs, there are not separate numbers, total of circa15,000 patients  Dr Perry agreed to take a look at the data and put this together for us to see. | Dr Perry  SS  Dr Perry |
| 6. | **Working with Healthwatch (HW)**  LP works as a volunteer and Julie Meredith has joined as well.  Drop in session every Monday afternoon re Covid and vaccination, if interested let LP know.  Healthwatch are interested in feedback from PPGs and to gain our involvement.  Look at HW site to understand their current work programme. | All |
| 7. | **Ideas for the next Newsletter & Displays**  **June Newsletter**  - Covid Update  - Future updates on the ICS Health and Care changes  - Appointment system/Access work  SN requested the process issues which we discussed on patient appointments/and the work on access could be addressed as a topic.  SN asked that NHS acronyms and abbreviations are fully explained in any communications.  PPG requested to give views on content for future Health Awareness display boards.  LP plea that reception staff understand who the PPG are.  SS will address this with the staff | All  SS |
| 8. | **A.O.B**  **None** |  |
| 9. | **Date of next meeting:**  **Thursday 17th June 4.30pm** |  |