**PPG Meeting – 15 November 2023**

**Location - Beltinge Surgery**

**Present** Jill Clowes, Chairwoman - PPG

Jackie Moore – PPG

Carol Harper – PPG

Diane Hallett – PPG

Lyn Adams – PPG

Sue Inkpen - PPG

Dr Ho, GP – THMP

Helen Sutton, Business Manager - THMP

Monika Carlin, HR Manager - THMP

Debbie Bryant, Medical Secretary and Minute Taker - THMP

**Apologies**

Brian Silk - PPG, Sheila Chesney - PPG, Gayle Savage – PPG, Ros Clark – PPG and Claire Sears, Operations Manager – THMP.

**Matters arising**

Jill provided and read a statement for the PPG which included the resignation of Sue Risby resignation and said that volunteers are needed. Sheila said that she would take over from Sue.

Helen talked about The Heron Medical Practice’s most recent award and said that four awards were given at the PCN conference which recognised work at the Practice and this was the only award given at Practice level, the rest were PCN level. The Heron Medical Practice got am award for the health and wellbeing of their staff. Monika gave a presentation at the conference which went down well and Helen said it was a good PR exercise.

Helen advised that Claire is starting a digital inclusion project which will fit in with access targets. The main question is, is The Heron Medical Practice’s website easy to use? Helen asked if the PPG members could visit the Practice’s website and feedback how they find navigating this.

**Minutes**

The Minutes of the previous meeting in August 2023 were agreed.

**Matters arising from previous minutes**

Jill asked Helen to stress to staff how important their cooperation is needed and appreciated by PPG members.

Sheila will lead on visits and feedback. Each quarter three people are needed, one for each site.

Jill would like a question to be patient opinion on the Community Pharmacy.

Jill asked Helen if there were any questions the Practice would like asked. Helen advised two main quality indicators; wellbeing and access. The main issue is getting through on the phone and Helen advised that Practice data shows this has vastly improved, but the national survey doesn’t reflect this. One of the questions Helen was “How long were you on the phone before it was answered?”

Sheila wants to formulate questioning, ie 1 to 5 pick your level of satisfaction.

Helen then mentioned 41% of patients using online services and that this needs promoting. Lyn said a lot of people prefer talking to someone rather than going online and they worry afterwards that they’ve done it right.

Susan disagrees with the figures about how long it takes to answer calls and didn’t feel these were accurate. Helen disagreed. Jill said Hersden patients found it easy to get through and get an appointment for that day, but it is a smaller area.

Diane said she’s concerned about the infrastructure, more houses being built, and Helen advised this needed to be raised with the local MP.

Diane said Redrow told residents they were building doctors and dentist, but haven’t. Jill advised of other services/clinicians available, ie ACP’s and Pharmacists. An example was a parent ringing saying their child had headlice and only needed to go to the Pharmacy rather than the Surgery. Jill said it puts more work on Pharmacists and takes them away from signing off prescriptions. Susan doesn’t see how this will work if Pharmacies are dealing with more.

Helen talked about the type of work that comes in to the GP Practice and how different this is now, ie colds, head lice and mum asking what size first bra her child should have!

Dr Ho mentioned how short of GPs the country is generally and Jill said having Advanced Care Practitioner’s and Paramedics is a good thing, we just need to convince the patients of that.

Jill asked for confirmation that there was a question about the Pharmacy, online access and phone access in the patient surveys. Monika asked that included is if someone doesn’t use online access, why and would they want some form of teaching? Diane said training is available at the library and Lyn said it might be more beneficial if training was provided by the Surgery and would patients be more inclined to go down this route.

Carole asked about the Practice’s callback facility and Helen asked Lyn when she last tried to use it. Jackie said she used it this week and it was “brilliant”. Lyn said callback is brilliant when it works!

Lyn said she often has trouble receiving calls and the hospital advised that they sometimes have to put a prefix number. Helen said it may be that Lyn’s phone is set to not accept withheld numbers as that’s how Surgery’s calls go through to patients.

Susan is agreeable to helping with the questions, but is concerned regarding the Community Pharmacy side of things and how patients will know what she’s talking about. Jill said this will be covered later in the meeting.

The volunteers for questions/attending Surgery are Diane, Lyn and Sue. Diane is due an operation and Jill will cover, if need be.

**Governance Report**

Carole mentioned a patient diagnosed with cancer. Was the patient referred to Macmillan etc? The onus seemed to be on GP.

Patient who had pain after a blood test. Was the Clinician checked after for their technique? Helen advised that we lost our Phlebotomist and had a locum and she thinks this was who was involved. Helen advised it was fed back to the Phlebotomist. Dr Ho said the majority of time everything is fine.

Patient had their operation cancelled. Why did the GP decline the blood test? Dr Ho advised that the patient needs to see the Diabetic Nurse and get their blood sugars under control before doing a repeat blood test.

Sample sent off with wrong details. How many identifiers should be used? Dr Ho advised that there are three with the date of birth being first.

Medication changed and patient was not aware. This was found to be human error on the part of the GP. Helen talked about script switch which can suggest alternatives.

Lyn asked why when new medication is issued there is not software that the computer red flags that it doesn’t suit current medication. Her husband read the pamphlet with the medication and realised he shouldn’t be taking it as it stated “Certain medicines don’t mix with other medicines”. Dr Ho advised that there is a program on EMIS which indicates severe of interaction, ie mild, moderate and major. “Reading the leaflet isn’t the be all and end all.” Helen feels the GP may think the benefits outweigh the risks.

Jill mentioned a case away from The Heron Medical Practice where the hospital prescribed morphine, but a GP at Chestfield Medical Centre put a stop to it because of other medication.

Jill mentioned something general from the governance report being communication within the Practice, ie a patient comes in to collect ie an x-ray form but it hasn’t been done by the GP. Reception get the “flack”. Jill feels frontline take the flack for something that isn’t their fault. Dr Ho mentioned the Practice “niggles” spreadsheet and Jill asked if reception could put this on there!

**Terms of Reference**

Jill came to see Claire three weeks ago to go through these. Jill asked if everyone is happy to sign the Terms of Reference and Confidentiality or was there anything anyone wasn’t happy with? Jill asked for those here today to sign which they all did.

Jill mentioned that she was never elected, as per the Terms of Reference. Her predecessor left with immediate effect, as did two other people and the minutes secretary. Jill’s predecessor left papers with Jill and she didn’t volunteer. She wanted it known that she wasn’t elected, but this could be addressed at the next AGM.

**Monthly News Items**

Jill advised Ros is doing the December one about carers. Helen said Jaz will try and meet with her to see what more can be done for carers. Hopefully this will be promoted in December. Jill will need to decide what to promote in January and February.

Helen said there is a list on reception and asked if it is something the Pharmacist can help with. If so, the Practice email the Pharmacist with details and the patient then goes to the Pharmacy. The Pharmacist may come back and say the patient needs to be seen in the Surgery.

Jill saw Crystal Ugwuegbu and talked about “promotion” of the PPG under The Heron Medical Practice and she will explain more about Pharmacy consultations.

Jill asked about putting something regarding Social Prescribing in this as it wasn’t something she previously knew about herself.

Diane said about people trying over the counter from Pharmacists first and this was common sense, but it was agreed that not all patients thought this way.

It was agreed that Social Prescribing and the Community Pharmacy will go in the monthly news items in January and February. Jill asked if anyone would like to write about this.

Lyn asked if patients are aware of the Urgent Treatment Centre and if this is promoted by the Surgery.

The Practice is no longer supposed to ask patients to call back tomorrow and staff have to try and find a solution, ie attend the Urgent Treatment Centre or submit an e-consultation.

Helen said we have the right number of GPs and are above the national average in appointments and all our data is recorded nationally so we can compare ourselves to others.

Lyn wondered if patients knew they could “walk round” to the Queen Victoria Memorial Hospital as she thinks they are “phenomenal”. Helen advised that the Urgent Treatment Centre is run by Paramedics with a GP there to advise, if needed.

Lyn said people need to realise Paramedics etc are valuable and patients need educating.

Ros is doing the monthly news items for December.

Gaby talked about social prescribing at the AGM and things that they could help with. Helen went in to a bit of background about Social Prescribers and the services they offer and suggested speaking to one for more information.

Lyn asked about information or a pamphlet being printed for those who don’t use social media. “Could they mention social prescribing when asking questions in the Surgery and give them a leaflet.” If the service isn’t useful to them they may be able to pass the information to someone else.

Jackie said she would do social prescribing, but she would like more information.

Jill said the message about prescriptions was confusing about emailing in requests and Helen advised she has spoken to the team.

**Any Other Business**

Jill spoke about communicating with patients and advised that a GP went to a Women’s Institute meeting in Maidstone and spoke about changes within the Surgery. Helen mentioned that the PCN objectives are to attend more local groups to represent at PCN level rather than Practice level. Jill said they found it was a good way of spreading information as people that attended told someone else who told someone else and so on.

Helen and Jill talked about digital inclusion and how this will be a problem with not all the population being happy to go online.

Sue asked if the Practice does senior citizen health checks and there was talk about NHS health checks. Helen advised that NHS England invite patients for these and they then contact their own Surgery.

Helen mentioned dementia reviews and a staff member going out and doing these and nearly all patients have had a review this year.

Monika said if there were any groups the PPG felt it would be beneficial for them to visit to let them know.

Helen mentioned that Nurse Clinics will soon be held at Age UK, ie blood pressure checks.

Carole asked about dates of birth when checking in at reception and advised that she wasn’t asked recently. She asked the receptionist if she wanted her date of birth and was told no, she had already checked her in.

The high turnover of staff on reception was discussed and Helen said they are lowest paid and move up within the organisation.

Jill advised that the next meeting will be in February 2024 and Helen mentioned about Care Co-Ordinators attending.

Meeting came to an end at 3.55pm.