**PPG Meeting – 2nd August 2023**

**Location - Beltinge Surgery**

**Present** Jill Clowes, Chair - PPG

Jackie Moore – PPG

Ros Clark – PPG

Susan Risby – PPG

Shiela Chesney – PPG

Katie - Diabetes Team Whit & Tank Hospital

Claire Murray - Diabetes Specialist Nurse Whit & Tank Hospital

Helen Sutton – Business Manager THMP

Dr Ho – GP THMP

Claire Sears, Operations Manager THMP

**Apologies**

Gayle Savage - PPG, Carol Harper – PPG, Diane Hallett - PPG

**Matters arising**

Jill said she has been on the practice website and had a look at the PPG page and asked if the previous minutes and newsletters from 2017 – 2021 could be removed and if, moving forward, we could add minutes to the page once they had been agreed. Helen agreed this.

Jill asked if, instead of a newsletter, an article on facebook would be a good substitute perhaps monthly to promote services and clinics. A member of the PPG could write a paragraph under the guidance of the practice to be added to social media from a patient perspective monthly. Helen and Claire to meet beforehand to decide what to promote that month.

**AGM feedback** – Jill was impressed by the social prescribers, ACPS and ophthalmology talks, found them informative. Sue would like a short telephone call with both Rachel Smith, ACP and Gabi, Social prescriber to discuss in more detail to be able to format some questions for patients to use at the next surgery visits. Sue said she would like to ensure they have targeted questions to ask as opposed to open ended ones.

Jill stated that sometimes there is still a wait to see someone following recommendation or referral from a GP particularly for mental health support, social prescribing or befriending for example.

Helen stated that if there is an increase in wait times and demand then there may be some opportunities to increase the budget for social prescribing and employ more members.

**Annual report** – Jill asked if the PPG could be included both in the who it applies to section on page 1 and also when mentioning significant events on page 17 as we do discuss these at every PPG meeting. It will also be good for CQC to show engagement with PPG. Helen agreed to change.

Jill queried in the report the mention of work from anywhere weeks and whether this meant staff could work from abroad. Helen said this should read anywhere in the UK as NHSmail would not support working abroad.

Jill said that she was pleased to see the practice has a staff forum for staff to air their views and that they meet regularly.

**Quarterly report** - Jill said that Carole and Gayle were due to report on this so should carry this over to the next meeting in their absence but asked if any other members had any feedback.

Sheila mentioned there was no mention of age demographics in the report and Helen said she would add to the next report.

Ros said that she noticed the full time equivalent staffing levels had gone down.

Helen replied that Dr Dunn left at the end of March but this level has now gone up since our new GP, Dr Srinivas Thallam started in August and will be reflected in the next report. We also had a full time nurse leave who has now been replaced also and a nurse has just returned from maternity leave so back to full staffing levels.

You said we did report – Jill asked if the axis on the bar charts could be labelled on future reports and Helen replied that this was now the case and will see the change in the next report.

**Minutes -** Jill asked for some amendments to be made to the previous minutes. Claire S to action.

**Community Diabetic Team**

Katie and Claire introduced themselves and their role within the service. Katie spoke about the service stating there were clinics held at the Queen Victoria Memorial Hospital every Thursday for patients of both The Heron Medical Practice and The Park Surgery that meet a specific criteria with their diabetes. Patients have a 45 minute appointment with the specialist nurse and the 45 minutes to discuss diet, mental health and any other concerns. Currently patients are usually referred in to the service following an appointment with the diabetes nurse in practice or by a GP.

Katie said she would like our help in improving engagement as they have a cohort that they have been struggling to reach despite sending letters and telephoning. Want to look at other ways to encourage patients to engage with the service.

Jill asked if an article written by the PPG promoting the service would be useful to put on social media and everyone agreed.

Katie had letters for the group to look at and keep which are currently being sent to patients, as well as a leaflet which is in progress. She said that often patients do not answer the phone when they call and this is probably because it’s from a withheld number hence sending letters. Some patients are unable to get to clinic on Thursdays which presents a problem as that is the only day clinics are currently held but there may be scope in the future to offer them an appointment at other sites locally on different days. Katie said if patients decline the service they are still sent a letter but a declined one which also contains additional information and details on where to get support if they change their mind.

Shiela asked if the DNA rate was very high and Katie said they were not that bad and the same rates across all four PCN (Primary Care Networks) so no outliers.

Helen asked if patients get text reminders and Claire M said that these are sent out automatically by the practices.

Shiela asked if there is a long wait to get an initial appointment with the service and Katie replied that patients are usually seen within 2-3 weeks. Katie said it started very busy but then there was a lull and it’s now stable.

Jill asked how often patients were seen.

Claire M said that after the initial appointment the patient is managed by the Practice and then reviewed in the clinic again in three months. After the three months there is usually an improvement in patient diabetes control but if there isn’t the patient can be offered further support. Patient feedback is generally good and that it gives patients a sense of enthusiasm. The majority of patients are discharged back to the GP after the three months.

Claire M also said that monthly MDT (multi-disciplinary meetings) are held with consultants and other health specialists to discuss the more complex cases and seek advice.

Sue asked if this service was being advertised in surgeries and pharmacies by way of posters.

Claire M said no but that it would be a good idea, just need to make sure that it’s targeted at those that meet the criteria as it isn’t a service available to all diabetic patients.

Helen asked if it would be useful for the practice to run a search on the cohort of patients that have a raised HBA1C but have not been seen in practice and Claire M said these searches had already been done by nurse Rachel.

Helen then said ‘you want to spin it really and say only a few patients have the opportunity to attend this wonderful clinic so you really want to go’ or words along those lines to encourage patient participation.

Jill asked Claire M and Katie if they would like to draft something from a patient perspective for the PPG members to put their names to and promote on social media.

Helen suggested a short paragraph about the service and Jill agreed but also said it should be as long as it needs to be to get the message across and make the service attractive. It was agreed this could be the August topic for promoting on social media.

Ros asked how the service was funded and Katie said it was part of a transformation project and formed part of a hub in East Kent.

Ros said she was pleased these services are being introduced and that patients are being given the time to talk through their concerns regarding their condition.

Jill said it’s good because the specialist team have been allocated more time to each patient than a GP would get so makes it more personal.

Katie said they can also support patients with mental health, stress or lifestyle problems as they are able to refer in to other services such as One You or social prescribing.

Claire M has said it has been a good learning curve as has given them better communications with practice staff.

Jill asked if there were many young patients (teens) being referred into the service.

Katie said not usually, as they are usually type 1 diabetics and there is not yet a similar service for those as they have different needs to type 2 but she hopes a similar service will be available in the future.

Both Claire M and Katie said their thank yous, left some leaflets and exited the meeting.

Meeting continued with remaining attendees

**GMS regulations** – Helen said as a practice we should discuss with the PPG what services they want.

Jill said Hersden want a dentist. She asked if the regulations could be answered in that the practice does discuss the services with the PPG not just what is wanted but what services are available that patients may not necessarily know about too. The PPG regularly visit the practice and obtain feedback from patients via the survey. I think as far as the PPG are concerned you are already doing this and the group is very open and can ask and discuss services that may be required.

Helen agreed and added we can’t get a dentist as not part of GMS contract.

Jill said the only way we could add additional services in house at the moment is if the practice expanded and had additional rooms to rent out to other services.

Helen told the group that we are meeting with the palliative care team soon and are hoping to hold monthly clinics for our palliative care patients at Beltinge Surgery. Jill said this is good as it’s not always just the patient that needs support but family and friends too.

Ros asked if there was any scope for further support for carers such as a carer’s forum, particularly for those non-kin carers that are sometimes overlooked.

Helen said that carers are always mentioned in meetings and we do have a register but that is only for patients who have advised us that they are carers and sometimes people aren’t even aware that they are especially if they aren’t related to the person they care for.

Ros said there are sometimes barriers when carers phone on behalf of a patient and the practice will not discuss with them if they are not next of kin or not down as their carer with patient consent to discuss information with them.

Dr Ho said patients can write in and give consent for us to discuss their medical needs with a certain person, as long as we have that confirmed in writing we would be able to help. Helen agreed and said that she would like to see reception promoting this if a barrier occurs.

Jill added that if the patient is with you when you phone the surgery as long as they are present and can confirm it’s ok for whoever is making the telephone call to be given information then that too is acceptable as she has experienced this herself.

Helen advised that as a practice we need to be careful that we do not breach any confidentiality but that staff have training in both confidentiality and consent and would not refuse information if a patient had given consent to discuss with third party.

Helen stated that Jasmine, Reception Supervisor, has created a carers pack which gets sent to anyone that informs us that they are a carer and has lots of useful information in.

Jackie reiterated that a carer can be anyone it doesn’t just have to be family.

Ros mentioned that there are around two million people who have a non-kin carer in England at the moment.

Jill suggested that the next social media campaign should be aimed towards carers and Ros should write the post with the support of the practice.

Helen said it would be good to be able to signpost to other organisations that can support carers.

Shiela asked if there was still a local carers forum and Ros replied that it had been stopped due to funding issues but that it was very useful when it was running.

We discussed topics for the social media campaigns for the next few months and it was agreed that August would be diabetes, September would be flu and October carers.

**AOB** – nothing of note from anyone

**Governance Report** – Carole and Gayle were due to report on this but were unable to attend today’s meeting.

Jill asked how two blood test samples with same name could have happened and Helen replied that it was discussed with the member of staff who wasn’t sure so was human error but measures have been put in place to ensure it doesn’t happen again.

Jill also asked about item two and why patient was not informed of change of medication dose. Helen said that we have a software called scriptswitch which can change medications to a generic brand which is cheaper and usually does not change the dosage but on this occasion did. All clinicians have been asked to check when using this software and to advise patient of any changes.

Jill then moved to complaints and discussed whether one of them should have been a complaint or not and whether it should have been upheld but Helen said it is still in the investigative stage so cannot comment at this time.

Helen discussed how we are changing our complaints process at the moment and that GPs now have responsibility for a team within the practice and will discuss complaints with the individual as and when then arise.

Jill asked if there were any other comments and Helen added that none of us like to receive complaints or significant events but they are useful in helping us improve.

Sheila mentioned that the number of complaints received compared to the amount of patients we have registered is minimal and Jill added that human error occurs from time to time.

Helen advised that following previous significant events we reviewed our process for confirming patient’s identity and we are now asking for date of birth by default and this appears to have significantly reduced the number of human errors. Jackie confirmed that when she came in recently she was asked to confirm her date of birth by every member of staff she visited.

**Visits to surgeries** – Sue said that all surgeries were visited and asked questions about services. Most patients felt the services were good but that getting an appointment can be difficult. There was a mention of communications can sometimes be abrupt and/or basic, presumably text messages.

Ros said she saw a lot of patients awaiting ophthalmology all of whom were very happy with the service and asked that we feed this back to the ophthalmology manager in the practice.

Sue went on to say that there were a couple of things that were noted for improvement. One was that the disabled access reception desks were cluttered making it difficult for wheelchair users to access. Helen replied that this was noted and discussed this morning and they will be cleared. The second was that conversations can be heard by clinicians sometimes at sites and Helen said we have also addressed that and asked clinicians to be mindful of this.

Sue said that when at reception others behind you can hear the conversations but that that cannot be helped and happens everywhere.

Dr Ho agreed that this happens in hospitals as well

Sue asked about questions for next time and would like to speak with Gabi and Rachel before circulating questions to all for comments. Claire will arrange telephone calls to discuss.

Sue also asked for volunteers to then ask the questions and said she didn’t mind doing it again. Jill, Shiela and Ros all offered to help too.

**AOB**

Ros discussed parking at Beltinge being an issue sometimes.

Helen said parking is not in the NHS regulations. We discussed getting the yellow lines repainted on the non-gravel area which should be for patient use. The gravel car park is generally for staff but patients can use it if there are spaces available.

Can we have potential 2024 available dates for meeting. Helen and Claire to discuss.

It was agreed that as Maria had not attended any meetings, nor sent apologies she would no longer be included in information being circulated but welcome to rejoin the group should she wish to attend meetings in the future.

Date for next meeting: 15th November 2023 2.30pm at Beltinge Surgery