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| --- | --- | --- |
| **Attendees** |  | **Apologies** |
| Sue Smith (Chair) |  | Pam Burleigh |
| Phil Abbott (SMP) |  | David Burleigh |
| Dr Dan Elliot (SMP) |  | Maggie Chitty |
| Val Callon |  | Jane Giles (SMP) |
| Roy Dobson  |  | Edwina Goldsmith |
| Susan Hewer |  | Christina Machan |
| Zena Gibbs |  | Ruth Mitchell |
| Charis Isted |  | Sandy Richards |
| Myrtle Kracke |  | Min Stone |
| Penny Lower |  |  |
| Steve Machan |  |  |
| Peter Norman |  |  |
| Des Prichard |  |  |

# Introductions

## Existing members introduced themselves and welcomed new member Sue Hewer to the group.

# Minutes of Last Meeting / Matters Arising

## Phil had reminded staff to pass on any patient queries re inaccuracy of online medical records to Angela Easton.

## Phil confirmed that starting with this meeting written complaints from patients would be shared with the PPG.

## Phil confirmed that the practice were very keen to involve the PPG in the development of the Health Hub proposals, see next section.

# Practice Update – Health Hub

## Phil updated as follows:

* Feedback from public consultation had been very helpful and has led to some changes to initial thinking.
* Revised plans are now being drawn up by ADP, the architects company appointed for this stage of the project. ADP are experienced in health care developments and Phil is going to visit one of their London projects w/c 17 June.
* Lewes District Council [LDC] who are leading this initiative, have appointed Keir as contractors / strategic partners for the project.
* It is anticipated that the next public consultation events will be held some time in September, followed by application for full planning approval early in 2020.

## Des asked where he could get information about how the decision to proceed with the Downs site had been reached. Phil said that there should be information on the LDC site and more would soon be available there, but he briefly reviewed the background for the benefit of newer members. The practice would have liked to develop on the existing site but despite many discussions over 5 years with the owners [NHS Property Services] it had not been possible to progress this option. As Church Street practice also needed to relocate the two practices had jointly appointed an external company to review other sites and suggest options. This had led to Lewes District Council suggesting the Downs as a way forward that would resolve the space problems for both SMP and the Church Street practice, would provide room for expansion, and could be delivered before the Church Street practice lease expired. There were no other options on the table and if the Downs project was not pursued then the Seaford practices would not be able to cope with the ever increasing demand.

## Penny said there was growing opposition to the Downs proposal evidenced by social media comments and with various petitions doing the rounds. Steve said that the reduction in recreational facilities caused by the Downs proposal was yet another concern. Penny suggested that leaving any further public consultation / information sharing till September was just going to fuel the fire of the rumour mill and create more opposition.

## Myrtle provided some history regarding the period when the old Seaford Town Council had been disbanded and the LDC had apparently sold off some public land. This was probably one of the reasons people were suspicious of the Downs proposal. Des agreed and said that it was so important to understand and deal with people’s emotional engagement / context as to why they were objecting, in order to be able to mitigate their fears.

## A number of other PPG members felt strongly that there needed to be more pro-active communication about the project in order to positively manage expectations and ensure that the public understood what was being proposed and why. Phil would consult with LDC to agree some simple interim communications. Phil

## Sue S said there had been a query on Social media as to why the practice had not asked for funding for local practice developments [the social media thread referred to a funding source that Lewes and other practices had successfully got funds from]. Phil explained that the practice had bid for these funds a few years ago but their bid had been rejected as being too low priority.

## Sue H said that it was important to communicate positive messages about the benefits. It was suggested that Phil get some photos and maybe video of what practices designed by ADC looked like as they could be used on the web site /as part of the public consultation. Phil to investigate. Phil

## Sue H also stressed that early involvement of users was now accepted practice in building design and was proven to produce better results. Des agreed and stressed that this meant involving patients and staff at the development stage rather than presenting them with finished plans. Phil said the practice had already committed to involving the PPG in the next stages. Phil would share the revised plans with the group before they went to wider public consultation. Phil

## It was agreed that group members would produce a wish list of things they would like / what they think patients in general would want to see in the new Health Hub / characteristics of the new Health Hub [eg privacy at reception, all areas fully accessible]. The sooner this could be done the better. Sue S to email all asking them to send their ideas to Charis by the end of June. AllCharis to summarise / collate and send to Phil. Charis

# Practice Update – Primary Care Network [{PCN]

## Phil and Dan updated the meeting. All practices now had to be part of a primary care network. The guide size was between 30k and 50k patients. The two Seaford practices including Friston and all linked villages currently had around 28k patients, but had made a case for establishing a Seaford PCN [rather than adding in Newhaven or other areas] based on planned growth and core demographics. This had now been agreed by NHS England and formal sign off was expected shortly. Dan would be the Medical Director for the PCN.

## The PCN initiative would bring additional national funding to each PCN for 5 years to fund new roles; at present the type of posts were specified nationally: year 1 a social prescriber and clinical pharmacist, year 2 physiotherapist and physician associate and year 3 a paramedic. In addition the PCN had decided to locally fund 2 more paramedics this year [Church St practice already had one] so there would be 3 shared across the two practices.

## In response to Des’ query re who would decide whether a patient should see a GP or one of the other roles, Phil explained that the receptionists had already been trained to signpost patients to alternative services where appropriate [Care Navigation]. At present the signposting was limited to available services such as opticians and pharmacists but in future many more patients would benefit from the alternative services that would be available. For example at present someone needing a physiotherapist would have to wait for a doctors appointment and then wait till a physiotherapist was available. In future they could see a physiotherapist without having to go via a doctor first, reducing the waiting time and saving doctors time too.

## Sue S said that Brighton University had asked for a patient from the practice, ideally one who had experience of Care Navigation, to meet with them to discuss their experiences/ views about the process. Date July 2nd time to be confirmed, location at the practice. Most people either had not experienced it or were not available. Sue to circulate the request to the group. SueSDes agreed to do it if no-one else could though he had no experience of the service. Des

## Phil re-assured the group that if patients did not wish to tell a receptionist why they wanted to see a doctor they were under no obligation to do so and could just ask for a doctors appointment.

## Sue S said that opticians still said they were not aware of any arrangement with SMP to deal with patients signposted from SMP. Charis suggested that the initiative should be highlighted on the SMP web site and that the participating opticians should be asked to put a notice in their window / inside regarding the arrangement. Phil

# Practice Update – Staff Changes

## Phil advised the following changes:

* Dr Paul Herridge reduced days from 4 to 3
* Dr Shavetha Vasdev will be increasing from 3 days to 4
* Dr Vicky Gover is now back from maternity leave
* Dr Gowri Hallur who was a trainee at SMP is now going to join the practice for 2 days a week after a year in Singapore
* Dr G Tan will join the practice from August
* Nurse Karen Neil will be retiring in November
* 2 new nurses Claire and Danielle will be joining in December /January

# Practice Update – written complaints

## Phil advised that there had been 4 written complaints as follows:

* One stating that the information in the consultation had not been adequate
* One patient had not been aware that Dr Herridge’s days were reducing and was unhappy at having to wait longer to see him
* Two complaints were about the same issue of patient information being inadvertently sent to the wrong patient. The information was not very sensitive but it was unacceptable that the mistake had been made and the practice had reported it.

# Practice Update – other

## Phil advised that the practice would be carrying out a local patient survey in September and asked if PPG members would assist in handing out the surveys. Agreed. Phil to contact Sue S nearer time regarding arrangements. Phil

## Phil to invite Lorraine Downey, reception manager to attend future meetings. Phil

# Waiting Room Information

## Subsequent to Sue H’ suggestions re the Waiting Room Notices, Charis had had a very constructive meeting with Angela and Lorraine to discuss. They had instigated a number of changes including using the different colour backdrops in the waiting room to display different categories of information, and giving one specific person overall responsibility for updating and maintaining the information. Notes of the meeting outputs are attached to these minutes.

# Patient Suggestions & Comments and Any other Business

## Phil had suggested at previous meeting that PPG members might help patients register / log on to the new recommended NHS app. Charis advised that the process was not straightforward and patients would need a few bits of different information with them in order to do it, so it would be better to communicate what was needed first [?PPG notice board / Website] so patients could be prepared. Phil advised that more information about the app was coming out from NHS England later in the year so they might wait till then before promoting the app further.

## There had been a comment that the notices re drinking water prior to a blood test were not obvious and anyhow too late once a patient was already in the practice. It was suggested that any blood test forms sent out would have a note attached advising the patient to drink water before coming for the blood test. Phil

## Val asked if there was any reason why reception staff answering the phone could not give their name when answering. Phil to review. Phil

## Zena said there was still a problem with waste bins that could not be operated by someone in a wheelchair, notably the one by the ticket machine. Phil to investigate sourcing a movement-sensitive bin. Phil

# Next Meeting

## Saturday 7th September 0930 – 1130

**Background**

* Patient suggestion / comment re proliferation of notice making it hard to know which are important, which are new.
* Discussed at March PPG. Agreed that PPG members should review with Angela Easton, also to discuss use of TV display for patient information

**Meeting with Angela Easton and Lorraine Downey - Key Points**

* Notices and information to be displayed comes from a number of sources.
* The number of notices that have to be displayed at the same time varies depending on national area and local initiatives.
* Some Team members care strongly about certain initiatives and want to ensure those leaflets are always displayed
* No specific policy re what notices are put where, or how long they should be up, and no individual with responsibility for this. Different types of information are mixed up together and some notices are displayed more than once
* A number of the office staff keep an eye on what is displayed and take down out of date notices and re-arrange as and when they have time, if they see something out of place.
* The TV information system is on a very long loop and is generally used for information that is helpful / of interest but not needed by a patient when visiting on the day. The system could be changed to run different “programmes” at different times but a lot of work would be involved with debatable value.
* The practice web site is not advertised anywhere in the Waiting Room and is an under-utilised resource in terms of signposting patients to a range of information.
* The practice do not display notices within the foyer area; the Community Health team uses this. However at times the same or very similar information is in both areas, for example specific health awareness campaigns.
* The PPG noticeboard is under-utilised.

**Proposed next steps**

* Clarify which types of notices / information it is mandatory to display / provide and whether it has to be displayed or simply made available.
* Review what types of information could / should be provided in other ways i.e. website and TV screen, either additionally or instead of on Waiting Room walls. The Table at Annex 1 shows different types of information.
* Consider using the different colour walls next to each reception desk to display different categories of information [eg Mandatory / Current Campaigns / General Patient information / Health Awareness] rather than mixing it all together.
* Designate one person with responsibility for reviewing and managing waiting room notices, and allow time to do the job on a regular basis.
* Publicise and promote the practice web site so that less urgent and / or on-going messages can be displayed there. Web site news section might need to be updated more frequently.
* Agree where leaflets can be displayed – perhaps a leaflet holder rather than, as now, lying mixed up in piles by each reception desk
* Review TV information system to see if there is any value in creating multiple programmes
* Co-ordinate with Community Health team re health awareness campaigns to avoid duplication and ensure more effective use of wall space .
* Produce a short policy document defining what information should be displayed in the Waiting Room and what could be provided in other ways.

Charis Isted

June 2019

Examples of the types of Information displayed / available in Waiting Room are in the table below.

It is suggested that Categories 1 2 and 3 should always be displayed on the walls but other information could be made available on the web site and the TV, and only selectively displayed in the waiting room as and when there is space.

|  |  |  |
| --- | --- | --- |
|  | **Category** | **Examples** |
| 1 | Mandatory | Fire noticesCQC information |
| 2 | Immediately relevant for patients visiting on the day | Directional Signs to RoomsChaperones Drink Water before a Blood TestZero Tolerance Hearing LoopRegistration information for asylum seekers and homelessServices Not available here / where to goTraining Practice, presence of trainees at appointments |
| 3 | Live Campaigns | Flu JabsUse the NHS App |
| 4 | Health Awareness | Drink WaterSmokingAlcoholBreast ScreeningCervical Smear Tests Sexual Health TestingWhooping Cough and Pregnancy |
| 5 | General Informational | Prescriptions for Over the Counter MedicinesData PrivacyWhich NHS Services to use for what [111 / A&E] |