

Seaford Medical Practice

Patient Participation Group Meeting
March 22nd 2022 PM

Attendees Sue Smith (SS) Chair, Dr Dan Elliott (DE) SMP, Lisa Glandfield (LG) SMP, Lorraine Downey (LD) SMP, Paul Colburn (PC) SMP, Susan Hewer (SH), Penny Lower (PL), Myrtle Kracke (MK), Sandy Richards (SR), Charis Isted (CI), John Edson (JE), Gill Blackwood (GB), Sally-Anne Heasman (SA)

PPG Members Gill Allen, David Burleigh, Pam Burleigh, Maggie Chitty, Christine Machan

NOT present Peter Norman, Val Callon, Des Pritchard, Zena Gibbs, Steve Machan

1 Welcome, Minutes & Actions

- 1.1 SS welcomed everyone to the meeting including new members Sally-Anne & Gill Blackwood.
- 1.2 LG gave apologies & thanks to PPG for understanding the need to postpone January's meeting given all operational pressures, not to mention the accelerated booster campaign, which changed the direction of travel for a few weeks and it was all hands to the pump.
- 1.3 The notes of the previous meeting were agreed as a true and accurate record of the meeting.
- 1.4 Actions were reviewed from the previous meeting and all completed with the exception of seeking new members, previously completed by Jane Giles.

Action LD to speak to JG once she has returned from extended A/L and send texts to pts seeking new members.

2 Position of Chair

- 2.1 SS explained there have been no volunteers for the position of Chair, so she will continue in position. CI suggested that perhaps a co-chair was found to support, and all agreed to review at a later date.

3 Terms of Reference/Policy Discussion

- 3.1 SS thanks CI for her support in sharing various terms of reference documents, which provided an excellent pick and mix option for the PPG to select. CI confirmed that she would be happy to provide a final terms of reference based on everyone's previous feedback and items agreed at the meeting this evening which included;
 - a) **Code of Conduct** - All agreed content and inclusion within overall Terms of Reference.
 - b) **PPG Membership** – SS explained that everyone registered as a patient at SMP is entitled to be a member of the PPG and circulation of relevant documents, minutes etc are circulated to members as a matter of course. However, SS wanted to raise the issue of non-active members and the delicate nature of not always having knowledge as to why members suddenly become inactive. This was discussed and the PPG agreed the following; The Chair will assume active membership of all PPG members unless directed otherwise. However, non-attendance for three meetings without contact or apology will mean removal from the PPG active list. All to note this process will not stop anyone from returning to the group after contact is made.
 - c) **Frequency of Meeting** – Agreed between three & four times per year.

- d) **PPG Quorum** – Given current membership is c20 individuals and following discussion, it was agreed that meetings are subject to a quorum of four members of the PPG.
- e) **Role of Chair** – Agreed to review annually. Resignation of the chair can be made at any time.
- f) **AGM** – All agreed no AGM required.

Action CI to circulate new draft Terms of Reference - based on decisions made above at the meeting and all previous feedback.

5 **Ukrainian Refugees**

- 5.1 SH raised awareness re: Seaford for Ukrainians support group, which has been set up on Facebook in support of families who have volunteered to house refugees and identified there was no one involved from a health perspective. 80/90 people are expected to come to Seaford. SH had noted a support pack being put together and all agreed that links to both Seaford GP Practices should be included in the information to signpost those who want to register. CI suggested that the support pack is kept simple and to one page and possible translated as appropriate.

6 **News/Feedback from the Practice**

- 6.1 **Staff Turnover** – LG shared that the practice has a higher staff turnover in reception, with 3 recent resignations. However, rolling recruitment has ensured that the practice remains at full strength.
- 6.2 **New Business Manager** – All to note that Lisa Glandfield leaves the Practice at the end of March and will be replaced in June by Angela Paice. Not only has Angela been a Practice Manager, she brings a wealth of senior management experience and a network of contacts at CCG level, given previous experience in commissioning, service delivery and as CCG Business Manager. Angela also has a sound understanding of both primary and secondary care in the local area, having recently been the General Manager for Community Planned Care Services at ESHT. Moreover, Angela comes into this environment with her eyes wide open and understands the current challenges we face. What set Angela apart from other candidates is her recognition that it is not about getting 'back to normal', it about looking forward to a new normal. It is clear that General Practice and patient focus has always been in Angela's heart, hence her desire to a primary care setting. We look forward to welcoming Angela into the team and wish her every success with her new role.
- 6.3 **Operations Manager** - Since we last spoke, we have formalised Lorraine Downey's role in a new position of 'Operations Manager' - Lorraine oversees the day-to-day running of the Practice.
- 6.4 **Reception Manager** - To replace LD's position in reception, we are pleased to share the appointment of Paul Colburn as our new Reception Manager. Paul joins us following a successful career in Sainsbury's. Whilst he appreciates it's a completely different move into the NHS, 16 years in retail has been all about managing a team of people through a number of set processes to deliver customer service for the public!

New Telephone System - We have invested in a new cloud-based technology to overhaul our telephone system. Not only does it provide better patient experience, it has brought huge benefits to our reception team and provides real time data of waiting time, number of calls and overall demand. For example, in week 1 we handled nearly 4000 calls. More importantly, the system can provide us real time data, which provides visibility to waiting times & abandonment rate. What is interesting is the

- 6.5

number of calls that do not get into the queue, which provides visibility to just how high demand levels are.

- 6.6 **Restoration of Services** – We are pleased to report we are providing full suite of services with the exception of spirometry. In addition, we have opened 2 desks in reception area, so people can come into the surgery and not rely on the phone. Nothing has changed in terms of hands, face, space, we still require patients to wear masks as is consistent across the NHS, and we have reduced the amount of chairs in waiting room in light of continued infection control.

- 6.7 **Covid Vaccination** – As you may be aware, people over 75, those who live in care homes and those aged 12 and over with a weakened immune system will be offered a spring booster. As previously, our SDHC Federation partners will be completing these on our behalf in Eastbourne, including visits to the housebound. Patients can book via 119 or the National Booking System on line.

7 **AOB - All**

- 7.1 **Named GP** – PL raised the question why patients could not always get an appointment with their named GP – LG explained this was simply a result of demand being so high. There are not enough appointments to meet demand and this explains why, when your named GP appointments are booked, we always try to offer an available alternative. LG acknowledged the importance of needing to separate chronic condition care, and the benefits that come with continuity of care, from ‘on the day’ acute issues, which could be handled by alternative GP’s. This is something the Practice has acknowledged and is looking to rectify.
- 7.2 **Patients requiring attention at A&E** – PL also asked if we had any idea of how many patients were being diverted to A&E? LG explained that only those in an emergency are navigated to A&E. All acknowledged how high patient demand currently is and why, in the absence of a Drs Appointment, patients are offered alternatives to seek appointment with LIVI and contact 111.
- 7.3 **Covid Care** – JE praised his recent care following a bout of covid but questioned how long he needed to continue with Oximetry readings? DE explained that this should only be for 7-10 days following illness and was sure JE would be contacted to return the device.
- 7.4 **On Line Booking** – SS asked if the Practice had reinstated on-line booking. LD confirmed it had. You can book for a telephone call with your GP 2 weeks in advance and phlebotomy services are also available to book on line.
- 7.5 **Lisa Glandfield** – The PPG thanked LG for her tenure at SMP. LG thanked the PPG for their support and all they do and continue to do for the patients of Seaford.
- 7.6 **Sue Smith** – DE thanks SS for agreeing to continue in her role as Chair for the PPG. All acknowledged how grateful they were that Sue had agreed to do this.
- 7.7 **New Members** – SS asked how the new members had enjoyed their first PPG. Both had no preconceived ideas of how the meeting would be and both said they found it interesting. SS thanked them both for attending and looked forward to seeing them again.

Date of Next Meeting – 28th June 18:00
Teams or Meeting Venue TBC