**SEAFORD MEDICAL PRACTICE**

**PATIENT PARTICIPATION GROUP**

**NOTES OF A MEETING HELD ON**

**Thursday 9th November 2023**

|  |  |  |  |
| --- | --- | --- | --- |
| **Present:** | Sue Smith (PPG Chair)  Dr Shavetha Vasdev  Lorraine Downey  Paul Colburn  Nic Hone  Angela Paice  Penny Lower | Jill Allen  Valerie Sng  John Edson  Steve Machan  Graham Lower | Myrtle Kracker  Gill Pinder  Mark Brown  Pam Burleigh  David Burleigh |
| **Apologies:** | Zena Gibbs Liz Kinning Charis Isted Sue Hewer  Maggie Chitty, Steven Dempster Chris Turnbull  Chris Whitelaw, Val Callon Christina Machan Peter Norman  Des Pritchard | | |
| **Not Present:** | Alan Snell, Heather Turner, Sally Anne Heasman, Sandy Mayhew, Sandy Richards | | |

|  |  |  |
| --- | --- | --- |
| **1.** | **Notes of meeting held on 29th June 2023** | |
|  | The notes, having been previously circulated, were agreed. Welcome new member Mark Brown | |
| **2.** | **Review actions from meeting held on 29th June 2023** | |
|  | All actions were reviewed and noted as completed or in progress.  Specific actions highlighted:   * New Social Prescriber will be starting in the near future – PPG request to add a description of Roles to website. Completed | |
| **3.** | **Update from Practice** | |
|  | **4.1** | **Staff update** |
|  |  | Dr Vasdev updated the group Dr Jackson’s health – PPG asked the Practice to pass on their best wishes.  New signage has been put up outside the Practice – new large sign which includes post code and smaller sign with GP names and phone numbers by front door.  SV updated the group regarding the situation to long-term locum (Dr John Simmons) covering Dr Jackson’s patient list. Also noted Dr Shears has been providing locum sessions us prior to Dr Jackson’s absence.  Introduction to Primary Care Network Transformation Manager – Nic Hone gave an overview of what her role involves. Nic talked about how both practices are working collaboratively with Wave Leisure on new services.  The practices are currently working on a new Health and Wellbeing 12 week course for patients with high blood pressure. Nic has been working with the ICB with regards to improving access to the surgeries, and the Practice’s new Patient Triage model has been welcomed as a positive approach to improving access.  The Practice has now employed a new Social Prescriber link worker – Grainne O’Kill. Grainne comes with a wealth of knowledge and a description of her role can be found on the Practice’s website.  The Practice has welcomed a new Practice Nurse – Nic Gardener. Nic brings a wealth of experience to the Practice. Alongside Nic, the treatment room also welcomes two new bank Phlebotomists, and two internal members of staff have now completed Phlebotomy training and are able to provide locum cover. Noted the Treatment Room has experienced high levels of sickness in recent months.  There have been a lot of internal changes, to acknowledge ever changing landscape and to improve efficiency. Currently the Practice is advertising for an additional Salaried GP to boost the clinical workforce team and an Administraor/Collator. The Practice continues to succession plan for the future  The Practice is a training practice and will continue to welcome new Registrars every 4 months. |
| **4.** | **Confidentiality at reception desk -LK** | |
|  | The group discussed options for confidentiality at the front desk. Unfortunately, the Practice has no other rooms available, but informed the group if a patient requests a quiet space, there is a small space near Community Reception.  LD advised on Practice plans to install touch screens in the waiting area to enable completion of the Patient Triage form. This will help for those patients who do not want to discuss issues at the front desk. A suggestion was made that patients could write on paper and past to the reception.  Concerns were aired by the group about being able to hear conversations from the back office, which were not appropriate. LD reassured the group that this would be relayed to the reception team and remind them of confidentiality and noise levels in the office Action: PC/LD to discuss these issues with the team the following day. | |
| **5.** | **Outside of surgery needs attention. Is there anything in the budget for maintenance- GP** | |
|  | AP advised the group on the premises ownership and how it is managed – NHS Property Services. The Practice has no budget for maintenance, and this should be included in the service charge paid to NHSPS. There are currently several premises issues, which are being regularly reported, including leaks in the roof. The Practice has requested on numerous occasions for the outside to be cleared and regularly maintained. AP also advised the group that some of the rubbish issues come from the bins belonging to the flats opposite. Unfortunately, the Practice does not have the staff to do this but would welcome volunteers to support the outside. | |
| **6.** | **Health Hub - GP** | |
|  | Sue S asked that this agenda item not be added future agendas. This was broadly agreed by the group. As and when there are any updates AP assured the group that the Practice would share these. | |
| **8.** | **Update Accurx Triage and Communication** | |
|  | LD/SV advised the group the new system had bedded in well and continues to be modified based upon feedback. There was a discussion regarding the availability of the medical form, which is not 24/7. LD/SV advised the group that capacity issues with the continuing demands for GP appointments require a cap to be placed on the number of forms which can be managed in a day, and that this new system had not solved the 8am rush. However, the new system has increased the access to the practice. LD shared some call waiting times with the group and shared how the new system had increased the staff morale and decreased patient complaints regarding access. Please see attached along with other practice data.  The Practice has been an early adopter of the “Modern General Practice” model and are working closely with ICB who has recently given good feedback and noted the Practice’s progress. | |
| **9** | **Data - latest 3 month and compare to the previous 3 months -CI** | |
|  | Paul shared a data report with the group and described each graph’s meaning. Attached. | |
| **10.** | **Letter to GPs** | |
|  | Discussion held regarding GPs not accepting handwritten letters. SV advised the group why this had been changed. Once the Triage system was imbedded the Practice decided receiving a letter with patient’s problems was unsafe. SV advised the group that patients problems can be obscured in a long-written letter. She herself had arrived back from annual leave to 50 patients hand written letters and within those, there were several serious problems. Dr Vadsev advised the group that the receptionists have a paper template, which is the same as the Patient Triage for online and how this was a safer process as patients can write down their problems in a clearer format. | |
| **11.** | **Screens in waiting room and Website -CI** | |
|  | The group discussed the screens in the waiting room, AP advised the group this is updated weekly and there are currently 20-25 slides rotating. The specific issue related to the size of the information on screen, often being too small to read. Action: PC to review slides shared. PC to Laminate and put posters in the waiting room. Also agreed to communicate with the patients more in the waiting room when GPs /Clinicians running late. | |
| **12.** | **Practice Website** | |
|  | The Practice website has been reviewed and updated. A few areas awaiting further clarification. The Practice aims to keep this more up to date going forward and plan to have better patient communication. | |
| **13.** | **Flu Clinic’s/ Covid** | |
|  | LD apologised for the issue that arose on Saturday 21st October Flu Clinic – LD explained that patients had turned up too early, expecting to be able to go inside, this in turn caused a queue outside the surgery. The surgery was vaccinating nearly 800 patients that day. There were two new vaccinators, who were running behind (they were very thorough) this also caused an issue with the waiting times. To prevent these issues going forward, the two new members of staff have had further training, and a text is sent to remind patients not to turn up early due to the capacity in the waiting room. This hasn’t been a problem since.  Covid vaccinations  AP apologised the Practice was unable to administer the Covid vaccinations this year and explained the criteria for delivering the vaccination programme had been changed by NHS England. It, therefore, made better sense to enable the GP Federation to provide the service, as they could work at scale to deliver this, in order to enable our Practice to focus on delivering the flu vaccination and day to day care. Logistics for undertaking Covid vaccination is quite complicated, along with the stock and storage of Covid vaccine. In addition, the Practice’s workforce was not able to stretch their time any further than they already have. The group discussed the communication around the vaccination programme and AP apologised for the Practice ‘s communication shortfall. To date the Federation has vaccinated 46% of eligible patients. The Practice is about average when compared to the rest of East Sussex PCNs.  The Federation continue to offer vaccinations and are contacting house bound patients. | |
| **13** | **Comments and suggestions from box** | |
|  | Nothing in the box | |
| **14** | **AOB** | |
|  | Discussion around how to be able to send BP reading into the Surgery – Action -The Practice to ensure that the website has correct details and BP email address  The group discussed the timeline for prescriptions to be turn around in the surgery which is 4 days. Delays in the pharmacy, unfortunately this is out of the Practice’s control once the prescription has been signed and left the surgery. | |
| **15** | **Date of next meeting F2f Teams** | |
|  | March 7th 4pm Crossways Church (Formerly known as Clinton Centre) | |