

Oldwood and Battle Surgeries Patient Participation Group

MINUTES

Date: Monday 10th September 2018

Present: Geoff Thomas (GT), Tanja, Martine, Jeremy Hodgson (JH), Steve MacDonald (SMcD)
Alison Sarsons (AS), Sam Moon (SM), Cordelia Silva (CS), Sue Peters (SP), Annie
Rogers (AR), Libby Looseley (LL)

Apologies: None

1. **Welcome and introductions**

The group introduced themselves.

2. **Appointment of Secretary**

Sam had volunteered after receiving Libby's minutes from the last meeting; Geoff put it to the room if all were in agreement. No objections so Sam Moon is now the Secretary.

Sue thanked Libby for her detailed minutes from the last meeting.

CS queried the time of the meetings, GT said they used to be around an hour and we will try to keep them to around this time.

3. **Constitution**

Geoff thanked Steve for going through the Constitution. SMcD has looked through the old and amended, rephrased, added a few items and also added comments to say where. It is Dyslexia and Dyspraxia friendly with short and tight paragraphs. The items in blue font are where he has added to the constitution. It has been broken down into three main parts, Aim, Approach and Implementation. At the moment we can't do grand things but it is possible to achieve the smaller things.

GT – Happy to propose the Constitution – room agreed.

AGM will be held in February.

Libby will post this information onto the website and display in Practices.

4. **Patient Feedback Report**

The rate of return is approximately 30%, the Practices don't get the direct results just the information shown tonight. Tanja confirmed that 30% return rate was a very good amount. The feedback report was circulated and will be emailed to members to feedback properly in the October meeting. SMcD has added some of his own comments in orange/red to the Feedback report. GT asked the group to please also read and bring your own comments and thoughts to the October meeting.

SP asked if the Practice had discussed the Feedback yet, LL confirmed that they hadn't yet.

SP asked if we could have the Doctors feedback, GT confirmed it was best to site on the fence regarding this. SMcD asked if maybe a Doctor could attend the next meeting for their views on any questions we may have, LL will ask one to attend. Generally though SMcD thought that this feedback was very positive for the Practice.

5. **Action Plan**

It is difficult to put all targets in place given that this is only the second meeting of the PPG so we will keep this in the background at every meeting and add as we go along and refer back to. SMcD heard that another PPG had engaged a local 6th form and get feedback from a younger direction. There was discussion on how to engage a younger demographic in the role of the PPG, it was discussed that mothers with young children may find it hard to attend a meeting at 7pm, however if we were to maybe attend a local toddler group we could engage then with mothers. It was also suggested that perhaps we could hold a meeting at time more convenient to that group, say around 10am, although some others within the room may not be able to attend due to work commitments. SP suggested the possibility of attending PTA meetings at different schools in the areas to try and engage this way. SMcD agreed to undertake investigating what groups and clubs are within the boundary areas that we could target and give talks to and perhaps talk to Parish Clerks within the boundaries as well to see what groups there are. Once we have a list of groups and the days and times that they meet perhaps we could come up with a standard info sheet and then between us go and talk to these people.

GT asked for this to be an ongoing Agenda item.

6. **Health Improvement Grant**

Item 7 in the Hastings & Rother PPG confirms that £5000 was given to each surgery to consult with PPG's on how to spend, although there wasn't a PPG in existence at the time at Robertsbridge. Money came from Public Health at ESCC and we should still have access to those funds.

LL task business case for £5000, pro forma virtually filled in

Uses: Auto Check Ins
Information screens
Care navigation
Social Prescribing

We have an extension until July(?)

Battle used this to buy an Auto Blood Pressure Machine £1600 and banked the rest, there was a query as to whether Robertsbridge could have one too – unfortunately not enough space.

SP queried the possibility of getting a machine that does BP, Weight and BMI – possibly too expensive.

GT queried where the money for Oldwood had gone.

AS asked what other surgeries in the area had spent their money on?

LL said mainly auto check ins although she was aware that Polegate had set up a specialist bereavement service and there were Community Connectors at the Ferry Road Practice in Rye.

SP suggested that with little pots of money around perhaps we could have a look at what we can have and then say what our priorities are for the community.

SMcD confirmed from the feedback the following:

13% patients had arthritis

11% COPD

3% Cancer

6% Deafness

7% Diabetes

17% High Blood Pressure

12% Mental Health

As these categories place a higher demand on the practice then maybe these should be areas that are concentrated on?

Tanja suggested looking at the Herbert protocol, which is a form developed for people with Dementia that records vital information that can help should a patient go missing.

LL said there were lots of community organisations that would probably come along and give a talk on services provided.

GT queried whether it was possible to give a budget for the £, LL said that she would talk to the GP's and GT asked if patient feedback could be given at the next meeting.

7. Feedback from Hastings & Rother PPG and Rother PPG

GT will send minutes from the PPG forum but noted that:

The CCG don't have any money

They aren't making cuts

Reducing services

We also need to know who to be able to aim questions and queries with at the CCG

Rother PPG is all for bringing together rural areas more and realises that they are different to urban areas.

8. Issues raised by patients

GT queried why he received a letter from the surgery asking him to phone in to make an appointment when all booking can be done online and you can send text messages regarding appointments and the cost element of sending a letter seems a bit much when technology is supposed to be the way forward.

LL confirmed that the computers will scan automatically through the different systems as to who would need various appointments/checks etc.

SMcD queried if GP's provided a service to Private Boarding Schools in the area as Battle Abbey have stopped their residential nurse.

LL confirmed that she would double check as they used to but it depends on the school. She will also look into whether the school cover the cost or if the NHS do.

9. Online Group

To be discussed at the next meeting

10. Date of Next Meeting:

Monday 15th October at Battle Medical Centre

11. A.O.B.

Martine asked about people that use repeat prescriptions as to how much should be stored at home that maybe isn't being used?

LL confirmed that GP's should routinely review systems to ensure this isn't happening too much.

SMcD asked is the medication hadn't been opened then could it be returned and used, LL confirmed that it should be returned but that it couldn't then be reused.

CS asked about the mile radius as she was concerned about elderly getting medication, most would be able to collect from the Pharmacy within the village easily enough.

Tanja raised the worry about Pharmacy for You and whether the practice had notified the more vulnerable patients that this wasn't connected to the practice in anyway.

Martine asked about the plans for Brexit and medication, LL confirmed that procedures were in place for this.

Geoff highlighted that Fairfield Practice are holding a talk on diabetes at their PPG, Sue asked if it was possible to contact all our patients with diabetes to let them know of this, probably couldn't.

LL gave an update that Sarah had left the practice but that she was being replaced by Heather and she was starting 1 day a week then from the 2nd October she would be fully in place. There would