

Oldwood & Battle Surgeries Patient Participation Group

MINUTES

Date: Monday 12th November 2018

Attendees: Geoff Thomas, Tanja Conway-Grim, Alison Sarson, Sue Peters, Martine Blaser-Smart, Keith McPherson, Bruce Bassam, Libby Looseley, Dr Andrew Sewell for item 2

Apologies: Steve MacDonald, Sam Moon, Annie Rodgers, David Daniels

1. Welcome and introductions

Introductions were made and a warm welcome given to Bruce Bassam who attended for the first time.

2. Patient Survey Results

Dr Sewell attended to share the results of the GP Patient Survey and Friends & Family surveys. The practice and partners are delighted with the results and positive feedback. A summary was circulated and is attached to these minutes. The practice has identified 4 areas for action and would appreciate any help the PPG could offer:

- 1) Promoting online services – the survey highlighted that patients are less aware of online services when compared to the CCG and nationally. Patients can book appointments online and request their prescriptions. Keith asked about online medical records. ACTION: Libby to look at this. Libby talked about the Patient Access App which makes it easier for patients to access services online. ACTIONS: PPG members to report back if they experience any problems with registering for online services or the App; and Libby to continue to promote online services to patients. Sue expressed concern for older people that might prefer to communicate by phone and/or face to face. Libby said that these options will always be available. Online is simply another choice for those that wish to use it.
- 2) Care navigation and self-care – the survey showed that patients are less likely to look for support from other health & social care colleagues compared to the CCG and nationally. Libby confirmed that the receptionists have now done their care navigation training and Dr Sewell talked about the pharmacy initiative on self-care. Libby highlighted that this links closely to the objectives in the PPG action plan to link in with other community services. Geoff said that this would be a good focus for the AGM to get people to come and an opportunity to share how the landscape for health both nationally and locally is changing.
- 3) Promoting healthy eating and exercise – the survey gave a list of the long term conditions of the respondents. The partners reviewed this and felt that healthy eating and exercise would be the biggest benefit for patients in these groups. This again links to the PPG action plan.

- 4) Support with parking – patients frequently report problems with parking in their friends & family survey feedback. Libby explained her plans to free up more parking in Battle but asked for advice on where staff could park in Robertsbridge. All suggested she approach the Village Hall (Neil Barden). ACTION: Libby to do. Bruce said that there are plans for parking enforcement in the village. The Surgery need to be aware of this if asking staff to park elsewhere.

3. Practice Update

Libby provided a practice update:

- New look website – Libby has changed the design of the website and asked for feedback. ACTION: all to do.
- Care Navigation training – Libby confirmed that the receptionists have done their care navigation training and the practice hopes to implement this before the end of the year. Care navigation is where receptionists ask patients for the reason for their call and direct them to other health and social care services if more appropriate than seeing the GP. Examples include directing to dentist for teeth/gum problems, opticians for eye problems and the pharmacy for coughs, colds and minor ailments. The website will be updated and the recorded phone message will make patients aware of the change. It is very much patient choice and patients do not have to share the reason if they do not wish to. Tanja said that she has attended Quality Improvement Training with her organisation, Sussex Partnership, to help measure change. She said it might be useful for us to do to. She also mentioned ‘letter of hope’ which is for people that are despondent. She agreed to share it with Libby to see if it would be useful to use at the surgery.
- Community Connectors – Libby shared that Community Connectors are now in Battle every other Monday morning. They provide support with housing, debt, well-being, isolation etc. Patients can self-refer or be referred by the GP or receptionist via Care Navigation.
- Pharmacy self-care – Libby provided an overview of the self-care project with the pharmacies where GPs will stop prescribing basic self-care medication e.g. paracetamol, cough/cold treatments, emollients etc. This is a national project and all GPs in Hastings and Rother are doing this.
- GPFV funding – Libby shared that the practice has been given ‘General Practice Forward View’ money to invest in services/initiatives that reduce the demand on GPs. The practice plans to use the funding to: implement care navigation for receptionists; train the medical secretaries to deal with and code letters; have automatic check in screens for patients to reduce queues and improve confidentiality in reception; and have information screens to promote GP, PPG and community services to patients. Sue raised concern that some patients and staff might not like them. Libby confirmed that staff have been keen when asked and patients can use them at their choice.
- Aggressive patients – Libby said there has been a marked increase in aggressive patients and asked for PPG approval for a stronger Aggressive Patients Policy. She shared the wording the practice plans to use to warn patients that their behaviour is unacceptable e.g. I have asked

you not to swear/shout; if you continue to swear/shout I will hang up; and then hang up if it continues. A similar process will be used for face to face confrontations. Libby confirmed that she or the reception supervisors will then contact the patient to resolve the issue. If patients continue to act aggressively, there will be a three strike rule before they are removed from the patient list e.g. informal warning; formal warning; and final warning. Libby is seeking guidance from the CCG to ensure this is in line with national rules and regulations. The PPG asked for extra care to be taken for patients that are mentally ill. Libby agreed.

4. Growing the PPG

Geoff proposed that the next meeting focuses on growing the PPG due to Steve not being present. Steve has designed a poster to promote the PPG and would appreciate everyone's feedback. ACTION: Libby to circulate the poster with the minutes; all to feedback to Steve at steve@stephenmacdonald.net Steve has also set up a Facebook page and Twitter account. Bruce suggested attending the Village Meeting which is usually in April to build links with other community groups in the area.

5. Action Plan

Libby circulated the map that Steve has prepared showing the location of the defib machines. Keith said there is a machine on Virgin's Lane in Battle. ACTION: Steve to add. Bruce suggested the map be put on the website. ACTION: Libby to do. Libby confirmed that patients are asking for basic life support/resus training. ACTION: are there any volunteers to contact organisations to do this? British Red Cross? Ambulance service? Any others?

6. Dr Mucci talks

Geoff provided an update on the Dr Mucci talks which were discussed at the PPG meeting in September. Dr Mucci is a Consultant in Geriatric Medicine and did a very popular talk for the PPG in Northiam 'Avoiding Frailty in Old Age'. Kevin Katner (PPG Chair at Westfield & Sedlescombe) has secured for her to do four talks across Hastings and Rother, one of which will be for Rural Rother. It is proposed that this will take place at Sedlescombe Village Hall which is fairly central and has good parking. ACTION: Libby to circulate Kevin's proposed poster and document outlining the support we need to give. Geoff asked for approval to give a contribution towards Dr Mucci's travel costs of approx. £30. All agreed.

7. Feedback from Hastings & Rother PPG and Rural Rother PPG

Geoff attended the Hastings & Rother PPG meeting and shared that the focus is very similar to ours on promoting self-care, health promotion and community services. He is attending the Care Navigation training on Wednesday. He has emailed Kevin Katner, Chair, about the cancer targets raised by David Daniels at the last meeting.

Geoff has also attended the Rural Rother PPG meetings which are more informal and an opportunity to see what other groups are doing. He asked for views on us having joint meetings with Martin's Oak's PPG, the other GP surgery in Battle. It was agreed that this would be useful for wider health promotion but less useful when discussing internal surgery issues/services. All agreed to inviting

them to share in any events we have. ACTION: Libby to discuss with Carey Sinclair, their Practice Manager [update: since done and she is very happy to work together in this way]. Martine shared that she attended the 'Shaping Healthcare' event put on by the CCG. Alison confirmed that Steve also attended. Martine said it was interesting and useful. The focus was on digital services. Libby thanked her for attending.

8. Issues raised by patients

None.

9. Date of next meetings

Agreed for the next set of meetings to be:

Monday 10th December – 7pm at Battle Health Centre with mince pies
Monday 14th January – 7pm at Oldwood

Agreed for a change of agenda with Action Plan and Growing the PPG to be discussed first.

10.AOB

New premises

Libby confirmed that we are still awaiting planning permission for the new premises but it is hoped that this will be given very soon. ACTION: Libby to share the plans with Bruce Bassam who missed the first meeting where this was discussed.