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**Minutes of the Meeting of Herstmonceux Patient Participation Group (PPG)**

**Herstmonceux Integrative Health Centre (HIHC) at 1pm 5 September 2023**

**Meeting Information 4 of 2023**

Date: 5 September 2023

Time: 1pm

Attendees:

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| **Patient Representatives** | **HIHC and NHS Representatives** | |
| Lynn Bowman, Chairman  Jo Angear  Regan Delf  Lesley Droney  Paul Frost  Janet McInnes  Lynda Primrose  Anne-Marie Ricketts | Emma Baxter (Head of Public Involvement NHS)  Mariann Cleverley (Head of Primary Care IC24)  Alison Evans  Mel Ingham  Michelle Pope  David Supple (Director of Primary Care IC24) |

Chairman: Lynn Bowman – lynnrosbow@hotmail.com

Note Taker: Janet McInnes

**The Chairman** welcomed everyone to the meeting.

**Apologies** werereceived from Kitty Bond, Jim Bond, Kevin Warner

1. **Minutes of the last meeting -** held on 16 May 2023
   1. It was agreed that Action 5.4 - invitation to Paulina Cahill (Primary Care Network Manager) to speak to the PPG would be postponed to the next meeting.
   2. The minutes of the meeting of 16th May were agreed.
2. **Matters arising from last meeting:**
   1. Anima – GP funding from the NHS for the scheme expired on 1.08.23. The scheme is now the responsibility of each practice. As Herstmonceux Integrative Health Centre is still not fully staffed, the scheme has been put on hold at present. A notice will be posted on the web site to inform patients.
3. **Integrated Care board Plans for the next five years**

**3.1** The Chairman welcomedEmma Baxter [Head of Public Involvement at the NHS Integrated Care Board (ICB)]. She informed the meeting that her role was to join up the services available to patients and create a Delivery Plan to improve the health, care, services, and value for money for the population of Sussex. One of the biggest challenges that Emma is leading on, is patient discharge. They wish to create Transfer of Care Hubs, with all services available represented in the same place for patients to speak to directly about safe discharge. This is because many patients remain in hospital when they could be discharged with appropriate support.

**3.2** Work has started on reaching out to people and communities to inform them about a Delivery Plan which responds to the needs of patients. Local people are regularly informed about the proposed delivery of the plan.

**3.3** Copies of her presentation “Let’s talk about your experiences of NHS care in Sussex” and “Working with people and communities strategy” were circulated to the committee.

**3.4** The chairman thanked Emma for her report.

1. **Staff and Practice Update**
   1. Alison Evans, a pharmacist has returned to the practice; she is supported by Casey Benton, the pharmacy technician. See report at point 7.
   2. HIHC has two substantive part-time GPs - Dr Sikorski and Dr Andersen, who currently see patients on one day a week each. They are supported by locums, primarily agency staff; an Advanced Nurse Practitioner, Debbie Hart; and Paramedic Practitioner Nigel Brown; as well as the nursing team. Lynn queried the fact that agency staff were expensive and Mariann insisted that they had a very good deal in place for payments to the agency. They are still looking to recruit a permanent GP.
   3. Paramedic Practitioner Nigel Brown will have his own clinics but will also be supporting patients in nursing homes and those who are housebound.
2. **Triage phone call Algorithm**
   1. The following comments from Kitty and Jim Bond about a triage algorithm were circulated to the committee:

*Such devices certainly have their uses but must not become compulsory. I’ve listed my reasons for this below though have to admit the psychological aspect is the one that frightens me most. With 25% of the population living below the poverty level, it is not surprising that suicide is relatively common in Herstmonceux. I know of three in the past few years – two having lived in the same street (and another was a personal friend). There are bound to be many more and the prospect of someone so distressed being met with an algorithm is simply too horrible to contemplate.*

*There has to be an opt-out, anything else would be wrong (and, as the response in question is being designed in-house, might land the practice in serious legal problems).*

*Should the mood of the meeting be in favour of accepting the algorithm without an option for the patient to decline, I wonder if you will read, or circulate, my comments.*

*No triage system operated by non-medical staff should be compulsory. If this is the intention, consider the following:*

*·         This is a village environment; most know one another. The current triage system met noticeable opposition until the option to decline was introduced. Despite surgery staff respecting confidences, many patients will feel awkward revealing personal conditions to those they even vaguely know. Once personal dignity is disregarded the surgery’s enviable reputation will quickly deteriorate.*

*·         HMXIHC should be equally open to those with psychological or emotional concerns. A series of searching questions would dissuade sufferers from seeking help.*

*·         Knowing they will face a compulsory app will encourage some to research their symptoms prior to consultation.*

*·         When given the choice of responding to a public app and the anonymity of one on the internet, some will choose the latter, along with the ‘treatment’ it provides.*

*·         Following a bad experience, some might not wish to see the app's recommended practitioner. However wrong that might appear to the machine, it is the patient’s wishes that should be respected.*

*Once the list of experts available is publicised some patients will already know who they wish to consult. And though most are used to always ‘seeing a doctor’ another option will be accepted if properly explained. A promotion along the lines of****“Would You Rather See a General Practitioner – or Go Straight to a Specialist?”****supported by leaflets and the newsletter, will convince the majority.*

*No computerised triage system should have total autonomy: there has to be a bypass option. And it must be accepted that, on occasions, a patient will need to see a doctor; trusting software not to prevent this is a brave move, but wrong on many levels.*

* 1. Mariann Cleverley, (Head of Primary Care IC24) gave a presentation on the proposed Navigation Tool which is being developed for the reception staff. A copy of the presentation will be circulated to the committee in due course.
  2. Mariann also presented the stats on the results of the friends and family results. This would be presented to the ICB board each month. It was great to see that the latest PCN survey showed that HIHC was above average for almost every question and above national average, coming 13th across the whole of Sussex (East and West, and Brighton and Hove).
  3. The following report was circulated by the Chairman, Lynn Bowman after the meeting: -

*On behalf of us all I would like to thank the insight we gained from the presentation Mariann gave us at our PPG meeting. As soon as I have it, I will share with the rest of you.*

*I am not sure what to call the new receptionist support algorithm that we were shown (I cannot remember what it was officially called, sorry).  So, I have called it this!*

*However, it was not like I imagined, and I think several of you also imagined.  It was much better.*

*For those not present, any patient can still ring in and speak to a receptionist as they always have done.  The reception staff will be trained to ask the right questions to direct the appointment to the clinician best suited to that patient's needs.  It could be our new Pharmacist team or a nurse, or a phlebotomist, or of course a GP.*

*If a patient does not want to explain any of their symptoms, they do not have to and can still just book a GP appointment.*

*The more we learn as patients on the PPG, the better we can spread insight to others in the practice.  We realise more and more that the GP is not always the right person for the patient to see and it is fabulous that HIHC has now got the mix of staff it wanted and needed, to provide the optimum service for us.  I am sure it will not be long until a more substantive GP/GPs is/are found.*

1. **HIHC Management Team -** Paul Frost asked whether a timetable was available for joint meetings between the PPG and HIHC as discussed at previous meetings. Mariann Cleverley informed the meeting that at the moment the focus of the Team at HIHC was to ensure that all staffing posts were filled and policies and procedures at HIHC were up to date. The matter will be reviewed again in six months. Lynn provided clarity and a reminder on what had been discussed and agreed at previous PPG meetings where members of both the former HIHC and now inclusive IC24 representatives had been present. She did not want this to get lost and the original agreements to be watered down.
2. **Report from a Practice Pharmacist**
   1. Ali Stevens has been in post since 22.08.23 and she works Tuesday to Friday and is assisted by Casey Benton, a pharmacy technician.
   2. Their role is to carry out medication reviews to ensure that patients are receiving the correct medication and consider if or when mediation can be reduced.
   3. They review individual patient medication needs when they are discharged from hospital and inform patients about their medication managements.
   4. They support all other staff with queries from patients about inhalers and prescriptions.
   5. Patients can request an appointment with the pharmacist directly from their contact with reception staff.
   6. Ali was keen to get the message out about the work they are now doing. She asked for ideas; the newsletter would be a good way to publicise this. Also, Mel agreed that the website should have more up-to-date information explaining about the practice pharmacist benefits.
3. **Update on newsletter –** a meeting will be held between Mel Ingham, Lynda Primrose and Lynn Bowman in early October to discuss the next newsletter.
4. **Report Fitter Village, Healthy Planet Project –** a report on the Fitter Village, Healthy Planet Project is attached to these minutes.
5. **Healthy Walks Programme –** HIHC agreed to support the resumption of the Healthy Walks Programme, more information to be circulated in due course.
6. **Any other business**

* Flu vaccinations will start on 18 September and patients will be invited by HIHC to make an appointment.
* Covid vaccinations – more information to follow in the coming weeks.

**Meetings: -**

1pm Tuesday 31st October 2023

To agree two more dates at the next meeting