

**Minutes of the Meeting of Herstmonceux Patient Participation Group (PPG) at Herstmonceux Integrative Health Cantre (HIHC), 1pm on 12th September 2024**

**Meeting 5 of 2024**

**Attendees:**

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| **Patient Representatives** | **HIHC Representatives** |
| Regan Delf, ChairJo AngearLynn BowmanJonathon GlassLynda PrimroseSarah Rose (on-line)Kevin Warner | Dr Liz Galloway, Interim Medical Director (on-line) Mel Ingham, Operations ManagerBeverley Gowing, Service Manager |

**Chair**: Regan Delf

**Notetaker**: Lynda Primrose

**Dr Galloway, Sarah Rose and Jonathon Glass were welcomed to their first meeting with the PPG. Introductions were made.**

1. **Apologies –** were received from Jim & Kitty Bond, Lesley Droney, Paul Frost, and Anne-Marie Ricketts.
2. **Dr Galloway** was congratulated on her new role of Interim Medical Director and updated members as follows:
* She had been a GP and Senior Partner for 21 years.
* Joined IC24 in February 2024 to lead the “remote hub”.
* This role developed into Interim Medical Director after Dr Supple left IC24.
* Her responsibilities covered the three IC24 practices in Sussex: two in Brighton and HIHC.
* She worked remotely on two clinical days for Herstmonceux, and a further two days as Medical Director, during which she often came down to Herstmonceux including an overnight stay when necessary.
* In response to a question from Regan, she confirmed she had experience of working with the PPG in her previous practice and had a close working relationship with the group.
* She confirmed that she would regularly attend the PPG meetings and would attend in person whenever she could.

Discussion took place on the up-and-coming CQC Inspection. The Inspector usually wanted to meet with PPG Chairs and Regan felt that, as she and Lesley were new to their roles, they were not informed enough to be able to discuss the surgery’s strengths and weaknesses, or to put forward evidence of any changes made to the practice as a result of PPG input. It was agreed that Regan and Lesley would meet with Dr Galloway and Mel to discuss. **Action: Regan & Mel**

1. **Minutes of the last meeting on 25th July 2024** - Mel reported that at the bottom of page 2 it should have read **Vicky** had joined the reception team, not Nicky. Subject to this, the minutes were agreed.
2. **Matters arising**
3. **Re-implementation of Newsletter** - Mel reported that it was still proposed that a newsletter would be shared across the three IC24 sites; Dr Galloway agreed this would be sensible. Mel stated that technical support would hopefully be provided by Dom. As a first step, it was agreed that Dr Galloway, Mel and Lynda would meet to discuss possible content for the first newsletter.

 **Action: Lynda/Mel to arrange meeting**

1. **Planning application for land adjacent to HIHC** – Jonathon had attended the planning committee meeting and was pleased to confirm that the application had been refused. It was hoped that there would not be an appeal as the Parish Council owns the access road and would refuse access.
2. **PPG Flyer -** Copies of the latest draft were tabled and two amendments were agreed:

Mel would arrange for 100 copies to be printed; some to be put in the foyer and waiting room, remainder to be passed to the PPG for distribution as appropriate. **Action: Mel/PPG Members**

**PPG Noticeboard** – Lynda confirmed that this was now updated. Those members present confirmed that they were happy for their names to be listed under “Current PPG Members”. Lynda informed them that no personal contact details would be given. Two new members to be added.

**Implementation of new On-Line Consultation facility (ACCURX) –** Mel reported that a “soft” launch had taken place, under Dr Galloway’s supervision. At present this was only through the NHS App and was not yet being promoted by the surgery. However, it should ‘go live’ on the HIHC website within the next 2/3 weeks. Patients will also be able to access it while in the NHS App, if they so wished.

The Remote Clinicians team would be responding to the medical requests and admin staff/other clinicians would respond to other issues. In response to a question from Jonathon, it was confirmed that Video Consultations were immediately available (on Smartphones) during telephone appointments, if the patient requested this or if the clinician felt it was necessary.

1. **Number of patients not using on-line repeat prescription requests** – Mel reported this was under investigation. It was agreed that if this was a large number, PPG members might be able to carry out another promotion at one of the vaccination clinics. **Action: Mel**
2. **Transparent face masks –** Dr Galloway reported that these did sometimes cause problems as they could steam up quickly. However, it was accepted that, as they could be useful for consultations with some patients, they would be made available to clinicians. **Action: Mel**
3. **Staff and Practice Update / Friends & Family Survey / Flu, Covid & RSV clinics**
4. **Staff Update -** Mel reported as follows:
* Sadly, Dr Anderson had left the surgery to work nearer home. Dr Galloway was in the process of recruiting a replacement GP as soon as possible. Members of the PPG expressed their disappointment that she had left as they had found her to be very helpful and effective in post.
* Beverley Gowing was still covering the Senior Receptionist role.
* They were in the process of interviewing for another Receptionist.
* She was pleased to report that all other vacancies had been filled.

Some members had noted that a new GP was listed on the website: Dr Claudine Anstead. Mel reported that Dr Anstead was a member of the remote clinicians team. Concern was expressed that there was now no permanent female GP holding clinics at the surgery. Dr Galloway stated that she or Dr Anstead would come to HIHC to see female patients if a patient particularly requested to see a female GP. Bev reported that it was very difficult to recruit female GPs but they were endeavouring to do so.

1. **Friends and Family Survey (texts sent to patients after appointments)**: Members had been sent the results of the August survey**.** A total of 273 responses were received, broken down as follows:

Very Good 231 (85%)

Good 17 (6%)

Neither good nor poor 8 (3%)

Poor 10 (3.5%)

Don’t Know 4 (1.5%

Mel reported that at the end of the F&F survey, there was now a question for patients to tick if they wished to be contacted by the surgery to discuss their concerns. Bev was the Patient Experience Person (PEP) for the practice and would be contacting those patients who had requested this. This development was welcomed by members.

Members were informed that HIHC had been ranked 150 out of 6500 practices across the country (within the top 2.5%). Members congratulated the surgery on this excellent result and asked for this to be passed on to the staff. Also, Mel reported that ‘Google Reviews’ was in place. So far they had only received sixteen reviews but most of these were positive.

1. **Covid/Flu/RSV Clinics:**

**Covid -** Mel reported that three Covid clinics for Herstmonceux patients were being held at the Meads Surgery in Uckfield, the first one being on Sunday 6th October. Response had been good and the first two clinics were already booked up. It looked like the vaccine would be Pfizer. On behalf of HIHC, GP Federation staff would be giving vaccinations to housebound patients, as previously. It was hoped that in the spring, after a re-inspection and staff retraining, it would be possible to hold Covid clinics at Herstmonceux again.

**Flu** - would hopefully take place within a week. A delivery of the vaccines was due to arrive the next day. If these were delivered on schedule, patients would be invited to book appointments at Herstmonceux. Mel confirmed that the surgery might need support from PPG Members and this would also provide an opportunity for them to promote ACCURX.

**RSV** (**Respiratory syncytial virus) -** this was a new vaccination and the vaccines were on order. Patients aged between 75 and 79 would be invited to book an appointment.

1. **PPG Annual General Meeting**

Regan reported that she had heard some PPG’s hold an AGM. She had discussed this with Lesley and Lynda, and it was proposed that the HIHC PPG held an AGM in the Village Hall in March 2025. The cost of hiring the hall would be in the region of £55 and the request would be to IC24 to see if they would cover the cost. A tentative date had been set for Friday 20th March at 6.30pm, subject to availability of the village hall. Dr Galloway stated she should be happy to attend. The agenda could include the following:

* Introduction by Dr Galloway
* PPG Plans/ what has taken place over the last year or two
* A speaker from Young Healthwatch
* Elaine Wakeman from the Integrative Health Board to be asked if a member of her team could attend to give an overview of the NHS App

Members were supportive of this proposal and it was agreed that a working group would be formed, comprising Regan, Kevin, and Lynda. **Action: Lynda to arrange a meeting in October.**

1. **Feedback from High Weald PPG meeting** – Regan reported she had logged into this on-line meeting last week and found it very interesting. She reported the main issues as follows:
2. **A** **Community Rehab Hub** had been piloted at Uckfield Hospital which covered patients in High Weald, Lewes and The Havens. This had been very successful and two more hubs were to be rolled out across East Sussex. One hub would cover Eastbourne, Hastings & Rother. The other Hailsham and Seaford. This would be an extremely useful facility, involving multidisciplinary staff, and serving patients with complex health needs, including Parkinsons, MS, Strokes, MSK issues etc.
3. **Data Protection** – draft guidance for PPGs had been prepared by the NHS Sussex Primary Care Team. This was very complex and the High Weald PPG group were going to question whether it was really necessary/proportionate. After discussion it was agreed that Regan would contact the person who provided the draft guidance with a view to inviting them to talk to HIHC PPG. **Action: Regan**

In the meantime, it was suggested that all PPG members were asked if they were happy to share their email addresses within the group email. Those present confirmed that they were happy with group emails to continue in this way. **Action: Lynda to check with those PPG members who were not present and to arrange for all members to sign a declaration to this effect at the next meeting.**

1. **DSB Checks for PPG Members -** Discussions had taken place on whether DBS (Disclosure & Barring Service) checks were required for PPG members as they were never in a position to be alone with a patient. Dr Galloway agreed with this as DSB checks were usually only required for people who have “sole access”. However, she was happy to help with a Risk Assessment. **Action: None at present**
2. **Any Other Business –** discussion took place on the PPG’s new email address. Concern was expressed that this could be used by patients to raise medical issues. It was agreed that it required an “Auto Reply” stating that a response would be made within 7 working days and to emphasise that the email address should not be used to raise clinical issues. **Action :** **Mel to ask Dom if it was possible to implement this.**

**Date of next meeting:** Thursday 7th November 2024, 1 - 2.30 pm.

Maria Graves, HIHC’S Social Prescriber will be joining the meeting.