**Hamstreet Surgery**

**Patient Participation Group**

**Meeting Minutes 5th February 2024 at 5.00pm**

**Held at Hamstreet Surgery**

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| **Present: Dr Kim Manley (Chairperson) (KM),** **Sarah Ansell (SA) (New Chairperson), Liz Sweeney (LS) (Deputy Practice Manager), Dr Helen Daniel (HD), Judith Marsh (JMarsh) Virtual, Dr Chris Gove (CG), Susan Gove (SG), Sue Scamell (SC), Maria Callow (MC)****Apologies: Simon Dyer (SD), John Cowell (JC), Jeff Moorby (JMoorby), Susan Urquart (SU), Aline Hicks (AH), Vanessa Boler (VB)** |
|  | **To action** |
| 1 | **Welcome and Introduction****KM** introduced Sarah Ansell (SA) who will be taking over as Chairperson in June and will be chairing the meeting.  |  |
| 2 | **Actions and matters arising**PPG members list of Expertise produced from the last meeting checked and agreed. |  |
| 3 | **Claims, Concerns & Issues****Positive statements:**Good doctors surgeryEveryone pleased they can see a member of staff quicklyReceptionists extremely helpful and excellentQuick response to emergency situationsNon patients see our surgery as very goodPar excellenceAlways hear about positive responses from othersGood team cultureVery supportive in time of need, especially for those who are vulnerable, thorough in explaining next stepsJoined up care especially when most in need, supported throughoutVery person centred.**Concerns:**Length of wait for hospital appointment.Time spent in A&EOut of hours/ 111 care delaysFollowing a referral a report went missing at the hospital for 3 months**\*All above concerns are external to the surgery**Concerns for capacity for population growth by PPG in the past. No concerns in the past or currently. **Issues:**What influence can GPs have over treatment by out of hours or hospital care? If all PPGs mention it to ICB maybe they can influence change.**Action:**KM to prepare draft statement for the Kent and Medway Integrated Care Board (ICB), to be agreed by the PPG, raising concerns about system-wide issues  |  |
| 4 | **GP report**We have a same day access service for the whole of Ashford. Appointments are every day at Musgrove surgery (please state where this is) and it is currently working well. Each surgery has an allocation of appointments but if there are spare appointments we can use more.Pharmacy 1st service. 8 routine conditions can go to a pharmacy to be seen and get medication if required. Any consultations with the pharmacy will come back to the surgery to be added to the patient’s records. It is a phased service and could incorporate more conditions in the future. Pharmacies and General Practices need more ‘advanced level practitioners’ across all the health professions as these are all autonomous prescribers, but this is a good start.**Action: Members asked if information on the nearest pharmacies & conditions covered could be on the website, poster, TV etc. LS to request**Dispensary is open until 8pm on a Tuesday for the collection of prescriptions.Smear uptake rates have improved this year and we have nearly met our targets.Ivy Court have a new PPG chair and they are keen to work with other PPG in our PCN, KM & SA have already made contact and have arranged to meet up soon. The Ivy Court PPG chair is organising a menopause awareness event and it would be good to see how this goes. There is currently a waiting list for ear syringing as new staff needed training updates.The recycling of inhalers has started and is going well. There is a bin at dispensary for patient to use.Action : Sarah (Dispensary Team leader) to be invited to come to the next PPG meeting to explain how things work in the dispensary and the timescales we have. LS to inviteWe have a new telephone system display in reception which gathers and shows information on calls coming into the surgery. We will then be able to analyse this information.SG mentioned about prostate conditions being in the news at the moment and is this affecting the surgery. It is too early to say as no information at the moment. |  |
| 5 | **Webinar update and proposals**After the feedback from MacMillan Cancer Service it has been agreed to leave the webinar for now and to concentrate on the volunteering proposal.Action: KM to contact Macmillan and thank them for their input to date |  |
| 6  | **Volunteering Proposal**The proposal needs to be useful, add value, keep the population healthy but not add to workload.KM There needs to be a framework, but first steps not too ambitious to start.Summary feedback on HD proposal from members unable to attend.JMoorby agreed it was positive but getting it done can be difficult.AH there is £3,000 fund from Ashford Borough Council which can be accessed to help.RCGP have an Active Practice Charter which looks really interesting. Charing surgery already have it and have a page on their website (Live Well Love Life) with information on all the activities in the area e.g. gardening group, health coach, walking groupCG mentioned relative’s GP has prescribed gym sessions which are free. HD – we can do that at Hamstreet but it is at a reduced rate rather than free.**Suggestions from PPG members*** Access the health coach from Charing surgery
* Be companions for newly diagnosed patients. PPG members have areas of interest/experience which could be used. SA already helping patients considering spinal implants. The need for DBS checks was identified when working with individuals.
* MC Charing idea great & we could link to already existing groups in the area. A gentle nudge “let’s get people moving/let’s get healthy”
* MC Consider a lap of the green before or after an appointment. 1 lap is 100 steps/10 mins. Staff could do a lunchtime lap. If any groups are held at the surgery encourage them to do it as well. Could also partner with local café or groups to do a lap of the green. If people are interested there could be a sign up sheet so we could gather data to evaluate the success of the idea. Consider standing rather than sitting when waiting for an appointment.
* CG Peoples understanding of diabetes is not always good. They think it’s a minor illness. Education vs Ignorance vs Awareness. Could anything be done to improve this?
* SC Walk & talk group
* JM Charing’s webpage really good. Hamstreet already does good things so link into it.

**Actions:*** MC to frame what has been discussed. KM agreed to help MC if support required
* Link with Charing health coach
* Look at how to get information out there to patients, sign up form, should it be coded on patients notes
* Pursue active charter 5 strands
* Find groups and places that are already out there to be part of it. Doesn’t need to be anything different or extra but just making people aware of what is available.
* Walk & talk support. May need volunteers. See how Ivy Court’s menopause group goes. Better to have informal groups than formal groups.
* MC it’s been shown there are better outcomes for patients and increase in uptake when there is support before and after procedures. SA East Kent Hospitals already have support groups which patients can sign up to. Need to get information to patients.
* JM Social Px already have contacts and lots of information so we could share resources.
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| 7 | **AOB**No AOB except to agree date of next meeting. |  |
| 8 | **Date of Next meetings:**Provisional date Monday 20th May 2024 @ 5:00pm |  |

Appendix 1

Information SA has received from our local Volunteering Services:

*Regarding the numbers for Ashford, we have 24 volunteers in this area on my books. 5 in TN23, 7 in TN24, 3 in TN25, 3 in TN26 and 6 in TN27 😊 just waiting to hear back from EKHUFT.*

*I also thought I’d say we work closely with Ashford Volunteers Centre in town – they might be a good source of volunteers for the PCN’s too.*