**Hamstreet Surgery**

**Patient Participation Group**

**Meeting**

**Meeting Minutes 21st February at 5.00pm**

**Held at Hamstreet Surgery**

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| **Present: Dr Kim Manley (Chairperson) (KM),** **Liz Sweeney (LS) (Deputy Practice Manager), Dr David Bridge (dr DB), Sue Scamell (SS), Sarah Ansell (SA) Virtual, Deborah Comfort (DC) Virtual, Marie Marshall-Lucette (Apologises), John Cowell (Apologises),** **Susan Gove (SG) (Apologises), Chris Gove (CG) (Apologises), Alina Hicks (AH), Carolyn Drew (CD) Minutes Susan Urquart (SU) apologises**  |
|  | **To action** |
| 1 | **Welcome and Introduction**KM welcomed all PPG Members to the meeting. KM went around the room for introductions and invited an optimistic spring word  |  |
| 2 | **Minutes, Matters arising and actions:**Terms of reference: KM run through the amended terms of reference, pointed out all the changes in red. - All present agreed to contents.drDB advised generally the AGM will be in May and become part/one of the PPG meetingAppendix 1 to Terms of Reference KM run through the again (amendments/changes in red)KM mentioned it would a good idea to have named representations in certain areas for support mechanism, connecting people to information provided by these representatives.SS is happy to be lead in Mental Health, SA will be happy with being lead in Disabilties (long covid in particular) Agenda Structure – Invited speaker and introduction – lead as collective Leaders through linked nameCCIs- at alternating meetings Glossary:KM ran through and conducted a quick explanation * LS to finalise changes TOR ready for the AGM
* LS to explore with Claire Dawber if the glossary can be linked to the PPG Webpage in some way
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| 3.  | **Claims, Concerns and Issues** KM asked the group for positive statements concerning the Surgery under the heading claims, the following are some of the examples the PPG come up with :- Staff proactive, excellent communication, expertise, person centred, Professional, ring back after 12 beneficial. Under Concerns: People believe they have to wait long time – due to media – perception. Misplaced concern about capacity due to more houses be built, can the practice cope?Under Issues: can Doctors be retained at the Surgery – recruitment**Action:** KM happy to draft/support development of a reassuring statement regarding the concerns and issues and endorsed by Dr Bridge view that these were misplaced. **Action:** LS to discuss with Claire Dawber the next steps in preparing a statement.  |  |
| 4.  | **GP Report**DB mentioned that the Surgery is still awaiting CQC visit outcome. Staff changes and updates, recruiting for a replacement nurse, couple of staff members will be going on maternity leave soon. Dr Lourenco’s 6 monthly review is coming up. Dispensary have changed their closing time on a Tuesday evening to accommodate patients who work etc. We have now become a Veteran Friendly Practice; CJD explained to the Group what this actually means. We have a some new social prescribers joining the PCN, the Social prescribers just recently organised a Coffee morning (for a catch up and a chat) DB provided a useful demographic breakdown for the ages of citizens registered with Hamstreet General Practice. This showed the largest number of citizens registered were between 50-59, followed by 60-69 for both male and femalesKM asked the group if everyone knew what a social prescribers was. KM just gave us a quick insight. DB Suggested that Kirsty our Social Prescribing lead could attend one of our PPG meetings to explain social prescribing and its relevance.**Action:**DB suggested that Kirtsy could attend one of our PPG meetings to give a brief introduction **Action:** LS to ask Kirsty to speak to the PPG  |  |
| 5 | **Kent and Medway Medicines Reconciliation Team Update**KM requested an update on this following a request for someone from the PPG to join as this was an important opportunity that feeds into the new health and care structuresAction: LS to explore with Claire Dawber |  |
| **5** | **AOB** It was queried whether Ashford PPG was still going **Action:** LS to find outWe identified that we would aim to present 2 webinars (as our objective for the next year) in the autumn that would increase accessibility for the local population. 1) Experiencing Cancer 2) Long CovidSA agreed to work with KM on the Long Covid webinar. It may be possible to draw on a patient from the practice experiencing long covid and integrateThis with social prescribing also.* KM to contact SA for a preliminary discussion
* KM asked if e-mails could be circulated to enable us to communicate with each other. KM’s email is kim.manley88@gmail.com

KM can set up/use webinar from home but need some guidance from the practice about governance etc Timing ideas were discussed as maybe one in the afternoon and one in the evening to access different groupsKM asked if anyone wanted to explore the use of Twitter after the session.There was no-one, KM stated she would try and use the PPG Twitter handle @PPGHamstreet1) more to raise the profile a bit. KM It was suggested our next meeting would be the 13th June, however KM cannot make this date, so I have suggested 27th June?  |  |
| 6 | **Date of Next meetings:**June 27th 2023 @ 5.00pm to include AGM Zoom link to be sent out with the agenda for those wishing to attend virtually |  |