**Hamstreet Surgery**

**Patient Participation Group**

**Meeting Minutes 20th January 2025 at 5.00pm**

**Held at Hamstreet Surgery**

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| **Present: Sarah Ansell (SA) (Chairperson), Liz Sweeney (LS) (Deputy Practice Manager), Dr Anup Patel (AP), Claire Dawber (Practice Manager), Judith Marsh (JMarsh), Dr Kim Manley (KM), Jill Mew (JMew), Maria Callow (MC), Jeff Moorby (JMoorby), Helen Hutchings (HH), Susan Gove (SG), Susan Urquart (SU), Sue Scamell (SS), Aline Hicks (AH), Simon Dyer (SD), David White (DW) - virtual**  **Apologies: Dr Chris Gove (CG), Dr Helen Daniel (HD)**  **No message from Ben Conlon (BC), Vanessa Boler (VB), Spencer Goddard (SG), Paul Wilson (PW)** | | |
|  | | **To action** |
|  | **QUARTERLY MEETING** |  |
| 1 | **Welcome and Introduction**  Brief introduction by members for new members.  **JMew** asked for her declaration of interest to be updated as she is now a NHS Governor for Folkestone & Hythe. |  |
| 2 | **Actions and matters arising**  None |  |
| 3 | **Dispensary Update**  **AP/CD** Active Charter - Is good for the surgery and good practice is benefitting staff and patients. Dr Daniel introduced less cakes/biscuits and more fruit. Staff have been logging step counts and weight loss.  **AP Dispensary Practice**   * We generally issue 28-day prescriptions. We don’t have a pharmacist so prescriptions are issued by GPs and allows for monitoring, less room for error & reduces waste. * Roughly 15,000 items are issued a month. We have 8 dispensary staff plus GP time is involved in issuing prescriptions. The number of items issued is going up due to new medications and practice number slightly going up. * We advise 3 days’ notice (except for urgent or acute medication) to allow for ordering, delivery, processing and preparing for collection. Holiday times can affect ordering/delivery and workload. * NHS App makes processing a prescription easier as it is electronic, so no paper, no chance of error and may reduce lead time. Patient Access App still has to have some manual input.   **NHS App**   * **JMew** asked if Hamstreet would like patients to have the NHS App. **AP** we would but we know IT can be difficult to use so could need time to help people e.g. drop in session. The Proxy Access is good on the NHS App and patients can specify what can be seen through Proxy Access. We would like more patients to move to the NHS App and to support patients to do this. This is with a view to making it our main method of requesting prescriptions. We currently have many different prescription request methods and to avoid errors and reduce processing time we need to streamline the process. * **SGove** asked if there have been people who can’t get onto the NHS App. **AP** Yes there have been and next time a patient is in they can discuss with reception or GP as there are somethings we can do our end to help – such as authentication. * **SA** The NHS App shows the prescription has been approved but can still take 7 days for her pharmacy to have it ready. This means the prescription has to be put in early. **AP** This would be down to the pharmacy as once the prescription has been approved it goes electronically that day to the pharmacy. * **JM** Do we have the figures for the % of patients who have access to the NHS App. **CD** Yes we do and Sam King (Reception Team Leader) is our NHS App champion. **LS** I have started a FAQ on the Apps so will get this completed for information. * **AH** would like to say 3 days for processing is really good. **AP** that’s encouraging but we always try to be even better. * **SD** who can we contact if there are issues. **CD** we do have details for support if patients are having issues. * **JM** KMICB likely to be pushing the NHS App. **AP** There are lots of developments going on with the NHS App and functionality will increase over time. * **SA** are we thinking of using a system like Anima for Triage. **AP** No plans at the moment but we do review regularly. * **SD** feels things are not joined up at the moment. **AP** the NHS App will become the meta app which will link everything together. * **SD** Has noticed hospital appointments can appear in the NHS App with no notification. **AP** there are issues with this and the hospital are aware but good if patients can feedback to PALS.   **WhatApp**  **CD** There is now a WhatsApp channel for Hamstreet Surgery. It is being tested with staff first and CD asked if the PPG be the second testers? Once tested it will go out to all patients. There will only be one way messaging from the surgery. It can be used to inform patients on things such as power cuts, system issues and anything that may affect our day-to-day working. **SA** agreed for the link to be sent out when we are ready.  SA asked if there were drug shortages would patients get notified. If they are dispensing patients then we would notify the patient, if they are non-dispensing it would be down to the pharmacy.  **Medication Reviews**  **AP** these need to be done at least annually but some need to be done more often throughout the year. We have 3 staff that monitor reviews. Patients who need Long Term Condition (LTC) reviews will normally be invited in the patient’s birth month. The patient will have a nurse/HCA appointment for any tests followed by a GP/nurse review. They are really useful (for patients and clinicians) but they do use lots of resources at the surgery especially chasing patients. If patients do not come for their reviews, we sometimes need to reduce medication until the review has been completed.  **KM** mentioned there can be a note on the prescription to say a review is due but not what to do. **AP** we will look to see if we either remove the message or give more information. **KM** should be patients’ responsibility but agreed not all patients will do this.  **Digital Health**  **AP** we are trying to adapt for younger patients and offer more digital health/medicine. We are using text messages if appropriate. We have a robot in reception, which will check Blood Pressure, weight and height.  **General Comments**  **SD** if prescriptions will take longer than 3 days how would a patient know. **AP** patients should be notified except in unusual circumstances. May start texting when prescriptions are ready for collection. **SD/HH** this would be very useful if put in place. **CD** it was trialled over Christmas and worked well.  **MC** Do we get much medication wastage. **AP** If the medication has not been collected after 28 days the patient will be contacted to collect and if not it will be destroyed. Medication reviews are a good time to evaluate prescriptions and needs to avoid wastage. Overall patients seem happy but we always welcome feedback.  **MC** do patients treat staff respectfully? **AP** 95%-99% ok but there are always some angry/frustrated/aggressive encounters.  **JM** are there any complaints? **CD** more grumbles than anything else.  **AP** there is a triple checking method, when prescribing, which is evaluated at every point. **CD** patients sometimes need to remember 3 days is a full 3 days. Maybe good if PPG can help spread the word. **SD** texts when prescription is ready would help with this.  **JM** do we do anything with DNAs? **AP** Sometimes especially if it is a GP appointment. May contact to see if ok. Not sure what else can/should be done. **CD** DNA information is on the waiting room screen.  **AH** Boundaries of other practices have changed, will ours. **CD** our boundaries have stayed the same for a long time. **AP** patient numbers have increased lately but we constantly review appointments and offer 72 GP appointments per 1,000 pts per week, plus other appointment such as nurses. Can be telephone or F2F. **MC** would be good to have benchmark against other surgeries. **AP** difficult to get as every surgery runs differently. **MC** shows how good Hamstreet Surgery is.  **SD** had recently been sent to another surgery to be seen. **AP** this is due to us opting to utilise other surgeries appointments, if appropriate, to aid winter pressures. **SD** could need more information as to why. Reception did explain to him but could be confusing. **AP** maybe need to put more information on website/WhatsApp to say might be seen at another surgery if appropriate. **SU** Will the consultation go back to Hamstreet Surgery if seen elsewhere? **AP** Yes it will and they can see your history as well. **SU** Lucky to have good service here. **SGove** Do need to go to other surgeries for specific services. **AP** Yes e.g. ECHO, Ultrasound, Community Services. **SU** Saves time. **SGove** External services are increasing.  **Actions**  LS To complete the FAQ for App  LS to send out WhatApp link to PPG members.  AP/CD review message on prescriptions regarding reviews. |  |
| 4 | **Hamstreet Active Charter**  **MC** updated on identifying funding for activities and bike rack.  Active Kent have available funding and KCC (through Parish Council) may have funding we can access.  **CD** we are definitely interested in funding for a bike rack but timing will need to be linked to when the changes to the staff car park are completed. Hopefully this will be in the Spring and then can move forward with the bike rack.  **MC** currently identified 15 activities in the area that can be accessed. Everyday Active Kent has links to activities in the area  [Are you ready to start moving more in your everyday life? - Everyday Active Kent](https://www.everydayactivekent.org.uk/)  There wasn’t an Everyday Active Champion for our area so Maria has volunteered to do this. Congratulations to Maria from the group. The Everyday Active website does due diligence and checks out the activities before they are put on their website to make sure they are accessible for all and either free or a small fee. It would be good to put the link on our website.  **MC** Active Kent would like to link with Hamstreet Surgery. Maria joined our recent Couch to 5K and found it really good. Maria is now a qualified NHS Health & Wellbeing Coach.  **Action:**  LS Add Everyday Active website link to our Active Practice Webpage – Link already on our website.  LS liaise with Maria regarding funding and links to other groups.  LS to invite Sam Yore and Beth White to next PPG meeting. |  |
| 5 | **AOB**  **SA** Mentioned the NHS 10 year plan survey. Discussed sending a consolidated response from the PPG. KM will collate and send so if anyone wants to contribute can they send their response to KM by 7th Feb 2025. KM will write up and send out to group for approval and then submit.  **JMews** advised public can also respond individually and it was agreed it would be good to do individual and group responses.  **JMoorby** biggest issue he finds is every place has a different identity number, not just NHS Number.  **CD** Dr Jack Jacobs will be the PPG GP representative for the next year and will attend the next meeting. **SA** asked for a thank you to be sent to Dr Helen Daniel for being the PPG GP representative this last year. LS will do. |  |
| 6 | **Proposed Date of Next meetings:**  Full PPG Provisional date Monday 31st March 2025 @ 5:00pm |  |