## **Horndean Surgery**

## **Patent Participation Group Committee Meeting**

## Minutes of Meeting held at Horndean Surgery 09.09.2024

Members Present: TB (chair), JF (secretary), SL, PK.

## Practice Partners Present Dr CM, Dr ZH, JS, TH

Apologies: AM, AS, BL, TL.

Item:		Action:
1	No actions were required from the last meeting notes. PK requested the following clarifications from the <b>previous</b> <b>meeting minutes:</b>	
	• Self-referral to Physiotherapy, PK said it was not clear from the surgery website how patients can do this, ZH said this is a referral to the Southern Health Physiotherapy Service and not directly to the Surgery, there is a link for patients to be able to self-refer which will be added to the HS Website and re-advertised on the Facebook page.	JS/TH
	• Volume of patient survey responses, PK felt the numbers reported (160) did not correspond with the documents received (44). There were 2 separate documents containing survey responses, the online (Survey Monkey) returns counted as 151 returns, with the paper surveys counted as 44, the 160 reported was an estimate with the actual total being 195.	
	CM said that following the successful exercise to develop a Surgery <b>Mission Statement</b> this has now been completed, this was a combined activity between the Surgery staff and the PPG representing the HS patient base. The new mission statement would be displayed in the Surgery and added to the Surgery branding on the Website & Facebook page.	
	<b>Apologies</b> have been received from AM, AS and RL with <b>resignations</b> received from DT and TL, no contact from AI (now resigned).	
	Anonymised copies of the previous minutes will be sent to JS for publication on the HS website.	JF
	No additional AOB items recorded.	
2	Update from Practice:	

	JS announced this years Flu & Covid vaccination program is scheduled to begin this month with a new addition of an RSV (respiratory syncytial virus) vaccination now being offered from 1 <sup>st</sup> September 2024.	
	ZH confirmed those eligible will be those who turn 75 after the 1 <sup>st of</sup> Sept '24 and those who are already between 75 & 79 up until the day before their 80 <sup>th</sup> birthday.	
	For those not yet 75 the NHS will invite them for a vaccination when they reach their 75 <sup>th</sup> birthday.	
	Ideally patients should have a one-week break between the RSV and Flu & Covid vaccinations, so the RSV program begins this weekend with the first Flu & Covid sessions running on the 5 <sup>th</sup> & 12 <sup>th</sup> October 9am – 1pm. JS asked if anyone was available to help the surgery on the session dates, SL & JF volunteered.	
	It was also asked if CR may be able to deliver a NHS App training/guidance session during these clinic dates as he has offered in the past. JF will contact him to see if this is possible.	
	ZH informed the group that the PCN physiotherapist has been unwell for some time, so a new supplier is being sourced.	JF
	Following the successful recruitment of a new paramedic ZH and CM reported this has been a great success and already the postholder has become an asset to the practice attracting excellent patient feedback.	
3	Update from Patient Information Sub-group:	
	PK asked why the Surgery staff were not wearing name badges as this would help to make the patients feel more welcome. JS said that more needed to be ordered for new staff members and as they are magnetic, they are easily mislaid but staff would be reminded to wear them if they have them.	JS
	A discussion around the work of the Patient Information Sub- group took place to understand if the two projects completed, Men's Health Week and Cervical Screening, were what the Surgery expected, or if the balance and volume of content could be improved or amended for future campaigns. PK felt there may have been some frustration felt by PPG members that their efforts were not used effectively, or as intended and other content was published which gave their solutions a shorter shelf-life than expected.	
	JS explained that they rarely have visibility of the content to be sent from NHS England so there may be overlaps, or replacement content which the Surgery must publish on their platforms which may complement anything the PPG produces. ZH confirmed that video's such as AM's Cervical Screening	

	content can be "pinned" to the homepage, TH will make sure this happens, where appropriate, in the future.	TH
	PK asked the practice if the PPG area and the raising the profile of the PPG outlined in the PPG Terms of Reference (TOR) document was any closer to being implemented. We still do not have an identified notice board in the waiting area or a suggestions box for patients to add comments. PK suggested that the PPG committee members could wear name badges when visiting the practice to meet with patients.	
	JS and TH said they thought that PK was working with W on refreshing the noticeboard, PK will try to contact W again.	
	The next campaign has been identified as "Making the most of your GP visit", the practice will advise as to the content and PK will lead the group to develop a solution for the practice.	
		РК
4	Update from Customer Experience Sub-group:	
	In AI's absence TB talked through the survey response themes:	
	• Use of the NHS App – this has already been raised and hopefully CR will be able to support the Surgery in supporting patients to be able to use this more effectively.	
	• Directing patients to other services EG Nurse/Paramedic rather than GP – the Surgery are already proactive in asking the right questions to be able to signpost to the most suitable clinical staff member.	
	• Use of the "booking in" screen – the patient survey identified that this is not used for all clinical staff EG. Nurse appointments. TB asked if the screen is in the right place. TH replied that the glitches in the software mean that not all clinical staff are recognised in the system, this was a known problem which is being worked on. JS said that the cost of moving the screen meant this was not possible and that moving it outside of the waiting room left the machine open to misuse and damage. Moving it to the reception desk would cause a blockage around the area too.	
	• <b>Booking a follow-up appointment</b> – Patients have expressed difficulties in booking a follow up appointment at reception. JS said this is often because patients do not appreciate the Surgery work to a 4-week appointment booking horizon so anything longer than this would require the patient 'phoning within 4 weeks	

	of the required time. ZH and CM explained that patients needing urgent follow up within a 2-week timeline they would make themselves during the consultation so urgent cases are always seen. ZH further explained that GP appointment requests by Hospital Consultants also do not ensure the patients are made aware of the Surgery's 4-week appointment system. This is to be made part of the Making the most of your GP Visit awareness campaign led by PK.	
5	PPG/Practice Working:	
	TB asked how the PPG could work smarter with the practice to avoid causing more work or wasting effort.	
	RL had submitted the following questions which he wished to raise adding that he: "wished it to be clear that his view of the practice is that it provides an excellent service to its patients and it constantly strives to further improve these. Notwithstanding, an understanding of the perspectives of patients should also be considered positively. The combined knowledge and experience of the PPG members is impressive and should be valued. I am aware of instances where that hasn't been the case".	
	• "Does the practice welcome constructive suggestions from the PPG"?	
	The unanimous response from the Surgery was "yes" they very much valued suggestions from the PPG and appreciated and welcomed all the work completed by the PPG too.	
	• "Does the practice view the PPG as an inconvenience they are obliged to suffer"?	
	Again, the unanimous response from the Surgery was that the PPG was not seen as an inconvenience, as a non-mandatory requirement the Surgery value the PPG and it was in no way viewed as a "tick-box" activity. They are all very grateful for the work completed by the PPG and their involvement.	
	<ul> <li>"Would the practice actively support additional service provision if a sufficient demand could be demonstrated, and funding identified"?</li> </ul>	
	ZH responded that any additional services identified were able to be discussed and explored further with the practice.	
	JS suggested that perhaps the Surgery and the PPG could develop a joint quarterly newsletter, JF replied that she had already developed a prototype newsletter for consideration, JF to resend to JS.	JF
6	AOB:	

7	Date & Time of Next PPG Meeting: Monday 11 <sup>th</sup> November 2024 @ Horndean Surgery, 17:50 for prompt 18:00 start.	
	JF asked if the PPG could meet more frequently to enable better working and understanding within the group members, suggestion was a monthly meeting so that if members could not attend this would not have such an impact on the PPG. This would not need to practice members to attend so will not increase their commitment. JS offered the use of a room, JF to contact the rest of the group members to identify a suitable day and time.	JF
	SL asked, as she now appears to be the only member of her group, if she could be moved to be more involved. TB confirmed that the Sub-groups would be largely disbanded, and everyone is invited to contribute to any projects or campaigns within the PPG.	
	TB also asked if we could recruit some new members to the PPG Committee following the resignations received. JS confirmed she will send an invitation to apply to the Virtual PPG Group as she feels there may be some interest.	JS
	Following DT's resignation there is a vacancy for the role of Deputy Chair, TB asked for anyone who wishes to take over this role to contact him directly to discuss further.	All