



Patient Participation Group Meeting Minutes

Meeting Title	PPG Meeting				
Meeting Location	Mannings Suite/Teams				
Date of Meeting	3 rd July 2024	Start Time	11:00	End Time	12:30
Attendees	Tom Micklewright (TM), Alison Durrant (AD), Robin Gundry (RG), Stephen Lyons (SL), Diana Salisbury (DS), Lorraine Taylor (LT)				
Apologies/Absent	David Mannings, Sarah Glicksman				
Additional Distribution	N/A				
Minutes prepared by	Amanda Hulse				

Agenda		Action Status
Ref:		
1.0	Welcome and Introductions TM welcomed everyone and thanked them for coming. He explained that this was a reformed PPG. TM asked everyone to introduce themselves.	
2.0	The Ground Rules TM explained this this was not the area to make a personal complaint about the service. He asked everyone to remain friendly and courteous and that the conversations in the meeting be kept confidential.	
3.0	Chronic Kidney Disease TM explained that the practice had been preparing for a CQC inspection. The inspections had a new approach where less time was spent on site and more time spent virtually. A thorough inspection would only take place if the CQC found cause for concern. It was asked if the practice got notice of the inspection and TM stated that they would get notice. A 'deep dive' assessment had taken place	

	<p>by the IPC team to check that the practice was up to scratch, which had been successful. There were areas such as staff training and looking after patients with chronic kidney disease from diagnosis to annual reviews. TM stated that a body of work had been undertaken regarding this and there had been a backlog of patients. There was also a cross over with CKD and diabetes. Targeted diabetes training had taken place and a new diagnosis pathway with system prompts such as repeat blood tests had been created. TM said he would invite Dr Bennett, the CKD lead to the next meeting to give a presentation.</p>	<p>TM to invite LB to the next meeting to give a CKD presentation</p>
4.0	<p>System Connect TM explained that System Connect was equivalent to eConsult but was a better system being able to differentiate between new and old conditions, routine issues and admin requests. It could also assist with workflows; prioritise calls, housebound patients and patients on the red list who were clinically complex. He explained that winter pressure funding had been available which meant that the eConsult had been extended to 3pm together with clinical resource although funding would not be available this winter. DS stated that in her experience in the NHS the pressure never seemed to change now between summer and winter and TM agreed. TM stated that the availability of eConsult did create more work for the surgery and hoped that this new system would help to give more control over the volume of extra work the Practice could safely manage. TM would email the dummy link to members to test and welcomed feedback before trialling it in the practice.</p>	<p>TM to email dummy System Connect link to members to test out and give feedback</p>
5.0	<p>Veteran Friendly Practice TM stated that the practice was now an accredited veteran friendly practice, where registered veterans would be entitled to priority in healthcare. This included a covenant where if a patient was on a waiting list and moved areas they would keep their place on the waiting list in their new area. To start with there were only five registered veterans in the practice and now there were 65. The accreditation was aimed at clinical staff to include this information on referrals etc. and was now part of the new patient registration pack. RG asked what the time frame was to qualify as he and many other people had undertaken National Service. TM stated that there was no time limit and that one day in active service classed as a veteran.</p>	
6.0	<p>Emergencies in Practice TM explained that there had been an increase in clinical emergencies in the practice which had highlighted that the surgery were not well rehearsed and protocol was needed for response/lead on these occasions. Staff would be undertaking training next week during Protected Learning Time with a team of professionals coming in to train on different scenarios to upskill staff. SL asked if debriefs were undertaken with staff after an emergency in the practice and TM said that debriefs took place with individual staff as well as teams. He explained that there were three</p>	

	paramedics working at LTS although not every day and paediatric clinical staff were available. The emergencies in practice protocols would be complete by the summer.	
7.0	<p>Community Garden</p> <p>LT explained that as Chair of the Findon Residents Association she had been approached by someone who had expressed interest in helping to set up a community garden and was a trained horticulturalist. LT stated that she had put in a CIL bid (Community Infrastructure Levy) for funding at Adur and Worthing Council and would know in September if it was successful. The plan was for an allotment and a quiet garden in the back garden of Findon and a sensory garden in the front garden of number 6 and a garden at Goring. The fencing had been completed at Goring already. Should funding be successful a team of volunteers was needed. DHC was currently a shared practice site and provision had been made for a garden at the new surgery site in the future.</p>	
8.0	<p>Upcoming Staff Changes</p> <p>TM stated that Dr Bhagi was retiring at the beginning of August and that Dr Rajkumar would be leaving and the surgery were currently looking for a replacement with five years' experience post qualification.</p>	
9.0	<p>Any Other Business</p> <p>RG asked if there was a likelihood of visual appointments and TM said that this was already a service provided by the surgery. RG also asked if appointment reminders could be sent out. LT asked of the PPG group would grow and TM said that it would. SL said that he had sent a compliment on the form on the website regarding the speed of a repeat prescription request and had waited six weeks for an acknowledgement. It was asked if staff photos could be put on the website and TM said that consent would be needed from staff. SL asked if PPG notice boards would be reinstated. DS asked if future meetings could be held on a Thursday instead and this was agreed and a meeting would be arranged for two months' time.</p>	<p>A meeting be arranged on a Thursday for two months' time.</p>