PRIORY ROAD SURGERY

PATIENT PARTICIPATION GROUP (PPG)
MEETING ON 3 MAY 2023

Date: Wednesday 3 May 2023

Meeting Commenced: 5.30 pm

Members Present: LV
BW
HW
GM
Dr RP

Introduction: This was a 'face to face meeting' in the surgery – the first since the lockdown in 2020.
LV chaired the meeting. He asked, and it was agreed, that the minutes of the last meeting should be accepted. Apologies were received from JM. GM gave a brief resume of the previous meeting; matters then proceeded to hear an update from Dr RP.

Improvement to surgery premises: DR RP gave an update on the planned works to convert the room at the back of the surgery, adjacent to the nurses' room, into an additional consultation room with direct access from the waiting room.
He said two quotes had been received for the work and that funding had been agreed in principle with the Integrated Care Board (ICB). However, the ICB had required that the matter be deferred until this, the current, financial year. They also required the grant application to be re-submitted in its entirety on the form appropriate for this year's funding round. An administrator at the ICB had offered her assistance in the completion of the paperwork. Dr RP said with other pressures he had yet to take up that offer.
Members sympathised with the administrative burden falling on Dr RP and the hurdles along the path of getting the necessary consultation room in place. Dr RP said he had wanted the additional consultation room for some time. The upstairs consultation room was in regular use but it was a concern that access was via steep stairs which was an obvious problem for those patients with restricted mobility.
There was concern that the delays in a time of rapid inflation might mean the quotes for the work would need to be revised - compounding the delay. Dr RP said the architect costs for the work would have to be paid in any event. He would check the terms and conditions of the quotes.
Members hoped that the varios isssues could be overcome without too much more stress falling on the practice.

Paper Records: At the last meeting, Dr RP had explained the reasons why a decision had been made to the practice's patient paper records off site. That had now been done.

Members could see that a considerable area had been freed up in the staff reception area. Dr RP explained that access to patient paper records was not required for the great majority of patient consultations. The practice had been digitising many records for some seven to eight years. A system 'Docman' was in use. All patient letters from the hospital were routinely scanned as a matter of course.
The main reason why access to the patient paper records was still occasionally required was to deal with matters such as insurance company correspondence, where there was an obligation to scrutinise the entire historical file.
Members appreciated that but asked how quickly paper records could be retrieved from store if some particularly urgent issue arose? Dr RP said he would check that out and see whether there was an option – possibly by paying a premium to the storage company - for 24/48 hour recovery when that was exceptionally required.

Extended access: As mentioned at the last meeting, the nurse prescriber continues to take appointments of a Monday evening fom 630 to 8.00 pm. The mental health nurse also takes telephone consultations during that time slot. On Bank Holiday Mondays, Dr RP takes the appointments which would otherwise have been taken by the nurse prescriber.
HW asked whether Saturday morning appointments were still running? Dr RP said no, those had been facilitated by the 'Winter Access' grant which ran out at the end of March. The intention of that initiative had been to address the increase demand arising from winter ailments.

Covid vaccinations: Dr RP said the spring covid vaccination programme was now underway. Those in care homes, those aged over 75 and the clinically vulnerable were being contacted by the NHS to arrange to have a further vaccination – either by making an appointment at a centre or by calling in at a facility that offered 'walk-in' vaccination.
Dr RP said that the practice's care home resident patients had already had their vaccinations in this round. Dr RP said he believed the Town Hall was still in use as a 'walk-in' facility on some designated days of the week.

Patient access: Dr RP said the government, as a matter of central policy, wanted to ensure that patients see a GP within two weeks of seeking an appointment. He said that that target had always been something which the practice had met met. (Either by a face to face appointment or by a telephone consultation.)
As part of increasing access for patients, reception staff were signposting patients to designated health service providers to address some conditions. All eye conditions for those aged over four years could be referred to Specsavers who would act as a triage for the NHS (free of charge to the patient). Minor coughs and colds could be referred to participating pharmacies on a similar basis. If the pharmacist or optician regarded the matter as outside their expertise they would contact the surgery promptly for the GP to take up the matter with the patient directly.

Patient questionaire As mentioned at the last meeting, Dr RP said the surgery had done well in the nationally organised survey of patient satisfaction.
There were further initiatives which the practice was required to follow to monitor patient

satisfaction. Patients would be given a leaflet to complete at the end of a face to face appointment to give their view on how satisfied they were, similarly at the end of a telephone conversation patients would be asked to complete a brief survey by text to give their view on whether they had had difficulty in making the appointment, whether they had been given enough time, whether they would recommend the surgery to 'friends and family' and so forth.
Dr RP said it was now a mandatory requirement that the surgery should report the results of these surveys to NHS England by the tenth of each succeeding month.
Members appreciated that patient satisfaction was important and required monitoring, however, with all such matters there was an ineviable administrative burden.

Telephone: The updated telephone system provided by Louiscom with call queing was continuing to work well. There was an additional feature of the system which would shortly become operative. It was a 'cloud based' function which would enable queing calls to be identified. This would enable the member of the reception team who was at the counter to take a queing call, if she was not occupied with a face to face caller, whilst her colleage taking calls away from the counter was aleady dealing with a prior call. The calls could be accessed by staff via the computer and head phones. Additionally, reception staff would be able to see when a caller had been trying to get through to the surgery without success. They would then be able to identify the caller and return the call. Members thought that was a particularly welcome feature as it would help alleviate stress for those whose illness or anxiety was being compounded by a difficulty in contacting the surgery.
Dr RP said an arrangement was in place where the surgery had idenified those patients who were in palliative care through terminal illness. They, or their carer, would be contacted once a week by a staff member acting as a care co-ordinator. (Currently there were fifteen patients in the palliative care category.) Again, members welcomed this - it would help reduce stress arising through call queing for patients and carers to get a direct weekly call (each Thursday, say) to discuss how they were doing and how any needs might best be met.

Patient list: Dr RP said, for the reasons mentioned at the February meeting, that there had been discussion with the ICB about closing the patient list for a six month period. ICB representatives would be calling in person at the surgery within the next couple of weeks to dicuss the matter further.
Members hoped that the ICB would appreciate that the surgery as a single GP practice, was under great stress.
Of course, the underlying issue was the inadequate provision of GP services across the area. An effect of Covid had been to bring a further influx of residents to the town seeking affordable accomodation from which they could work from home - while potential new younger GP's seemed to look elsewhere to advance their careers. Wholly new GP surgeries were required to meet the increased demand and rising population but the current situation was that existing surgeries were under threat and stress from various factors – and one, the Little Ridge surgery, had actually closed.
Members wished the message to get through to the ICB and those further up the decision

making chain that urgent action was required to avoid a catastrophic situation developing.

Diagnostic Centre: GM said he and JM had had occasion to attend the diagnostic centre in Bexhill. The facility was in a Portakabin in a parking area. It was very quick and efficient. GM said he had seen reports that a similar facility was planned for Hastings. That was understood to be the case but it was not clear when it would be operational.

Next Meeting: The next meeting was agreed for Wednesday June 28th at 5.30 pm at the surgery.
The meeting concluded at approximately 6.30

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