**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON 28 JUNE 2023**

**Date:** Wednesday 28 June 2023

**Meeting Commenced:** 5.30 pm

**Members Present:** LV

 BW

 HW

 GM

 JM

 Dr RP

**Introduction:** LV chaired the meeting. He asked, and it was agreed, that the minutes of the last meeting should be accepted. LV gave a brief resume of the previous meeting; matters then proceeded to hear an update from Dr RP.

**Surgery telephone system:** Dr RP said that progress was being made with the installation of the 'cloud based' telephone system which had been mentioned at the previous meeting. Where the number of an incoming call was already on the surgery's system, the name of the caller would be displayed for surgery staff. The number of calls in the queue would also be displayed. An additional phone would be installed in the upstairs consulting room. Molly, from the reception team, explained how this would work in practice to improve call handling efficiency. In busy call times two of the reception staff would be able to handle incoming calls at the same time. Where a phone was linked on the surgery's records to more than one person in a household, all the names would be displayed. The reception staff would identify the correct one.

Shortly, the improvements to the system would bring up the relevant patient records to enable surgery staff to access that information immediately, further improving efficiency.

**Surgery computers:** Dr RP said, as part of changes across the NHS, that the surgery would cease to have desk top computers. Instead, all staff would be issued with a lap top computer which they would take home with them or leave securely at the surgery. All staff would have their own NHS card which would act as a secure key which would unlock the lap top and idenify the user when accessing or inputting data onto patient records. There would be a docking station and monitors in the surgery. Dr RP said that risk assessments had been done to ensure the security and confidentiality of data.

Dr RP said that some work on patient records was already being done by staff working at home. The 'DocMan' system scanned incoming correspondence. But, after scanning, work was then needed to link the data to the correct patient record and bring matters, as might be required, to the attention of the appropriate member of the medical staff.

**Patient access to notes:** Already, through the NHS app, patients could access information, order repeat prescriptions and so on. From October, patients would be able to access their medical notes, created after that date. Notes created before October would not be accessible at that time. Dr RP said access to older notes might come at some point, but a great deal of work would be required to enable that.

One positive from the change would be that patients would be able to see at a glance confirmation that the surgery had made a referral to a consultant or specialist clinic, where that had been promised.

These changes were all part of a broad move across the NHS towards greater patient involvement and replacement of paper records by electronicsystems which would allow greater and more efficient access.

**Building work:** Dr RP said he had had a meeting at the surgery with ICB personnel about the plan for a new ground floor consultation room. As had been mentined at the previous meeting, the ICB required all the paper work to be re-done in order to pursue a grant in this year's funding round. The paperwork was onerous. Dr RP said he was in the course of trying to complete it.

Members hoped that the work could be completed this year. It was regrettable that what was a modest and clearly necessary improvement to the surgery premises should be mired in such a level of procedural paperwork. Apart from anything else, it required considerable time input from Dr RP which necessarily was a diversion from medical work.

**Patient list:** LV asked whether any developments had occurred in respect of the request to the ICB from the surgery to close the the list to new patients in order to ease the pressure on surgery resources? Dr RP said, in his dicussion with the ECB, they had suggested that the list might be closed for up to six months (which was the most their policy allowed) when building work on the new consultation room started. Members struggled to see the logic of why the ECB should choose to link these two matters.

**Extended access:** Dr RP said the extended access arrangements, mentioned at the last meeting, were continuing each Monday evening, with the mental health nurse and the nurse prescriber offering appointments. Additionally, the surgery would host appointments on some Saturdays. There was a rotation of the surgeries in Hastings area to do this – our surgery would be called upon every two to three months.

**Diagnostic Centre:** Dr RP said the diagnostic centre at Bexhill – metioned at the last meeting – was now being used by the surgery to conduct blood tests for surgery patients when the surgery could not provide an appointment at the surgery without a delay. (As well as nurse availabilty there was a constraint on blood tests at the surgery – they had to be done in the morning to be collected in good time for analysis at the laboratory).

Blood tests could still be done at the Conquest when that was necessary, but the diagnostic centre could allow later appointments than the surgery could because the diagnostic centre had arrangements which allowed for later collection.

**Next Meeting:** The next meeting was agreed for Wednesday 20th September at 5.30 pm at the surgery.

The meeting concluded at approximately 6.30

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