NOTES - JOINT COMMITTEE OF THE PATIENT PARTICIPATION GROUP (PPG) AND BEARSTED MEDICAL PRACTICE
Thursday 7th November 2024 at 1.00pm at the surgery

1. Welcome and introduction. (Tony Spice in the chair)

   Tony welcomed all to the meeting. Emma Barringer (paramedic) joined the meeting in Sarah's absence and so the members introduced themselves. Tony noted he was in the Chair in his capacity as Vice Chair because the good news is that the PPG now has a permanent Chair in Fiona Brown. Unfortunately she cannot be at this meeting since she is on holiday.

2. Present

   Emma Barringer, Chris Dobson Dr Lisa Dolman, Sue Henderson, Goff Norrington, Bill Shepherd, Tony Spice, Derek Stevenson

3. Apologies

   Fiona Brown, Sarah Harrison, Sue Jackson, Christine Shade

4. Minutes from Meeting on 1st August 2024

   The minutes from the previous meeting were approved by the Chair

5. Matters Arising from 1st August

   Action 7.1: Sarah to bring the screen to life as soon as practicable.
   Dr Dolman noted the screen would be up and running in January. Sophie Moule from the reception team would be taking responsibility for the screen and also for updating the website. There followed a discussion about what would be shown on the screen and various topics were suggested. It is likely the content will be similar to when the screen was previously operating.

   Action 7.2: Chris to ask members for suggestions for the next newsletter.
   Suggestions were put forward for the newsletter. A lady at the AGM offered to help with its production and contact has been made. Several members of the committee will work together to define the content. There was also a meeting held to develop a broader communication strategy for the PPG. (See PPG update)

   Action 7.3: Sarah to ask one of the GPs attending the AGM to give a brief presentation on living a healthy lifestyle.
   In the event Dr Dolman gave a presentation about Respiratory Syncytial Virus (RSV) and the new vaccine. She also gave a brief talk on Social Prescribing.

   Action 9.1 Sarah to include Healthy Walking on the practice meeting agenda.
   Dr Dolman apologised that she had forgotten to include this item at the morning's Best Practice meeting but noted she would put it forward for inclusion at future meetings.

6. Update on Practice matters.

Dr Dolman advised that she would be retiring at the end of November after 30 years in the practice. Later in the meeting the committee thanked her for all her contributions to the PPG noting that she was relinquishing her title as the PPG's longest standing member. It is likely that, for admin purposes, Dr Dolman's patients would be transferred to Dr Jonathan Hogg, a new doctor who will join the practice later in November. Dr Hogg is currently working as a GP. However as is the current case, patients can see whichever doctor they choose although they are encouraged to stay with the same doctor for an ongoing issue.

Dr Wani will replace Dr Dolman as the PPG contact.

The practice has recently employed a Phlebotomist, Hayley Mercer. She is remarkably efficient and is able to offer appointments of just 5 minutes. She has brought down the (long) waiting time for a blood test from 4 weeks to just 2 days.

Also returning to the practice full time after maternity leave is Nurse Nerina Wilson. She specialises in respiratory monitoring for which there is also currently a backlog but hopes to deal with this backlog within 6 weeks.

The practice has noted that they are potentially prescribing antibiotics too frequently and is looking at ways to reduce this. This could include looking more closely at the reasons for patients to have "stand by" antibiotics to use at their discretion. However this will not affect patients who present with a severe cough or urinary infection. These will be seen urgently by a paramedic who will be able to decide if antibiotics will be required. The paramedic will then notify the duty Triage doctor who will issue the prescription. It is possible that Dr Mortimer will produce a video in relation to antibiotic usage.

Dr Dolman noted that there were still problems with no-shows, particularly in relation to telephone consultations. She noted that this very morning of the 5 calls she had booked only one answered. She noted that this is not just the call time that is wasted but the preparatory work she needs to do to be ready for the consultation. Whilst it may be of limited effect, the texts sent out to advise people of bookings could include a request to advise the practice if they cannot make an appointment or no longer need it.
**Action 6.1: Dr Dolman, Sarah to consider including a reminder in appointment texts to contact the surgery if an appointment cannot be met or is not needed.**

This section was completed by Emma describing some of her other roles including doing the "ward" rounds at Barty House and Hillbeck care homes, her interest in supporting end-of-life and palliative care and her role as contact with Heart of Kent Hospice.

7. Feedback from PPG AGM

There were several issues raised during the AGM and some in emails to the PPG account subsequently. A number of these related to communication including having an active and up-to-date website and the use of the screen within the waiting area.

Goff noted that he and Tony had met with Kevin Godfrey who had expressed an interest in supporting the PPG without being a committee member. He currently works in the NHS in Medway identifying ways in which IT and AI could be used to improve efficiency. It might be worth Sarah meeting with Kevin to see if there were opportunities for our practice.
**Action 7.1: Goff to connect Kevin Godfrey and Sarah.**

There were also several comments about the operation of reception and it was suggested it would be good if the receptionist was able to acknowledge the presence of someone waiting especially if they were not able to deal with the patient immediately.

It was suggested that an article in the newsletter might be used to describe the workings of reception together with the (completeness of) the role of a receptionist.
**Action 7.2: Communications sub-team to consider an article about reception in the newsletter.**

Another attendee had suggested that if the reception area was overworked volunteers might be considered to help. However all agreed that there was very little that would not result in confidential patient information being involved and so this would be unworkable.

There had been a suggestion at the AGM that the Healthy Walking Group should also operate a walk from Madginford Hall. This had been discussed amongst the leaders and agreed as impractical. Chris noted that if the individual who raised the suggestion wished to take it further, the current team would be prepared to provide him with training so that he could begin to operate a walk from Madginford.

8. PPG Update

Tony took the opportunity of the PPG update formally to thank Dr Dolman for her contribution over the years and wished her well in retirement.

He confirmed the appointment of our new chair and also noted that the minutes of our previous meetings were now on the website, recording thanks to Sarah for completing this. Tony noted that the previous lack of minutes on the website was a source of embarrassment with some asking if the committee was actually active. Unfortunately there was a minor error with the notes from the October PPG Committee being labeled as AGM minutes.
**Action 8.1: Sarah to have the label for the October meeting to be changed from AGM to "Notes PPG 21st October".**

The various leaflets seemed to be going out in significant numbers which is encouraging. However Goff wondered where they were and asked if an audit could be carried out across the practice to find out who did and did not have a supply.
**Action 8.2: Sarah to check if the doctors and other clinicians have supplies of the various leaflets produced by the PPG and PCN - Mental Health Awareness for young people, Healthy Walking, Signposting.**

Tony noted that a small team had met to begin the development of a communication plan for the PPG around three principles: Use every route of communication mixing online with offline and hard copy methods; do not worry about repeating content

across the different media; and use PPG Comms as an outlet for Surgery communication with the patient base for an improved and efficient patient experience. The team will meet again to refine the plan and to develop the next Newsletter:
**Action 8.3: Fiona to continue to work with the sub-team to develop the communication plan and outputs.**

It was noted by several members that some patients due to be called for the Respiratory Syncytial Virus (RSV) catch-up clinics had not been offered appointments. Dr Dolman agreed to look into this.
**Action 8.3: Dr Dolman to check the progress on the RSV catch-up clinics.**

9. Healthy Walking update

There is nothing of significance to report. On Tuesday (5th Nov) there were in excess of 40 walkers and, as arises every couple of weeks, we had two newcomers.

10. Finance

The up-to-date finances are attached. At the recent PPG meeting it was noted that the three leaflets that we are responsible for printing were going out quite quickly and so funds will need to be retained to reprint. There may also be costs associated with printing the newsletter and, if it is agreed that we should join, an £80 membership fee for the National Association for Patient Participation.

11. AOB

PPG Table. Dr Dolman agreed the PPG table could be moved inside the inner door to avoid the contents being blown around.

Tony noted that none of the new members of the committee had been asked to sign a confidentiality agreement. Is this still necessary?
**Action 11.1: Sarah to establish if a confidentiality form needs to be signed and, if so, email one out.**

Membership of National Association for `Patient Participation. Previously (10 years ago!) the committee had chosen not join the National Association for Patient Participation however it had now been raised again as a possibility. Membership costs just £80 per year. However several committee members are not sufficiently aware of the potential benefits to be able to make a recommendation. Therefore they should look at the website to learn more so that a decision can be taken. It was noted that at £80 for the first year we could try it out and, if it turns out to offer very little advantage, leave after a year.
**Action 11.1: All committee members to review the National Association for Patient Participation to form a view about whether they support a one year membership. See link:**

**https://napp.org.uk/**

Amendment to TOR to allow a fourth potential signatory for cheques. It was agreed that rather than have to remove a current signatory from the register of those able to sign cheques, it would be simpler to add a fourth (our new Chair). It would then require two from four rather than the current arrangement of two from three. All the potential signatories are officers of the committee. This was agreed.
**Action 11.2: Chris to amend the TOR accordingly.**

12. Proposed dates for future meetings

The following dates have been proposed.
PPG 20 Jan 2025 Joint 30th January 2025
PPG 14th April Joint 24th April
PPG 21st July Joint 31 July
PPG 20th October Joint 30th October
AGM 11th September
**Action 12.1: Sarah to confirm these dates are OK for the practice.**


# BEARSTED PATIENT PATICIPATION GROUP

## Income & Expenditure For Financial Year 2024/2025 - Updated 25/10/24

| Date | Description | Income (£) | Expenditure (£) |
|---|---|---|---|
| 01/08/2024 | Balance B'fwd from 2023/24 Accounts | 694.01 | |
| 04/10/2024 | Easy Print UK - Young Persons & Self Help Leaflets | | 195.72 |
| 25/10/2024 | Reimbursement to Goff - Suggestion Box bought from Amazon | | 17.98 |
| 25/10/2024 | Reimbursement to Goff - Giles Seiger Gift - 2023/24 A/C's | | 11.50 |
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| | | 694.01 | 225.20 |
| | NETT BALANCE | 468.81 | |