**Cedars Surgery PPG Meeting 30.11.23**

**Attended by – Michelle Liversidge, Suzanne Oliver, Jessica Payne**

**PPG Members – Anne Matthews, Judith Nichols, Sheila O’Connor,**

**Gerard McMullan, Colin Hutchens**

**1: Welcome**

**A warm welcome to everyone whom has attended.**

**7 PPG members Invited for today’s meeting.**

**Apologies from Margaret Robin and Marsha Horne.**

**Introductions from everyone to the 2 new members of the PPG, Gerard McMullan and Colin Hutchens and also to Jess Payne (ANP for Care homes for the PCN).**

1. **Privacy documents and terms of reference given to Gerard McMullan and Colin Hutchens along with a copy of the minutes from the last meeting. All PPG members provided with a PPG privacy notice.**

**Jess Payne started with an introduction into her job role – Jess’s role within the PCN is to see newly discharged hospital patients to care homes. have access to the clinical system and patient notes and to update their GP. Jess works as part of the care home team comprised of herself, two paramedics and a care co-ordinator, there is a proposal for two health care assistants to join the team to help with visits. All care home patients have the right to choose which GP surgery they are registered with. Jess is a registered prescriber, other staff within the care home team are currently studying to allow them to prescribe in the future.**

**JN asked if they currently cover Caesar Court in Deal. – JP replied that Caesar Court are an independent organisation therefore not assisted by PCN services.**

**Jess went on to talk about the weekly visits they make to all of the care homes for the area to discuss any new admissions or medication changes and queries. She emphasised that this is taking many pressures away from the GP.**

**GM asked Jess if there were any delays in getting patients registered. - Jess replied No there were no real delays.**

**AM asked if she knows how much time this is saving? - Jess is hoping to be able to work out how much GP time this is saving from January when IT get the system properly worked out. Ml explained that there is only one pot of money for the entire PCN to share which is spread across 5 surgeries to cover such things as IT improvements.**

**AM suggested keeping proof of how many visits made, as these are not currently recorded, this may be helpful if needing to recruit more staff. It is apparent that not a lot of people know about the PCN staff and what they do.**

**ML asked GM and CH how their PPG experience was at their previous surgery. – They both replied that some were better than others were, some meetings were poor and some were more structured.**

**SO’C and GM talked about how patients need to feel they are seen and heard, how frustrating it is when a GP is running very late and patients are not acknowledged or kept up to date with their likely appointment time. Lack of information making a stressful situation worse.**

**SO explained that the websites are in the process of being looked at and updated to include more useful information about the surgery and the PCN. We do have board in the waiting room although this rarely is updated, previously changed an updated by a previous member of the PPG. Agreed that the internet alone is not good enough, our waiting room TV’s do not work a lot of the time therefore businesses no longer wish to sponsor this.**

**SO’C pointed out that she has sent 2 emails that she has not had a reply to although email address correct. SO will look into this.**

**CH and GM talked about the NHS App and the problems signing up. It is possible to do from home but you need to have a camera for a video call and provide photo ID. ML explained that patients can just call into the surgery and fill out a short form to request access but will need to bring some form of photographic ID.**

**Patient access portal is closing and the NHS app is replacing this.**

**Agenda Items**

**Staffing –Dr Hannah Smith is back from maternity leave and is doing 5 sessions per week (2.5 days). Dr Elizabeth Mills has now retired but will be coming back to do some locum sessions for us. All the GP’s are appt time but will do extra sessions where needed so at the moment we have no plans to recruit another regular/salaried GP. We have Hayley Mullan who is employed by us as an ACP (advanced clinical practitioner), she currently works 8 sessions per week over 4 days and Johnathan Anderson who is an APP (advanced paramedic practitioner) on a locum basis.**

**Our list size is just under 11,000 patients, we think we are the only GP surgery taking new patients in the area at the moment. Ml explained that it is hard to get GP’s to want to work in a small town with a large elderly population due to lack of variation of medical needs.**

**AM asked ML what our FTE was? – Ml replied that our FTE is 3.8 at present.**

**ML talked about our Trainer GP DR Rawson reducing his hours at the surgery therefore we have been unable to take on any trainee doctors for the last 2 years.**

**AM asked ML if Covid has had a negative effect on GP’s reducing hours? – ML replied no, she doesn’t think so it was purely for personal reasons.**

**JN asked if GP’s are able to ring the hospitals for advice. – ML replied that this is not any easy process and we have to write and ask for advice and guidance, which is not the quickest process. There are duty doctors available at the hospitals but this is only for emergencies.**

**AM feels that GP practices are understaffed and that the GP’s in Deal do not seem to work together so well.**

**GM mentioned the HUB and was unsure what it was exactly and what they had to offer, ML explained about this.**

**SO’C said that the HUB is not advertised very well.**

**It was noted that we have several new reception staff. ML explained that this was due to needing extra staff to cover the extra workload, retirement and reduction of hours cover.**

**Telephone Booking System – It is currently 6 weeks for a pre bookable appointment.**

**ML explained that most GP’s are working from 8 in the morning until 8-9 in the evening and a huge increase in paperwork involved in everything.**

**GM talked about a walk in surgery that his previous surgery had.**

**Ml explained that we have surgery appointments to use each day, hub appointments each day including weekend appointments for the HUB, which can be booked in surgery from the Friday of each week. ML said that GP’s are aware of the situation with waiting times and are unhappy about this,**

**PCN arte trying to recruit more ARRS roles for all the surgeries, they have put lots of adverts out but are not getting much response.**

**AM asked if GP’s are attached to A&E? – ML replied no.**

**Deal Hospital**

**AM explained that the ICB have agreed to phlebotomy coming back to Deal under a private contract for 1 year initially. The is specific criteria of whom will be able to have blood taken at this clinic including children and pre chemotherapy patients. AM will be attending a meeting on Friday 1st December about this. The local council has asked that the criteria is changed. Deal hospital do want to run it if they get the contract.**

**GM asked can practices not run it. –AM said they were asked to do that at the beginning of the process and refused. Despite this service, GP practices would run as they do now.**

**CH said he finds it very confusing to know what GP services offer and what Hubs offer.**

**AM talked about an unnamed patient who was sent to hospital for a blood test. They had to have a taxi there and back and then admitted to A&E so higher cost to the practice.**

**Paula Carr is back at Deal hospital as a mobile unit.**

**Ear Syringing**

**AM talked about ear syringing – planning to have nurse appointments for this at weekends at the hub. Hearbase are charging £70 for micro-suction, which is what is recommended now.AM will contact league of friends to see if here is a possibility of them donating the monies for a micro- suction machine.**

**AOB**

**Terms of reference AM feels they are too lengthy, SO is happy for one of the PPG to revise if they wish.**

**Physio self -referrals – GM asked about self- referral to physio. – Ml advised this can be done through the GP via self- referral form for Stephen comfort or though Deal Hospital.**

**Newsletter – We have not had a surgery newsletter for the past 2 years, PPG members would like to help with this and will arrange a meeting at the surgery for them to discuss on Thursday 18.01.24.**

**JN asked if we had discussed handrail for staircase? – ML said we have spoken to GP’s and we not feel the need for handrail as the stairs are wide enough for two people to pass, the walls are very thin and may not withstand the weight and we also offer a lift.**

**Meeting Chair – Should we have a meeting chair? AM may be interested but will run by MH and MR at next PPG meeting. Both ML and SO are happy to attend meetings.**

**GM and CH have had a very good experience today.**

**All PPG members have agreed for each other’s email to be included when sending minutes so as they can contact each other. We do not have permissions of MR and MH yet so they will not be included.**

**Next PPG meeting TBC**