

The Cedars Surgery PPG

Minutes of the 21.11.24 meeting held at The Cedars Surgery at 10.00

Attendance

Colin Hutchens

Gerry McMullan

Sheila O Connor (SOC)

Richard Styles

Su Everett

Marsha Horne

Judith Nichols

Apologies

Margaret Robins

Meeting

1.1 Attendance and apologies. Margaret Robins has retired from the PPG.

1.2 Minutes agreed.

Actions from previous meeting.

- 2.2. Suzanne Oliver (SO) to confirm January PPG meeting and time. The PPG have not heard from SO re January PPG meeting with Dr Smith. **Action:- SOC to contact SO and confirm January date and circulate next year's meeting dates to the PPG group**
- 2.3. Update of the newsletter - **Action:- to be addressed at the next meeting.**
- 2.4. Strap line for newsletter added to prescriptions. **Action:- SO/ML to add this to prescriptions.**
- 2.5. Update on the next CQC? **Action:- Update by ML in January 2025.**
- 2.6. Update on patient triaging system. **Action:- Update by ML in January 2025.** No update.
- 2.7. Practice security. **Action:- Outstanding issue to be raised in January 2025**

Meeting

3.1. The issue of confidentiality in reception was discussed, and the PPG group were pleased to note the changes in reception. The changes showed increased signage about confidentiality and respecting patients' space and the implementation of queue spacing. All of which make a marked improvement to reception.

CH and GM commented how impressed they were with the COVID and Flu clinics, which were ran smoothly, friendly, and efficient.

4.1. At the last PPG/Surgery meeting, the matter of patient safety when entering the surgery from Marine Road was raised. According to information received there had been a number of trips and falls when patients crossed Marine Road, when leaving the surgery. It was said that the District Council was contacted and that an incident number was given. RS took up the case and contacted the County council who are the highways authority and the district council for their response. RS also contacted the local KCC councillors for the area. In response, RS received nothing from the District Council. One of the district councillors did respond, but nothing was received from either county councillor. The county council responded by saying that it had no record of any incidents/injuries at that site, and therefore any remediation work would be accorded a low priority. RS looked at the site and noted the following issues:

1. There is a persistent problem of vehicles obstructing both drop kerbs by ignoring instructions on the highway to keep clear.
2. The drop kerbs have no safety surfaces so that those with sight impairment would not know where there was a crossing.
3. The kerb aligning the surgery side of Marine Road is quite high and above the normal kerb height, so if someone tripped either leaving or entering the surgery, the fall would be much greater.

In view of the KCC response, the only course of action is to record all incidents whether the surgery is involved directly or not. RS acknowledged that the surgery might find this a task, which adds to their burden of activity, but preventing accidents will save additional work down the line for the surgery.

To help with this activity RS has offered to record these with the KCC, if the surgery forwards the basic details about the incident, to include when it happened, the nature of the incident, and whether any vehicles were involved. This will not require any personal details to be transmitted so GDPR will not be an issue. RS will ensure that the incident is correctly logged with KCC highways, and by creating an incident database, we will be able to show the evidence for resolution, and prevent further incidents in the future.

Action:- ML and SO to keep a record of the incident, date, and times and whether any vehicles are involved outside the surgery and let RS know. RS will report these to the KCC highways.

5.1. Newsletter

SOC has updated the newsletter, and this has been circulated to the group. All comments are to be returned to SOC so she can update the newsletter. SE suggested that we start working on the next newsletter, so we have a rolling process and try to make it as user friendly as possible.

Action:- SOC to send the finished newsletter to ML and SO. ML and SO to generate a strapline for the newsletter which can be added to prescriptions and advertised on the noticeboard.

6.1. An update on the noticeboard.

GM will update the noticeboard with information on 'help for young people' and 'your right to choice.' SOC reminded the group for suggestions for topics. SE suggests we cover STI and Sexual health in the area and the services of the walk in service at Victoria Hospital. SOC reminded GM that SO can access and print of material for the noticeboard.

7.1. AOB

7.1. CH asked that January's agenda includes the topic of appointments', particularly annual appointments for blood sugar levels and at risk group follow ups. There was a discussion, and three PPG members should have been recalled re blood sugar levels and have not received notifications. MH and RS asked who reviewed at risk patients? RS and CH asked about yearly medicine reviews. Who should be reviewing this if you are not under a hospital team. Who carries out blood pressure checks and reviews?

Action:- Discuss at the next meeting - health promotion and prevention, along with prescription reviews and yearly reviews at risk groups (all added to the agenda).

7.2. RS has spoken to Mike Tapp. He has offered to visit and have a discussion with the surgery. ML said at the last meeting in October that she felt this would not be helpful but that he can come to a PPG meeting. Richard has spoken to Mike Tapp, and he will come to PPG meeting, and we will organise to invite him at one of the future meetings.

Action:- discuss in January which meeting to invite Mike Tapp.

7.3 MH suggested that patients be made aware, perhaps in the future newsletter and on the website about PALS: What it is, how to contact them, etc. MH felt that if GP's refer patients to a hospital clinic or a consultant and they have any issues or problems, they need to know who to reach out to.

8.0. Notification of future items

9.0. Date of next meeting January 2025 at the Cedars, room meeting to be confirmed.

Actions

- 2.2. **Action:- SOC to contact SO and confirm January date and circulate next year's meeting dates to the PPG group.**
- 2.3. Update on the next CQC? **Action:- Update by ML in January 2025.**
- 2.4. Update on patient triaging system, no update today. **Action:- Update by ML in January 2025.**
- 2.5. Practice security. **Action:- Outstanding issue to be raised in January 2025**
- 2.6. Accidents outside the Cedars Surgery. **Action:- Action:- ML and SO to keep a record of the incident, date, and times and whether any vehicles are involved outside the surgery and let RS know. RS will report these to the KCC highways.**
- 2.7. Update on the newsletter Autumn edition. **Action SOC to send the finished newsletter to ML and SO. ML and SO to generate a strapline for the newsletter which can be added to prescriptions and advertised on the noticeboard.**
- 2.8. **Action:- Discuss at the next meeting - health promotion and prevention, along with prescription reviews and yearly reviews of at risk groups (all added to the agenda).**
- 2.9. **Mike Tapp Action:- discuss in January which meeting to invite Mike Tapp.**

