

## **Patient Participation Group 6/12/2023 Minutes**

**Apologies: 2 members**

**Attendees: Rachael, Sue, Jo, 6 PPG members , Mandy (EKHUFT)**

### **1. Sign off previous minutes**

All was happy with previous minutes, it was discussed how sometimes the minutes are brief compared to what was discussed. Rachael explained that it is hard to do the minutes and it tends to outline the actions and key points otherwise there would be too much information.

It was discussed whether or not it would be beneficial to use a desk recorder, it was agreed that it would be helpful but Rachael explained that minutes would still need to be written as part of the audit process.

### **2. Matters Arising**

Rachael went through the previous matters arising and advised all had been actioned other than Lorna to create a subgroup to come up with a questionnaire to send to all patients within the PCN. Rachael said that Lorna is currently off with covid but this will be done on her return.

### **3. Staff Update**

Rachael said that we have a new HCA called Clare who has come from the hospital and we also have a new Nursing associate starting with us soon. She explained that the nursing associate role is to assist the nurses by taking the injections, smears ect and allowing the nurses to focus on the chronic conditions such as respiratory and diabetes.

Rachael advised that we also have a new salaried GP starting with us, Dr Ezzeldin Abdallah, working three days' a week, he is newly qualified and will hopefully be joining in the next few weeks.

It was discussed how the PPG would like to reintroduce a GP to attend the meetings, preferably a Partner so they understand what the PPG are and so they can hear the patient voice.

**Action: Rachael to ask a Partner to attend.**

### **4. Long Term Condition Feedback**

Rachael explained that for the last few months the GPs have been having a clinic specifically for long term conditions every week. In this clinic the GPs cover all of the QOF (Quality Outlook Framework) registers to ensure the patients who are not usually seen are monitored correctly also helping Bethesda meet it specific targets.

Rachael explained that so far, the feedback from both GPs and patients has been mostly positive.

Jo explained that the QOF team arrange all the necessary tests before the GP appointment so they can discuss this in the same appointments. It was asked how the GPs in a short appointment can go through multiple problems and chronic disease areas without feeling rushed.

Mandy explained that she is a patient at the surgery and she recently had an appointment in the long term condition clinic and she said her experience was very good and she did not feel rushed at all.

There was a discussion that some of the PPG members felt that the long term condition clinics/questionnaires could have been run past the PPG before going active to seek patients options.

Rachael explained that the partners do not always need to run past the patients for an operational management change.

It was asked who the questionnaire has been sent out too, Jo explained that she had sent a questionnaire to all the patients with mobiles who had a LTC appointment within a month of starting, she said eventually they will make it available to those who do not have smart phones or struggle with technology but this is only a starting point to get some feedback. Jo also said that the questions were created by Dr Sohail.

After a long discussion around the long term condition appointments and questionnaires it was discussed how they support this idea now but was unsure originally because the lack of information beforehand.

Rachael explained that as a practice we are looking to send out more questionnaires for feedback to see where improvements can be made.

#### **5. Mandy – Patient Involvement Officer**

Mandy said she has come back to inform the PPG of the work her team has been doing in the past 18 months. She said her team have been working very hard and taking the time to help the patient voice. Her team have been collecting feedback for what works within the EKHFT and what doesn't.

They have received very good feedback and have had patients actually sit in front of the board and have them listen to patients feedback and experience in hope to make a change.

In the New Year they are looking to make the hospital trust a veteran friendly association. It was asked what this meant, Mandy explained it is a support programme to be able to easily identify, understand and support veterans and where appropriate, refer them to specialist healthcare services designed especially for them. Rachael told the PPG that Bethesda is also a veteran friendly credited practice.

She also advised that next year's focus will be working with the cancer care team and domestic abuse forum. It was asked what the purpose of this is and Mandy explained that it is for them to listen and try to make the change.

She said this year they have been working with stroke survivors and working with all of the parties to avoid 'bad discharges' and ensure everything is in place for them when leaving hospital.

Mandy explained the point of this work is to know where the problems are and try to help where they can and take the negative experiences to the hierarchy to try and make a positive change.

She said one of the outcomes recently was they had feedback from carers that the visiting times were not good for them to go in and helped their loved ones so they fought for this to be changed and they were listened too and the visiting hours are now from 7am until 8pm.

Mandy advised the PPG that Safe Haven has been moved to the front of QEQM and they are there to help patients with Mental Health Crisis and avoid them attending A&E. The police and ambulance service are on board and will take patients going through a mental health crisis to the safe haven.

It was discussed how there should be more money put into the hospital and that would solve more problems and Mandy advised her team is doing the best with what they have to try and make a positive change.

She also advised there is now a patient portal online so patients are able to see their hospital letters and discharges and any data the hospital may hold for them. It was asked what the difference was between the patient portal and patient access. Jo explained that patient access is only for GP records in primary care and the patient portal is for hospital information in secondary care.

It was asked what the outcome they are looking for is, Mandy said they are trying to make the changes by the board and inform them what is going on because if they do not hear the information they will not know where to make the changes required.

It was advised that the East Kent Stoma team did something similar, they asked for the patients input and they are now awarded the best in Kent.

Many advised another change her team made from feedback from the deaf community was that they had real challenges in the hospital. But due to their patient voice all members of staff in the hospital now know where to get an interpreter. She said it may only be small changes at this stage but it means a lot to the patients affected.

#### **6. CQC Inspections versus covid and flu vaccination programmes and prioritising patient care/ schedule of supply and distribution of vaccination stock.**

A PPG member explained that he had his covid vaccination at the pharmacy due to going abroad and asked why we did not start our vaccines until 21<sup>st</sup> October. Rachael explained that CQC did not stop the surgery from doing covid vaccines and that as a surgery we did not have to offer the covid vaccines. Rachael advised the PPG that we were instructed by NHS England that we could not start our flu immunisation programme until the 10<sup>th</sup> October and for Covid the first date that we could do a clinic was the 21<sup>st</sup> October due to the delivery of the vaccines. Rachael explained that the pharmacies get the deliveries before us so they vaccinate a lot more of our patients than we do, unfortunately we have no control over the vaccine delivery even though we order the flu vaccines over a year in advanced, due to the pharmacies vaccinating more we have cut our order by nearly 50% for next year.

Rachael also explained that CQC cancelled because the clinician who was supposed to review our clinical data cancelled and we are awaiting to know when they will return.

#### **7. Phone System**

It was asked whether the PowerPoint presentation was still available. **Action: Jo to send to PPG**

It was asked why we cannot prebook GP appointments. Rachael explained that we can up to two weeks advanced but because unfortunately we do not have enough GP appointments to make all prebookable and also can make it unsafe.

She also asked when the frailty are available, Sue explained that there should be at least one member of the team in Monday to Friday between 8am and 6:30pm but they do go out on home visits.

#### **8. Website**

A member of PPG started to explain some issues with our current website. Rachael then advised that funding has been agreed for a new website and this will be set up as soon as possible. She advised the PPG to look at East Cliff's website as it will be similar to this (please see weblink [Contact us \(eastcliffamsgate.nhs.uk\)](http://eastcliffamsgate.nhs.uk) )

AOB: A member of the PPG advised he had some trouble getting the calibration fluid and was asked by Heather to find this information out, he said he did not receive any notification back about this and thinks the prescription clerks should be informed.