**PPG Meeting – 28th February 2024**

 **Location- Beltinge Surgery**

**Present** Jill Clowes, Chair, PPG

 Sheila Chesney, Vice Chair

Ros Clark – PPG

Gayle Savage, PPG

Diane Hallett, PPG

Lynn Adams, PPG

Sue Inkpen, PPG

Phoebe, Diabetic Eye Screening Programme

Rachel, Diabetic Eye Screening Programme

Dr Ho, GP, THMP

Helen Sutton, Business Manager, THMP

Claire Sears, Operations Manager, THMP

Jasmine Sturgis, Senior Receptionist, THMP

Kayley Tilbrook, Clinical Administrator and Minute Taker, THMP

**Apologies**

Carol Harper – PPG, Jackie Moore – PPG.

Phoebe introduced herself and her colleague to the PPG. She explained about patient size and explained the process of diabetes and how it effects your eyes. Also, how it can be treated.

Phoebe would like some advice on why people may not be coming to their diabetic eye screening appointment and how they can get themselves out into the community more as the closest clinic is Chestfield.

Gayle asked about the housebound patients and Phoebe explained that the housebound patients would still need to come to the hospital for their eye screening as they do not offer a domiciliary service. Phoebe informed us that they have one eye screening van at present.

Gayle suggested that the housebound patients are the patients that probably have the highest DNA rate. The PPG all agreed.

Helen mentioned that the eye screening van used to come to Beltinge Surgery.

Sheila asked how the diabetic eye screening programme approach patients in the area to which Phoebe answered that they work with Age UK, Diabetes UK and they tried to promote themselves at any medical events.

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Jill suggested that the Diabetic Eye Screening Programme could perhaps write a “news from” column on THMP Facebook page. Phoebe suggested that she would write a paragraph; send it to Jill and Jill could pass it on to Helen to upload onto the Facebook page. Sheila suggested posting on Herne Bay Chatters.

Gayle would like to know particular numbers on the DNA rate so that we could get a targeted response. Phoebe said she would try to get numbers sent across.

Jill suggested about putting up posters in the surgery of the Diabetic Eye Screening Programme. Phoebe agreed.

Gayle suggested to Phoebe that she should get in contact with the social prescribers, as they will have direct contact with many outside agencies that could help promote the Diabetic Eye Screening Programme.

Phoebe suggested that she gets feedback generally from patients and if the patients are struggling to attend, they have offered transport and other adaptions to suit the patients’ needs but they still do not attend.

Phoebe also has tried calling the patient before there appointment to confirm they are still going to be attending. Phoebe also sends letters to patients as there is a database on how many letters have been sent and how many do not attend or have not taken up the offer to attend their appointment.

It has been suggested that a lot of patients that do not pick up their phone is because the number ringing is a withheld number.

Phoebe tried to get feedback on why people do not attend. Jill asked if we gets patients in our practice like this and Dr Ho pointed out that patients generally decline appointments because at the time of the appointment, they feel fine or they are non-compliant.

Jill asked if there is any leaflets that we could post on our Facebook and Phoebe said that there are some easy read posters on what to expect on your first appointment. Jill asked if there is an introduction to eye screening leaflet.

Jill has informed us that Claire will put comms out on Herne Bay Chatters.

Gayle would like to see the data for different age groups of patients that are invited to eye screening and patients who do not attend to see if there is a trend.

Sue mentioned Age UK having regular meetings and they would be talking to the right demographics. Sue advised that the volunteers at Age UK would be very useful in getting this information across to the correct demographics.

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Sue also suggested that there is an over 60’s club in Herne Bay that would also be able to help. The umbrella centre that Sue used to run would also be able to help by putting up posters. The group also meet up outside of the centre.

Diane also suggested putting up posters or leaflets in pharmacies.

Lynn suggested maybe putting slides on our television screen in the practice a posters about diabetic eye screening and suggesting that we could put a comment such as “don’t forget your neighbour” as speaking to your neighbours about eye screening might not be as daunting as a medical professional.

Sue said that she would talk to the Manager at the Umbrella Centre to see if it would beneficial for Phoebe to do a talk.

The PPG thanked Phoebe and her team. They have left leaflets with us to put up around the surgery.

Jill has said that Sheila has volunteered to be the vice chair.

Jill has made some amendments on the last PPG minutes. Kayley will make the amendments. Everyone is happy with the last minutes.

**Matters rising**

Jill has said that Claire is starting a digital inclusion project.

Claire said the digital inclusion project is on hold at present but she should have information for the next meeting.

Helen has asked for feedback on how easy our website is to navigate.

Jill has written a small paragraph on what the PPG do which will hopefully raise awareness to the practice. Helen will put comms around regarding this.

Jill said suggested in the induction booklet, to maybe include a bit about the PPG. Helen agreed on this and suggested we would put this in our induction booklet.

**Visits**

Sheila, Lynn and Sue carried out six visits in Beltinge, Hersden and St Anne’s. There was a significant difference of responses between Hersden and St Anne’s and Beltinge.

The main patient age group was 23-80 years old, which is a wide age range.

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Sheila found that a lot of patients between this age group do not access the internet as they do not want or don’t need to access the internet when they can visit their GP surgery instead.

A lot of people have heard about Pharmacy First but they were unsure if they would use it.

It was suggested that the question regarding Pharmacy first would be revamped and we could ask the same questions and in the next meeting, we would see if there is any trend or not.

Lynn and Sue are going to join and they are happy to change their surgeries that they are asking questions at.

Helen mentioned that Hersden have an unfair advantage as there is not enough patients compared with St Anne’s and Beltinge and the amount of work between these sites is unfair.

Jill asked if there was any other feedback on visits. Sheila said no.

Rozz discussed e-consults and mentioned that no one at Hersden use e-consults.

Gayle asked what the point of the questions are and Jill responded that it is useful information for the practice.

**Pharmacy First**

Jill made the following points regarding Pharmacy First:

* It was started with little time to prepare
* It is the training of each pharmacy – there could be training issues in each pharmacy regarding what they are trained in
* They always have to make sure that there are two trained people to sign off the prescriptions
* There is a financial aspect as funding has been reducing

Jill also told us of an experience that she has heard regarding pharmacy first treating a horsefly bite (25 minutes).

Helen expressed that she thinks Pharmacy First is beneficial as it takes off the strain of GP’s and frees up more GP appointments.

Sue mentioned that 48% of pharmacists do not feel confident to provide the services in pharmacy’s and suggested that they may have been pushed into signing up to Pharmacy First.

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**Governance**

Jill has some point from Carole that she would like to raise in Carole’s absence. One was that is there a way that we can get abbreviated terms in full words.

Dr Ho said that this would not be possible as there are too many abbreviated terms.

Carole mentioned also that receptionists are not checking patient’s date of birth.

Jaz said that she would feedback to her reception team to remind staff to check and use date of birth.

Carole also mentioned Whitstable Medical Practice and said that they have a drop in BP clinic and if something like this could be implemented at The Heron Medical Practice. The response was that we have a BP machine in reception which prints off the patient’s readings which then gets given to reception to scan the readings into the notes.

Jill mentioned coding errors and explained that there was a particular scenario regarding patient consent.

Gayle thought it would be helpful to know how many times and how often the same coding error occurred and see if there was a trend in this.

It was suggested that we add “Thank you” letters to the governance report.

Helen confirmed that we offer 4000 appointments a week.

It was queried about the telephone call report and said that there was a patient that was waiting 5000 seconds which does not seem possible. Also that sometimes if you use the call back system, this doesn’t always work.

Jill mentioned the loss of patients and how this is worked out.

Helen confirmed that we have had more patients dying than we have had new babies.

Rozz queried about a face to face appointment and a telephone call slot time being the same so why offer telephone calls when you can see a patient in the same slot time.

Dr Ho confirmed that a call takes less time than a face to face.

Claire said that calls are more patient choice for people that are working and cannot get to the surgery.

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**Monthly News**

Rozz has been dealing with the carers.

Claire and Jaz have had a talk and Jaz is linked in with the social prescribers and how to get information about social prescribers.

Jaz suggested that anyone can refer to them and social prescribers have all the knowledge on where to signpost patients.

Jaz has spoken to Shelley in the social prescribing team and both Jaz and Rozz can have an informal chat about anything that Rozz may need to help her with the carers.

Claire will pass on Rozz’ details onto Shelley to arrange a meeting.

Rozz asked if we can look into non-kin carers – these are the carers that are not next of kin but still are a full time carer but do not get the same treatment as a next of kin.

Rozz and Jaz with meet to talk about Jaz’ carers pack that she has.

There was a conversation regarding next meeting and Claire has suggested the following:

* 15 May
* End of July – Claire will have a look
* 20 November

There was a question asking if there is a provision of AGM.

Kayley will ask Steph if she can do her Ophthalmology Presentation in the meeting room on Tuesday 4 June.

**AOB**

None.

Meeting come to an end.

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