

**Patient Participation Group**  
**Oaklands Surgery, Stade Street, Hythe, Kent**  
**Monday 15<sup>th</sup> May at 4.45 pm**

**Minutes**

*(Actions in bold italics)*

Attendees	Present: [Chair] Caroline Armstrong CA Barbara Moscrop BM Carol Honey CH Paul Hope PH Gill Bond GB Sarah Marshall SM Claire Field CF Penny Snow PS [Oaklands Deputy Practice Mgr] Claire Hewson CHe [Oaklands Practice Manager] Jenny Swift JS [Oaklands Pharmacy Technician]
Apologies	Michael Lyons  <b><i>It was agreed that CA would contact Louise Thorgrimsson as no communication had been received regarding attendance.</i></b>
Welcome	CA introduced Claire Field as a new member to the PPG. CF gave a brief synopsis of her career and medical experience to date.
Minutes and matters arising	CA summarised outstanding actions from the previous meeting on the 20 <sup>th</sup> of February.  <b><i>PS to check a copy of the handbook and been produced, laminated, and left in the surgery. CHe to discuss with Laura Harrison signposting information for patients and carers on specific conditions mentioned at the January meeting by BM.</i></b>
Surgery Update and introduction to new staff members	CHe noted IT issues had caused severe disruption within the surgery. The cause of the failure has not been identified. The surgery had been forced to adopt a Business Continuity approach with members of staff that could work from home doing so to help alleviate admin work backing up. The issue had resulted in a massive administration backlog affecting all areas including referrals and all general tasks. The main issue was around the failure of systems integrating. An upgrade has taken place resulting in the installation of 31 upgraded

	<p>machines.</p> <p>CHe reported the following new staff members have been recruited:</p> <p>A new GP has been onboarded, Dr Nisha Rai, she is new to general practice work but has extensive experience with the care of the elderly. She will be working three days a week. Dr Rai was recruited from an agency bringing the GP total for the surgery to five with one locum Dr Swann.</p> <p>FY2 Student Dr Patrick Chan. He is currently training and has been working in the A&amp;E Department at the William Harvey Hospital. He is qualified in his specific field at the hospital but now has to complete his doctor training at the surgery.</p> <p>The surgery is currently undertaking a project to review staffing capacity and is hoping to also recruit an ST3 student.</p> <p>CHe introduced Jenny Swift Pharmacy Technician to the Group.</p> <p>JS gave a brief synopsis of her pharmacy career. Many in the Group knew her as she has worked in local pharmacies.</p> <p>CHe noted JS had not yet been introduced to patients as a current job specification was being written to ensure her skills were appropriately utilized to allow her to fully support both the surgery team and patients.</p> <p>CHe pointed out the surgery was working to create a new workable structure whereby more support could be provided to the GPs. PCN funding is being utilised to help with the intended recruitment and consideration is currently being given to employing 1.5 GP assistants. These new appointments will support the GP's with their admin which will relieve pressure on their time.</p> <p>CHe is looking into pathology results software upgrade. This would involve a technology platform called LINKS which will help with the integration of chronic/long term condition reviews.</p> <p>CHe reported the surgery had received a Quality Outcome Framework score of 97%, one of the best scores achieved over recent years. There have been a number of staff changes, but</p>
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	<p>this was due to natural turnover. Covid clinics had been challenging, with the NHS booking system causing confusion around eligibility for the spring booster. Staff have had to turn some patients away which has caused some difficulties. CH had referred this back to the ICB.</p> <p>The next Flu vaccination campaign is being planned, and the intention was to advertise this service in the Hythe Life Magazine.</p> <p>CH also noted work had started in preparation for the Quality Care Commission review in July next year.</p> <p>CA noted and it was generally agreed, the paramedic service offered was of a very high standard.</p>
Recovery Plan for Primary Care	<p>CH gave a breakdown of the Government's recovery initiative on primary care noting the Government's overall plan was to become more streamlined in all processes, however it should be noted there was no new funding involved.</p>
Communication	<p>PS and GB have been working on the proposed patient information leaflets that are being produced. PS ran through some topics and in the main this would cover general questions repeatedly asked by patients. Communicating this information to patients would be key and it was planned to use various communication avenues including possible use of the big screen in the surgery and the Hythe Life magazine. The information will be continually updated, and it is planned to include this in the 'new patients' package. Regular staff briefings are held to update staff on its contents.</p> <p>CA suggested utilising the Hythe Residents Facebook site.</p> <p><b>CA also suggested amalgamating the support research BM had been carrying out on specific illnesses/support groups with the leaflet work. It was agreed BM/PS/GB would discuss further offline.</b></p> <p><b>CA noted the PPG still did not have access to the surgery website.</b></p> <p><b>CH agreed to revisit and arrange.</b></p>
Podcasts	<p>BM brought to the attention of the Group the various podcasts currently available which might prove useful for carers, patients, and the medical team. These included Movers and</p>

	Shakers a podcast for people with Parkinson's and Travelers to Unimaginable Lands for those with Dementia.
Welfare Follow Up service	CA queried on behalf of GB whether there was the possibility of implementing a welfare follow up call from the surgery to vulnerable elderly patients living alone that had recently been discharged from hospital. CHe noted whilst the surgery would be keen to offer such a service, unfortunately, the admin resource that would be required to deal with the volume of documentation updating and follow up calls involved was just not available.
Date of the next meeting	It was agreed not to hold a meeting in June due to Group attendance level. The next meeting will be held on the 17 <sup>th</sup> of July at 16:45. In person and via Teams.