**Patient Participation Group**

**Oaklands Surgery, Stade Street,Hythe,Kent**

**Friday 10th November 23 at 1.00pm**

**Minutes**

***(Actions in bold italics)***

|  |  |
| --- | --- |
| Attendees | Present:  [Chair] Caroline Armstrong CA  Barbara Moscrop BM  Claire Field CF  Gill Bond GB  Michael Lyons ML  Carol Honey CH |
| Apologies | Louise Thorgrimson LT  Paul Hope PH  Sarah Marshall SM  Penny Snow PS [Oaklands PA]  Claire Hewson CHe [Oaklands Practice Manager] |
| Welcome | No additional attendees to welcome. |
| Minutes and matters arising | CA noted the following outstanding action updates from PS and it was agreed these should be carried forward to the next meeting as they were still not completed.   1. ***Downstairs toilet repair – due to recent Covid Clinics on consecutive Saturday’s repair work had not taken place. However, review of the work required was due to take place on 11th November.*** 2. ***Notice boards – Cathy (Care Navigator) was currently working on the rearranging of the Notice boards but was struggling for space.*** 3. ***Blood tests not appearing on Patient Access/NHS app medical records – these are registered when the clinician has reviewed the results and commented on them. CA noted the current timeframe around inputting on Patient Access for patients to view is still far too long.*** 4. ***CA noted the website change around deleting reference to a PPG coffee morning has still not been deleted. When the next print is carried out, this will be removed***. |
| Surgery Update and introduction to new staff members | CA noted due to resourcing issues and the current pressures being experienced by the surgery there would be no surgery representative attending this month’s PPG.  PS had requested the PPG be notified that that the Covid and Flu Clinics had now finished. |
| Communication | CA noted the prescription leaflet was now included in the new patient pack.  BM circulated the Specialist care for Parkinson’s leaflet.  GB reported that 8 draft leaflets had been prepared on 9th April, these had been forwarded to the surgery but were still pending review.  It was noted that leaflets had been prepared on specific conditions and would only be circulated to patients that had been diagnosed with these.  BM suggested an analysis of patients with long term conditions be produced from the surgery MI so concentration could be placed on the highest collective illness. When a patient is diagnosed, they will be referred to the GP from the hospital for ongoing care and medication, it is at this point they could be given the respective leaflet.  CF queried whether receptionists could become involved in giving out more generic leaflets or perhaps signpost to a leaflet stand. Leaflets could be brightly coloured for ease of sight.  CF referenced the e consult service, could a flowchart be incorporated within a leaflet to show the patient journey for this process.  GB noted there is already a leaflet about e consult under review.  CA commented that it is important to educate the patient that all e consults are triaged by the PCN and GB noted this information should get fed into leaflet text.  CA suggested discussing leaflet design further with Kim Lee, Ops Lead at the PCN.  CF commented it would be useful to ensure all acronyms are explained for patient understanding.  GB suggested also discussing the social prescribing leaflet and content with KL.  ***Action: CA to contact KL and arrange a meeting with the PPG to move forward.***  It was agreed that GB should concentrate next on the Multiple sclerosis leaflet.  GB suggested leaflets could be made available to the Age UK Health Club.  ***Action: CH to obtain contact name to find out further details on this service***.  CA queried the process for reviewing leaflets and keeping updated.  CH suggested setting a standing item on the monthly PPG Agenda.  ***Action: CA to include leaflet review as a standing item on the agenda.*** |
| PCN PPG meeting update | BM noted that discussions had been in the main around the PCN website which had just been launched.  BM noted the PCN had a multidisciplinary team in place one of which covered 27 care homes within the PCN. This was a integrated team including all clinical technicians - physios, dietary, prescriptions etc. to cover all elements of care. |
| AOB | CA commented that the PCN had sent across details of the current cancer alliance campaign asking for volunteers to assist with developing.  ***Action: CA to circulate the letter from the PCN detailing this campaign to the group.***  BM noted how impressed she had been with the Parkinsons Therapy Centre noting they are seeking volunteers to help at both the MS and Parkinson units.  CA noted the importance of letting patients know about this service.  Following the meeting, CA spoke to CHe who advised that Dr Banik is leaving the surgery at the end of the year. CHe apologized that this information wasn’t passed onto the PPG for the meeting. CA has included this information in these minutes so the Group would be aware. |
| Date of the next meeting | The next meeting will be held on Monday 22nd January 2024 at 1.00 pm. |