Hastings & Rother Healthcare

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Be Excellent

Patient Participation Group (PPG) – Meeting Minutes

Date: 16/10/2025
Location: Warrior Square Surgery (WSS)
Chair: [redacted] (Vice Chair, Churchwood Surgery)
Minute-taker: [redacted] (HR & Integrated Governance)
Attendees:
[redacted] (PPG Vice Chair, Churchwood)
[redacted] (Patient)
[redacted] (Patient)
[redacted] (Patient)
[redacted] (Patient Services Manager)
[redacted] (Partner)

Welcome, Introductions & Meeting Context

- Noted gap since last full PPG meeting; multiple attempts to convene earlier in the year fell through.
- New/returning members introduced themselves and their links to the practice sites.

1. GP CONTRACT CHANGES:

1.1) PPG Membership, Joining Route & Contact-Sharing

Issue raised:

- Submitted the online "Join the PPG" form in January last year and did not receive a response. Only became aware of this meeting via a personal introduction the day before.

Practice response/clarification:

- The web form currently routes into a practice channel; information is intended to be passed to PPG leads.
- Acknowledged the failure in onboarding/acknowledgement. IG will examine form routing, mailbox ownership, and acknowledgement workflow.

Contact sharing:

- Members are free to share contact details with each other by consent. The practice will not distribute member details; opt-in collection at meetings is acceptable.

Actions:

- Review and fix webform routing/ownership and add an auto-acknowledgement.
- Publish a simple PPG join process (email address, expected response times, next steps).
- Collect voluntary attendee contacts at the end; [redacted] to hold a PPG contact list and liaise with [redacted]
- Review ToR and Confidentiality agreement.

1.2) GP Contract Changes (effective 1 Oct) – Access, Hours & Processes

Core hours & sites:

- Contractually open 08:00–18:30. With multi-site setup, Warrior Square will be the central open site across the day.

Phones & handover:

- Phones hand over to out-of-hours around 17:30 to safely clear the live queue and close premises appropriately.
- Out-of-hours provider covers medical queries after handover.

Premises access & lunch:

- Doors remain open throughout the day (no lunch closure) at Warrior Square Surgery to comply with access rules.
- Intercom installation planned at WSS: after 18:00, patients can buzz reception; non-clinical requests (forms, prescriptions) handled without door opening; clinical queries routed to OOH if capacity reached. Intercom can divert to designated devices if staffing is thin for safety and coverage.

Signage & communications:

- Door notices being redesigned, printed, and glazed for all three sites.
- Website being updated to reflect new hours and access ([redacted]).

Online access (Engage Consult):

- Open 08:00–18:30 for non-urgent requests all day (e.g., Med3, prescription queries, routine nurse appointments, lifestyle/wound/smears).

- On-the-day clinical queries remain triaged and capped by safe capacity. Pathway determines the most appropriate clinician (physio, MH practitioner, paediatric nurse, etc.).

- Rhetoric about "book any appointment" is inaccurate; triage remains necessary for clinical safety.

Staffing & consultation:

- Staff consultations underway to adjust contracted hours to meet the new access requirements. Some staff have volunteered for later shifts. Vacancies exist within reception, providing some budgeted flexibility.

Actions:

- Complete signage, web, and telephony updates.
- Conclude staff consultation and publish any revised site info.
- Intercom installation and staff SOP for after-hours buzz handling.

1.3) Diagnostics & Building Use

- Imaging/diagnostics team moving into the WSS building (DEXA; obstetric ultrasound/NAFs).
- Cleaning window is 4–5 hours; later opening requires coordinating staff and cleaner safety (hence intercom and access controls).

2. APPOINTMENT DATA:

2.1) Access Tools – Call-Back, Cancellations, Florey Questionnaires

- Positive patient feedback: call-back feature improves user experience.
- Cancellations line helps recycle unused slots quickly.
- Florey questionnaires (e.g., UTI pathway) provide structured data, enabling faster, safer decisions and saving clinician time; example shared where patient completed Florey in-house and received same-day treatment.

2.2) Operational & Population Snapshot

Population: 25,764 patients (one practice, three sites).
Flows (last 12 months): 2,000 registrations; 2,500 deductions (moves/deaths).
Age profile: 18–64 = 62% (16k); 0–17 = 18% (4,565); 65+ = 20% (5,242); 195 aged 90+.

Care context: 21 care homes aligned; 230 residents; 268 housebound (strict definition used). Enhanced Care Team supports frailty/palliative/LD homes; one MH home with complex needs.
Conditions: Highest prevalence Depression (19%), then Hypertension (17%), followed by Asthma and CKD.
Medicines: 41% on 1+ repeat item.
Appointments (September):

- Avg waiting room 4 mins; pre-bookables avg 12.4 days to appointment.
- Enhanced access: 11.5 hours; 391 OOH appts.

- GP: 1,359 offered / 1,171 attended (86%); 18 DNAs.
- Nurse: 3,235 offered / 2,492 attended (77%); 117 DNAs.
- Total DNAs: 409 (129 clinician hours; £12.3k equivalent).
- Mode: 44% face-to-face, 13% telephone, 3% digital, remainder via home visits/other.

DNA policy:

- Robust monthly review by leads; compassionate approach for vulnerable/safeguarded; off-listing used sparingly and with clear thresholds.
- Text reminders used widely; some DNAs persist in nurse/treatment clinics.

Actions:

- Maintain DNA monitoring and supportive comms; share headline stats in minutes.

2.3) Website, Comms & Accessibility

- Site underwent a Healthwatch-supported audit; recommendations implemented.
- PPG highlighted older users' needs (clearer lists; plain language; larger touch targets).
- National messaging (e.g., vaccine eligibility) at times unclear; practice will re-present criteria in list form where possible.
- Add "plain English" explainer panels for key journeys (booking, eligibility).
- Consider a "For Beginners/Older Users" quick guide page.

3. SEASONAL CAMPAIGNS:

3.1) Seasonal Campaigns & Infection Prevention

- Flu + COVID clinics running (COVID eligibility narrower this year; some confusion nationally).
- RSV uptake positive in eligible groups.
- Posters going up: "If you have respiratory symptoms, please wear a mask."
- Enhanced cleaning, sanitiser, and screen-wiping reinstated for winter.

Actions:

- Re-publish clear vaccine eligibility lists on site boards & website.
- Place masks at entrances with polite signage.

3.2) Child Immunisations

- Uptake is poor compared with expectations.
- Observed shift in attitudes—families with older siblings fully vaccinated are declining vaccines for younger children.
- Impact of anti-vaccination content on social media noted.
- Consequence: loss of herd immunity and re-emergence of diseases (example cited: suspected mumps case—rare enough that some clinicians had not seen it before).

4. FRIENDS AND FAMILY DATA:

4.1) Friends & Family Test (FFT) – September Highlights

- Very good: 81.7%; Good: 10.3%; remainder mixed/poor.
- Examples shared (positive: timeliness, pleasant clinicians; negative: expectations of physio pathway vs. FCP diagnosis role; [redacted]
- All themes are shared internally for learning; both praise and critique used for motivation and development.

4.2) Women's Health Hub – Service Update

- Located at WSS; holistic model for women's health across the life course (16+).
- Offers contraception (incl. coils with improved pain control), smears, perimenopause support, BP/CVD linkage, direct women's MH referral slots.
- Saturday clinics offered to improve access; high demand.
- Investment in pain relief for coil fittings (topical/external + internal options).
- Considering a dedicated phone option (press "3") as capacity grows.
- Other practices may soon refer into the hub.

Actions:

- Track demand & outcomes; plan phased capacity growth.

4.3) Frailty & ReSPECT Forms

- Positive patient experience reported with ReSPECT completed via the Enhanced Care Team/secondary care co-located service.
- Usual pathway: forms often supported by frailty/secondary care teams for patients with higher Rockwood frailty scores (≥5).

Actions:

- Clinical lead to confirm criteria/capacity to support more proactive ReSPECT conversations.
- PPG talk: ECT (Enhanced Care Team) to coordinate a short session for local older people's groups on ReSPECT and planning.

4.4) Renal Support Query

- Question: local support for home-dialysis patients (Brighton-led secondary care; Polegate option).
- Practice to review internal pathways (Enhanced Care Team/ACP/Named GP triage) for complex renal patients and clarify signposting.

5. OPERATIONAL UPDATE:

5.1) Staffing & Recruitment Update

- 100 staff across the practice; active training practice with several ST3s (close to CCT).
- One GP leaving (Feb, 4 sessions); offer made to a new GP (3 sessions).
- Recruiting additional GP resource; keen interest in Mental Health ACP (Band 8) which could add significant value.
- Admin/triage/reception resourcing expanded.
- Visa sponsorship: practice holds CoS capability; process remains complex and costly for candidates.

5.2) PPG Support at Clinics & Engagement

- PPG support at flu/COVID clinics helped recruit interest and signpost patients.
- Where volunteers are unavailable, practice can display forms and materials; PPG presence welcomed when possible.

Actions:

- For next Saturday session: confirm whether PPG can attend; if not, practice to lay out materials and collect interest forms.

5.3) Environment, Comfort & Access Notes

- Add a few chairs near doors for those who need to pause/rest briefly.
- Noise/sensory issues at some sites (e.g., Ice House): identify a quieter room to accommodate patients where possible.
- Public transport/access challenges to some out-of-hospital hubs noted; continue clear signposting.

6. NEXT MEETING & AGENDA SETTING

- Proposed next date: Thursday 8 January 2026, Warrior Square Surgery (to confirm via email).

- Agenda approach: keep a consistent core (Access & Ops update; Performance snapshot; PPG recruitment/comms; Service developments) and invite member items in advance.
- Action log: adopt a standing action log reviewed each meeting.

6.1) Next Meeting Dates

All future meetings to take place at Warrior Square Surgery.

Proposed dates:

- 8th January 2026
- 30th April 2026
- 16th July 2026

6.7) Contact Details

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

Or

[redacted]

6.3) Action log

1.	Review PPG web form routing	IG Team/[redacted]
2.	Publish a simple PPG join process (steps + contact)	IG Team + PPG Leads
3.	Recruit new PPG members	PPG Leads/Members
4.	Complete new operating hours signage	IG Team/[redacted]
5.	Install Intercom & complete afterhours SOP	[redacted]
6.	Conclude staff hours consultations and outcomes	HR Team/[redacted]
7.	Place masks/flu signage at entrances	IG Team
8.	More proactive ReSPECT conversations	Clinical Team
9.	ReSPECT and planning session	Clinical Team