



14th June 2021

**Virtual meeting via Zoom**

**Attendees:** Steve MacDonald (Chair), Alison Sarson, Martine Blaser-Smart (Deputy Chair), John Schultz, Keith McPherson, Sue Peters, Tanja Conway-Grim, Libby Looseley, Sally Slyfield

**Items:**

**1. Welcome**

Steve opened the meeting and welcomed the group. He offered our sympathies and thoughts to John on the passing of his wife Bernadine.

**2. Apologies**

Elodie Lanworn, Jenny Daniels

**3. Minutes of last meeting**

No Minutes of the last meeting in April, Steve circulated some points that were agreed

**4. Update from practice**

Libby updated the meeting: -

- Dr Ed Dawton has joined the practice and is settling in well.
- New practice building: CCG needs to sign off the contract, this could take up to 2 months. In the meantime the proposals need to be shared with the public and locations and an approach needs to be identified. Several suggestions were offered to Libby.
- Before the PPG AGM can use the new building as its focus the contract needs signing of.
- Appointments: Since the last meeting, the appointments, which had been exceptionally busy, have now returned to a normal level. This may be due to the arrival of Dr Ed and paramedic Warren.
- Face to face appts: patients will now be asked by receptionists if they want, or think they need a face to face appt. However by increasing face to face appointments this inevitably reduces the number of overall appointments available due to the continuing need for infection control ie sanitising surgery. The effect of the requests will be monitored.
- Care Navigation: This is now on the website , and Libby suggested a Facebook campaign to raise awareness of services available. Many patients are unaware of these services, and the fact that by going straight to the specialist i.e. optician / pharmacist/ mental health services, they may get quicker treatment. This also reduces demand in the surgery.
- SP expressed concern that this might erode the patients relationship with the GP, and asked if this is the future of GP surgeries? Libby explained that GPs are not best placed to deal with some of these issues (such as eyes), but that the specialists copy in the GP and where necessary refer back to the GP. One benefit of this approach is that this will give the GP more time with the patients that they see – 15 or 20 minutes other than the current planned 10 minute consultations.

- SP raised the issue of extensive new housing being built locally and the effect on the practice. Libby stated the issue is on the 'practice radar' and that they have been talking with Martin's Oak Surgery in Battle about this.
- KM asked if a photo and details of the new GP and Paramedic could be put on the website, as having a picture of the individuals makes patients feel more connected to the practitioner when talking to them by phone. Libby said she would look into this.
- MB asked about fees for patient services such as letters or licences and private medicals etc. Libby stated that the Practice followed prices are set by the British Medical Council (BMA). The GPs reviewed the prices recently based prices on how long the work took the Doctor – different services took different lengths of time and incurred different charges.

## 5. Update on Walking for Health

SM has spoken with Lorna from Walking for Health and how to progress it on the return from lockdown. Some members believed they had seen Walking for Health restarted in Battle, but it is unclear whether this is the case.

SM stated he is considering using some of the walks in the Dave Allen book of Robertsbridge village walks that is sold locally, and wondered if Dave Allen might be able to recommend footpaths that are suitable. MB said she knew Dave Allen and would speak with him.

There is still the issue of agreeing a suitable start / end point as the preferred option is the same location every meeting. This would however limit the number of different walk routes.

SM has arranged to check some walks with Richard Hazell (patient who has volunteered to help with WfH). *UPDATE – SM and RH recce'd two walks yesterday (16<sup>th</sup> June '21) that may be suitable. Steve will create them as routes on Ordnance Survey mapping and circulate a PDF for members and Lorna (WfH) to walk, review or comment as they choose. One touched on the Darvell community land, the other took a route out to the Pocket Park. The challenge is their suitability in the wet. Steve and Alison are at the Darvell community on Saturday and will speak with members to see if they can assist in suggesting a good route through the community.*

PPG members who have agreed to help with Walking for Health will need to finish their training when lockdown permits.

## 6. Events

SM to email Dr McNeilly and ask him for possible dates for a gathering with PPG members to commemorate his retirement and say thank you for his work. MB has offered to host the gathering.

## 7. Patient Issues

Difficulty booking face to face appointments was raised, and Libby stated that whilst this had been a problem, the practice is now booking 3 to 5 days ahead (down from 10days), but that urgent cases will always be seen. Libby explained that for various reasons the GPs don't use locum Drs. Inevitably this means that GPs have busy times before and after their holidays, but this is preferable. Patients generally prefer to wait to see their own GP, leaving locum Drs with free appointments and making their use uneconomical.

## 8. AOB

MB has received a lot of very positive feedback re the vaccination hub at Etchingham.

MB expressed concern about the use of patient identifiable data being sold off to third parties by the NHS, and mentioned the cut off for 'opting out'. SM stated that because of his concerns over this issue, and the amount of comment circulating about it, he had looked at a lot of the available material from the NHS, Govt, Data Registrar and other less reputable sources. He said that in his view the concerns were ill founded and being hyped by emotive press reporting, but that the Govt and NHS hadn't helped by not being very clear on what was proposed. The intention is that anonymous data may be used by research organisations to identify the best treatments and to

support research; individual patients will not be identifiable. He finished by stating that the NHS have deferred the cut of date until the 1<sup>st</sup> September to allow the Data Registrar to review and report on the issue.

Libby explained that there are two opt outs depending upon what patients wish to opt out of:

National data opt out - means NHS Digital will not share any confidential patient data but will collect data from your GP medical record to use for its own planning and research purposes. Patients have to do this opt out on the NHS Digital website (link on Oldwood Surgery website)

Type 1 opt out - means NHS Digital will not collect data from your GP practice. Patients need to complete a form and return it to the surgery. The form is available on the Oldwood Surgery website. The opt out must be registered by 30th September 21.

9. **AGM/ Next meeting**

SM stated we need to set a date for the AGM, but it would be good to be able have the new building as the focus. With some uncertainty surrounding the sign off on paperwork for the new building a date of 6th September set for the next meeting, which could be utilised for the AGM of appropriate.

**Next meeting: Monday 6th September 2021 7pm**