



Patient Participation Groups Forum
Hastings & Rother and Eastbourne, Hailsham & Seaford
Tuesday 4th April 2023 between 14.00 – 16.00
Pelham Community Hub, Holliers Hill, Bexhill

M I N U T E S

Members:	
Terry Steeples (TS) Chair	Hastings and Rother Healthcare
Katherine Verrall (KV) Secretary	Little Common and Old Town Surgeries
Lynn Bowman (LB) Vice Chair	Herstmonceux Integrative Health Centre
Sheila Martin (SM)	Carisbrooke Road
Duncan Cameron (DC)	Carisbrooke Road
Chris Marks (CM)	Manor Park Surgery
Ralph Oleson (RO)	Bridgeside Surgery
Tony Moore (TM)	Ferry Road Surgery
Veryan Pollard (VP)	Ferry Road Surgery
Karen Earl (KE)	Sidley Medical Practice
Victoria Roberts (VR)	Sidley Medical Practice
Julia Wells (JW)	Hastings and Rother Healthcare
John Curry (JC)	Little Common and Old Town Surgeries
Lindy Latreille (LL)	Sedlescombe and Westfield Surgeries
Ann Paddick (AP)	Northiam and Broad Oak Surgery
Attending:	
Anj Hatcher (AH)	Senior Public Involvement Officer (East Sussex), NHS Sussex
Apologies:	
Liz Walke Debby Anderson Linda Seddon Jenn Hesmer	

No.	Item	Actions
1.	<p>Welcome and Introductions</p> <p>TS welcomed everyone, and informed members that Hastings and Rother PPG Forum had recently joined with Eastbourne, Hailsham and Seaford PPG Forum. TS said that he was looking forward to chairing this first joint meeting, and extended a warm welcome to LB, Chair of the Eastbourne, Hailsham and Seaford PPG Forum.</p> <p>Introductions by all members followed.</p>	TS
2.	<p>Declarations of Interest - None</p> <p>Minutes of the last meeting - Agreed</p> <p>Matters Arising - None</p>	TS
3.	<p>PPG Development Project with Healthwatch Update: AH informed members that this project has been running for nearly a year now, and that Healthwatch East Sussex are tasked to run a project that delivers a standard practice toolkit for new PPGs. There has been a change of direction during the project towards better communication with Primary Care Networks (PCNs), and how they can hear the patient voice. The project has developed further as Liz Mackie has now retired and Riona Doidge is the new Volunteer and Engagement Manager. The new approach is to use toolkits for PPGs that already exist. The focus is on the PPG voice, as well as patients from the voluntary sector being clearly heard.</p> <p>AH reminded members to save the date and time of Tuesday 9th May 2023 10am – 1pm, for the upcoming workshop event “How People and Communities Can Work Together with Primary Care”. The venue will be The Manor Barn, De La Warr Road, Bexhill. Details of how to register via Eventbrite will be sent out shortly. Full details</p>	AH



	<p>are available on the Healthwatch East Sussex website, which states: “We would like your help to co-design best practice information. You will be working alongside representatives of GP Practices, PCNs, PPGs, other local voluntary and community groups and patients to do this. We believe that by pooling people’s knowledge and skills, these resources can help to ensure that the voice of people and communities are at the heart of PCNs”. There is the possibility of up to 100 people attending. Bexhill PCN is regarded as a front runner in these matters, with a representative from each of the 12 PCNs in East Sussex being invited.</p>	
<p>4.</p>	<p>ICS Updates:</p> <p>Working with People and Communities Strategy: AH informed members of the Integrated Care Board (ICB) “Working with People and Community Strategy”, which is 70 pages long and lays out the 5 year strategy, both in respect of the long and short term. The strategy document can be accessed via the NHS Sussex website www.sussex.ics.nhs.uk. Select “Menu” and under the sub-heading “Get involved” click on “How we involve people and communities”. The link to the “Working with People and Communities Strategy” can be found on the first line of text. Click on the link to view the full strategy document.</p> <p>AH gave a summary of the strategy’s contents and that the ambition was to work collaboratively. CM, KE and JC remarked that this aspect had been considered many years ago. AP observed that the prevention of ill health was not included in the strategy. LB highlighted the need for a more solid, robust approach. AH explained how the strategy was to grow and support the workforce, identifying gaps between jobs, as joint working between Adult Social Care and NHS staff needs to improve further. JC raised the issue of disparity between social care and health service salaries, as well as annual leave entitlement. AH said that the ICB was looking to reduce running costs by 30% as requested by Government. SM asked what the ICB was responsible for? AH explained that the ICB replaced the commissioning groups, and explained the management structure, concluding with the hope that the strategy reaches all the way to front line staff.</p> <p>AH explained the strategy’s digital priorities, as there are different clinical systems for primary care, like EMIS Web, across Sussex. AH felt that these are excellent priorities. LB asked how widespread the trouble is in getting hospital appointments, as members had already feedback that there were so many administrative errors and mismatches. AH explained the immediate priority of increasing access to GP services. Northiam and Broad Oak Surgery is regarded as excellent (Google review summary of 4.7/5), and the surgery garnered much praise and positive feedback at the public event at Jempsons, Peasmarsh last summer. Overall, there seems to be pockets of good practice around Sussex, as well as nationally and practices should share this. AH also said that response times and A&E would be reviewed. KE remarked that the timescale was ambitious, if it was to be within 1 year. AH said that Sussex University trains paramedics and graduates, but that then they require the practical experience. KE replied that practical experience was gained by being out in the ambulance. CM remarked that more senior hospital staff and senior nurses were being made prescribers.</p> <p>AH explained the priority to reduce diagnostic and planned care waits, and that this would be a particular challenge with the current high waiting lists and junior doctors’ strikes. LB commented that Covid tests are still being done at Eastbourne DGH. KE highlighted that this strike was affecting real peoples’ lives, and did healthcare staff realise this? Therefore, it was widely accepted this was an ambitious target.</p> <p>AH concluded this item by highlighting the priority to accelerate patient flow through. KE said that this is not always appropriate or good, if the social care package is not in place. TS felt this was a good idea, if in certain cases a patient could be back home within a day, for example, following an uncomplicated birth etc. AH highlighted the issue of enablers and health inequalities relating to the Protected Characteristic Groups (PCGs). Assumptions might be made that overshadow or misinform the diagnosis, therefore, the importance of the Core 20 Plus 5 strategy cannot be underestimated. Mental health, learning difficulties and autism are regarded as having urgent need.</p> <p>Dentistry: AH informed members that the ICB has taken on responsibility for dentistry, ophthalmology, and pharmacy from NHS England. The complaints team dealing with dentistry complaints has been swamped. CM asked if AH had read the Healthwatch survey that was carried out 6 months ago? TS remarked that BUPA were closing many of its dental practices (The Argus 29th March reported that 85 dental practices will be closed, sold or merged across the UK later this year – full list available on theargus.co.uk). Also, that dental hygienists and technicians will now be getting dentist-exclusive work.</p>	<p>AH</p>



<p>5.</p>	<p>The future of PPG Forums across East Sussex: AH described the current system, and that Lewes Havens and High Weald have most of their secondary care outside of East Sussex. At the last East Sussex PPG Forums Steering Group in February, it was discussed that Eastbourne, Hailsham & Seaford has historically been poorly attended and that Hastings & Rother, by contrast was always well attended. AH's role has changed - now has lots of diverse duties: health inequalities, community interest and community charities, to name but a few. Therefore, NHS Sussex were happy for AH to take the minutes of the East Sussex PPG Forums Steering Group, but not the four individual PPG Forums. AH had asked for volunteers in each forum to take the minutes and KV volunteered for Hastings and Rother. KV is happy to be the minute taker and has become the PPG Forum Secretary. Lewes and Havens has always had a minute taker who is continuing, however Eastbourne, Hailsham and Seaford has been unable to find one and unfortunately, the minute taker at High Weald (HW) has decided not to continue in the role. In order to determine the way forward, observations were made from PPG Forums around Sussex. At the last East Sussex PPG Forums Steering Group it was suggested that there would be one network meeting. Kevin Katner suggested that Lewes Havens (LH) would be better off joining with Brighton and Hove, as their secondary care needs are met there and that High Weald could ask to join with Surrey and Kent as their secondary care needs are there.</p> <p>LB and KV asked if the ES PPG Forums Steering Group is still up and running? The future of the Steering Group is yet to be decided.</p> <p>AH replied that possibly LH and HW could join our PPG Forum once a year if they wish to do so. Also, AH reassured all members that the hybrid option of face to face and MS Teams will always be available. LB asked, how influential is our forum to the ICB, and VR questioned what was the purpose of the PPG Forum? KV assured members that the PPG forum minutes are an excellent way to feed back into the ICB on a regular quarterly basis.</p> <p>LB highlighted that the "How People and Communities can Work Together with PCNs" event will enable proper formal feedback into the PCN, and that our focus needs to be on this opportunity. AH remarked that when Kevin was Chair, the steering group's focus had been more strategic. LB said that her practice, Herstmonceux Integrative Healthcare was now in partnership with Integrated Care 24 (IC24). The PPG has 10-12 active and vocal members, and that it is as pertinent as ever that the PPG continue with its vital role.</p> <p>LL commented that fewer meetings might be a good way forward. If one person had the floor, then there would be the opportunity for members to speak directly to that person. LL felt it would be a much better use of time, and we could rotate in order to get the whole PPG Forum's view. AH intimated that it was likely that this would happen naturally. LL said that cooperation is key and AH said that it's always been difficult to judge the impact of the patient voice. JC informed members that his PPG had influenced the surgery to get rid of the 0844 telephone number, which has made a big difference to patient experience.</p> <p>TS asked LB if she would be happy to become Vice Chair of this forum, and LB happily agreed. AH will continue to facilitate quarterly meetings.</p>	<p>AH</p>
<p>6.</p>	<p>PPG Feedback Loop: AP said that her PPG in Northiam had been set up as a charity. Unfortunately, HSBC had closed their bank account and they had referred the case to the Banking Ombudsman. The surgery, however, is absolutely fine. SM and DC commented that Carisbrooke PPG meet every six weeks, and that not a lot was going on. Currently, there were staff shortages, and AH enquired if the surgery had called upon the PPG to help. SM and DC replied no, but that the PPG provides a morale boost wherever possible. TM and SM added that in order to help, the appropriate training would be needed, and that in reality, there's little that PPGs can do.</p> <p>TM commented that patients are very rarely in the waiting room. RO informed members that Bridgeside surgery's car park was in a bad state of repair, as it was not owned by the surgery. There was talk of going-in with other surgeries. RO said that they were happy to provide practical help to their practice by repairing furniture and filling in potholes.</p> <p>LB remarked that her surgery website now had to follow the NHS England template. JC said rumours that the Old Town Surgery was going to close are false – it is not going to be closed. KV added that they had an upcoming meeting on the 25th April. LL (Sedlescombe and Westfield) said that they were revamping the questionnaire to patients, as it was last compiled in 2018. The PPG was trying to recruit, and it was good that the two practice managers were attending. The biggest push had been the flu jab clinics, as the PPG had volunteers involved (1 on the Friday and 4 on the Saturday). LL felt that not only was it really important to support the surgery, but it could prove really beneficial to patients, as issues, such as mental health, can be subtly raised.</p> <p>KE informed members that the Sidley Medical Practice PPG had 12 members, with 8 being new members. VR, one of the new members, informed the forum that their Constitution and Terms of Reference were being revamped.</p>	

	<p>VR had high praise for the practice manager, Pete Sims, as he is incredibly positive and proactive regarding monthly meetings. Focus was on improving the way that patients can access information. VR said that the PPG had agreed a process to select new members, which took into account their individual skill set. This would then enable the PPG to be as efficient as possible.</p> <p>JW (Hastings and Rother Healthcare) informed the forum that their last meeting was on MS Teams, and that surgery staff had attended. TS said that for their last meeting they had invited a guest speaker, who unfortunately was unable to get there on the day. The Patient Liaison Officer, 2 GPs and the Practice Manager also attended. There had been a need to pull back PPG members who raised personal issues. LB stressed the importance of implementing a Code of Conduct to deal with such issues.</p> <p>VP attends the same practice as TM and felt like they had done a lot recently. They had requested the opportunity to chat to the paramedic, to learn about the nitty-gritty of that occupation. A tree had been planted in commemoration of the reign of Queen Elizabeth II. There is an upcoming article in the Rye News, as they are in desperate need of younger members. AH said that this will be a topic for discussion at the upcoming workshop. LB remarked that attracting younger PPG members is difficult, as people are too busy with work and family commitments, and KV wholeheartedly agreed. AH replied that young Healthwatch could give some insights. VP said that the NHS App Quick Guide leaflet distributed by AH had gone down a storm! AH said that the leaflet has been really well received and that she would be getting more hopefully. LL requested some and took 1 with her to share with the team. AH said that GP websites could have a digital copy. TS informed the forum that the actual sign-in procedure for the NHS App has changed.</p>	
7.	<p>Digital Skills - Inclusion Projects/Digital Ambassador Pilot Project: KV had liaised with the Digital Project Managers at NHS Sussex and presented a summary of the projects' current status. KV also supplied members with a contact email address should they require further information. For the record, the email address is: sxicb.digitalprojects@nhs.net.</p>	KV
8.	A.O.B. - None	TS
9.	<p>Next meeting date: Tuesday 18th July 2023 14.00 – 16.00 The Activity Room, Polegate Community Centre + MS Teams link</p>	