

Minutes

Hill Surgery Action Group (HSAG)

Date: 16th February 2024

The meeting was held at Swallow House, Theaklen Drive, St Leonards on Sea, TN38 9AZ.

In Attendance

Nick Andrews, Maxine Green, Anita Waters, Karen Purser

Apologies: Victoria Peckham & Paul Rodger

- Approval of Maxine Green's notes from the inaugural meeting on 9th February, approved by NA/KP/AW, will be held as interim minutes and an accurate meeting record.
- Meeting notes for this meeting: Maxine Green, Interim Secretary

HSAG Board structure

The HSAG board was nominated and approved by all present:

- Nick Andrews, Chair
- Maxine Green, Vice Chair & Secretary
- Anita Waters, Treasurer
- Karen Purser, Disabilities Spokesperson
- Paul Rodger, Legal Advisor & PR
- Victoria Peckham, Rural & Pharmacy

The role of secretary will rotate.

- **PR & VP to be contacted by NA to discuss potential board roles.**

Additional Roles:

It was agreed that patients need a better way of contacting individuals regarding specific matters. While HSAG cannot get involved or advise on medical issues, having central contact points will help communication flow.

- Harold Road Surgery Spokesperson & liaison: Maxine Green
- Beaconsfield Road Surgery Spokesperson and liaison: Nick Andrews
- Rural Surgery Support: (Pett & Fairlight) Karen Purser
- Fairlight Road Surgery: Victoria Peckham

Agenda Point 1: Constitution

The constitution was reviewed and approved by all present:

The Hill Surgery Action Group (HSAG) was formed to foster patient participation and ensure that the interests and priorities of patients are at the core of decision-making with Hill Surgery (HS), leading to better-quality services and health outcomes. The group aims to bring together patients who can have influence and unite voices that are only sometimes heard. Moreover, the group intends to educate patients on the significance of shaping how modern health care is delivered in our surgery catchment area while supporting HS in bringing about desired changes and improvements.

The group's primary goal is to develop a partnership of equality between HS and patients, where patients have a say in how services are delivered to best meet their and the local community's needs. The group aims to communicate accurately and honestly between HS, individual patients, and the broader community about critical health matters. Identifying any changes the practice may not have considered allows resources to be used more efficiently. Moreover, the group looks forward to making the practice aware of patients' concerns after the merger and what many patients have perceived as declining service and patient satisfaction.

The HSAG aims to be constructive and positive, focusing on taking action to benefit HS and patients rather than being a forum for patients to complain. The support of the Practice Manager and GP/clinicians within the practice is essential in ensuring the group's success. The Practice Manager will work with the HSAG and the PPG, but patients will then run it, and the Practice Manager and one or more GPs from within the practice will attend the meetings. There also needs to be a willingness for open and candid dialogue between the parties and the PPG.

Note: While finalising and approving the constitution and intent of HSAG, the group also reviewed the Hill Surgery Patient's Charter and found it was not being followed, with several statements misaligned with current patient perceptions.

Agenda Point 2: HSAG communication flow and patient access.

- It has been decided to open a group email account at @HSAG.org.uk. This account aims to facilitate streamlined communication between the members, minimising the need for personal email addresses. It has been further suggested that email-specific addresses associated with the roles and responsibilities of each member, such as Harold@HSAG, Chair@HSAG, Treasurer@HSAG, etc., be established to make communication more effective. The suggestion of creating a website to share communications was made, although the HS has such a site under the PPG, albeit extremely out of date.
- **MG to investigate and report findings.**

Agenda Point 3: Upcoming PPG Meeting 19th February 2024

- The Hill Surgery virtual PPG will meet on Monday, February 19th, 2024. HSAG is planning to attend this meeting. An open invitation was offered by David Standon, PPG spokesperson and other PPG members at the inaugural meeting. DS has not communicated the TEAMS meeting link required to join the meeting. NA and MG have both applied separately to join the PPG. However, it was agreed that remaining independent may be the best plan until such a dialogue is open with the surgery, as the PPG is still forming a cohesive group without a clear constitution or fundamental principles governing it.
- **NA will contact David again to request a meeting link. If not forthcoming, an approach will be made to the GP partners, Jackie Horton, Practice Manager and Julie Holloway, Operations Manager.**

Agenda Point 4: Topics for discussion with Hill Surgery and PPG

Given the long list of patient concerns and grievances, we agreed to start by presenting three main issues to the PPG/HS management team and build on a more regular dialogue.

1. Roles, Responsibilities, & Resources of Hill Surgery
2. Online services
3. Call centre and general telephone contact.

4.1: Roles, Responsibilities and Resources of Hill Surgery

HSAG would like to understand better the available resources at HS to support the 28.5k patients listed across its surgeries. This would include information about non-clinical support staff, such as the general practice clinical team (GPs, locums, nurses, etc.), recruitment plans for reception staff resignations, and additional clinical skills. We also would like to understand the current GP-to-patient ratio and establish if there are plans to recruit more GP partners/locum help.

Many patients report trying to contact the surgery by phone, only to hear a voicemail message advising, "Safe working capacity has been reached" – What exactly does this mean?

4.2: Online Services

Patients are now encouraged to use a little-understood service called Engage Consult to contact the surgery for any medical or administrative queries. This system allows patients to access their medical records online, obtain test results and connect

with local health services without needing to see a GP or visit the GP surgery. The service is available 24/7, accessed from a home PC, tablet, or mobile phone, and we believe it runs alongside Patient Access.

However, there is a high level of confusion among patients and the surgery team about accessing and registering for the service. HSAG appreciates the benefits this service can bring to patients and the surgery team, as it can ease the day-to-day pressure on the surgery, which is currently having to divert limited resources to telephone contact. Therefore, a greater understanding of the resource and its use would benefit all concerned.

According to the latest CQC data, the practice area has an ethnic makeup of 1% Asian, 96% White, 1% Black, 1.5% Mixed, and 0.5% Other. The age distribution of the practice population shows fewer working-age people between 20 and 49 years old and more people aged 50 to 79 compared to national averages. This demographic may be less familiar with technology, so a programme of training, education and user advice on the website would be helpful.

4.3: Call centre and general telephone contact

Many patients have expressed their concerns about the recently outsourced call centre. They have been experiencing long wait times for the first response, with no time slots given, requiring them to wait on the phone all day. Even after receiving a call-back, there is a delay of several hours or even days for the patient's query or medical concern to be triaged by healthcare clinical or administrative personnel. This has led to extended wait times, misunderstandings of what is being requested or will happen next, and a growing reluctance to use the call-back service altogether. We have been asked to ascertain who the outsourced team are, how it is structured, the level of clinical training provided and what safeguards are in place to protect patient confidentiality.

Patients who have tried to contact the surgery directly have been experiencing stress due to long wait times to speak with a surgery receptionist. This has led to frustration as they feel their concerns are not heard. Unfortunately, there is a perceived lack of empathy from the reception team, often resulting in unnecessary tension between the patients and staff. As a result, we have received several complaints about the rude and unhelpful behaviour of the reception staff, with patients being told to register elsewhere if they are dissatisfied.

Another significant concern is the 'on the day' appointment service between 6.00 am and 11.00 am. Patients frequently report being on the phone when the service opens, only to find out they are in long wait queues and that all appointments have gone and told to call back the following day. The 'same-day appointment' allocation is not working, and greater understanding is required as to why patients cannot book advanced appointments anymore. Often, patients do not need to see a GP on the same day, and advanced booking enables them to plan for time off work, caregiver support, and transportation and will ease the morning pressure to get a GP appointment.

AOB:

- Name badges to help patients remember who they have spoken with, as this is often one of the questions asked by the call centre team or other care services.
- Why are patients being referred to Specsavers for eye-related problems? Is there a MECS optometrist in the surgery catchment area? Is there a mutual commercial partnership between HS and Specsavers?
- Why is it so difficult to join the PPG?
- Sally-Ann Hart (MP Hastings & Rye) is aware of HSAG, and we have already communicated with her. She has responded with a copy of the letter she sent and received from the CQC CEO about the position following direct complaints to her constituency office from patients of HS post-merger. She has asked to be updated with the situation following the meeting on 19/2/24 and has proposed a follow-up meeting with MG on 23/2/24.
- Swallow House meeting room facilities will be available, subject to scheduling, day or evening for the use of HSAG meeting, courtesy of MG.

Date of next HSAG Meeting

Monday 19th February, to join the PPG meeting. If unable to enter the meeting and obtain greater transparency, HSAG will meet to discuss escalation to CQC and request the support of Sally-Ann Hart, MP.

The meeting will occur at Swallow House. The time will be confirmed once the PPG meeting invite is provided.
