

# Northdown Surgery Patient Participation Group

## Minutes for 11<sup>th</sup> October 2017

**ATTENDEES:**

PPG Committee: Jan Dell (Chairman, patient), George Treloar (Vice Chairman, patient)

Patients: DiW, DeW, AB, DD, ET, DJ, PR)

Practice Staff: Wendy Blake (Practice Manager), Toni Miles (Admin),

Guest Speaker: Oena Windibank, Chief Officer, Integrated Accountable Care

**Apologies:** Neil Heslop (Secretary, patient), HK, FK, EP, JP (all patients) plus PPG Committee member: Neil Heslop (Secretary, patient)

Agenda Item:	Discussion Item:	Action Required:
<b>Welcome and Introductions</b>	Introductions of the Committee and Practice Staff present took place and the Chairman (JD) introduced Oena Windibank, Chief Integrated Accountable Care who is our guest speaker	
<b>Presentation</b>	<p>Oena Windibank, Chief Integrated Accountable Care gave an extremely informative presentation on the proposed GP Hub, GP service at QEQM and 7 day GP availability.</p> <p>Some Highlights from her talk:</p> <ul style="list-style-type: none"> <li>• Esther Project (a care model from Sweden) which is working on an enhanced frailty pathway to identify those patients who are at risk and to try to sort out care planning and patient needs before it was actually required by using multiple-disciplinary teams (MDTs). Two Esther “cafes” have been held locally to allow patients to discuss their experiences and requirements, two more will be held in the future.</li> <li>• Integrated acute response team (ART) is a new highly skilled clinical team comprising of representatives from SECAMB (ambulance), GPs and Community Nurses who can urgently address a patient at risk and will liaise for up to 5 days to ensure continuity of care and that patient’s needs are met. It is hoped that this will stop people from going</li> </ul>	

Agenda Item:	Discussion Item:	Action Required:
	<p>into hospital that do not really need to. Also working with A&amp;E GP too (see below).</p> <ul style="list-style-type: none"> <li>• Listening Events have been held by Thanet Health Network regarding why/what services locally need to change and feedback on current progress was given.</li> <li>• Discussion also took place regarding the trial of an A&amp;E GP that was now placed at QEQM which it is hoped will help to avoid patients going through the A&amp;E process when they just actually need GP consultation – hopefully this will also help to cut down on A&amp;E waiting times.</li> <li>• There was some discussion regarding the central Hubs and how the four “primary care homes areas of Thanet might be covered, i.e. Areas are Quex, Margate, Ramsgate and Broadstairs.</li> <li>• Discussion on what was required from 7-day 8am to 8pm surgeries – this may have to be linked to the Primary Care Homes as discussed above, as would probably work with several surgeries linking together as shortage of GPs would not allow staffing levels to be maintained for full surgeries. Discussions are being held with local GP surgeries to see how this might work. The service would probably start at 7pm through to 12 midnight weekdays and during weekends. Things like location were discussed - it was felt that QEQM was central and had good transport links; ?would support services be there at weekend, i.e. mental health etc.; ?local pharmacy availability. All attendees and PPG members were invited to put forward any ideas and thoughts – if you email <a href="mailto:tccg.northdownadministration@nhs.net">tccg.northdownadministration@nhs.net</a> (surgery email) or leave a letter at Reception. We will forward all comments and observations to Oena for future discussion.</li> </ul>	<b>ALL</b>
<p><b>Review of the Minutes from the last meeting on 12 July 2017</b></p>	<p>The minutes of the 12 July 2017 meeting were reviewed – there were no matters arising.</p> <p>DW proposed that the minutes be accepted and this was seconded by GT.</p>	

<b>Agenda Item:</b>	<b>Discussion Item:</b>	<b>Action Required:</b>
<b>Chairman's Report</b>	<p>Attached to these minutes.</p> <p>The Chairman gave a report on three local meetings she had attended since our last PPG meeting and highlighted discussions around DNA (did not attend) appointments and how they were dealt with around the surgeries. Northdown surgery writes to patients who have missed 3 consecutive appointments – the 4<sup>th</sup> letter will inform the patient that they are no longer a patient here).</p>	
<b>Practice Manager's Report</b>	<p>Appended to these minutes</p> <p>The PM gave a brief discussion regarding the possibility of Northdown Surgery moving to Bethesda building and the proposed plans to extend the Bethesda building were shown. These plans are shortly to be submitted and there are various items being discussed before any final decision is made. Some concern was expressed with regard to transport to Bethesda if the surgery did move – see next point.</p> <p>Our surgery has been asked to undertake a “how did you get to the surgery today” mini-survey with waiting room patients over a 2 week period ending 20<sup>th</sup> October. The surgery were struggling to ask patients questions from this verbal survey and various PPG meeting attendees volunteered to do 2-3 hours each afternoon and a rota was set up. “Patient Group member” badges will be set up so that people would know who was asking the questions of them.</p>	<b>TONI</b>
<b>AOB</b>	<p>The surgery is holding a raffle over the next 2-3 weeks to raise funds for the Wear-it-Pink Day (on Friday 20<sup>th</sup> October) in aid of Breast Cancer. Tickets are £1 for 5 and are available from Reception counter.</p> <p>There being no other business, the meeting closed at 8.15p.m.</p>	
<b>Next Meeting</b>	<b>The next PPG meeting will be held at the Surgery on Wednesday, 10<sup>th</sup> January 2018 at 6:30pm</b>	

## Chairman's Report for Meeting 11th October 2017

I have attended three meetings since we last met.

The First was at the Yarrow Hotel, on 27th July and was headed as a, "**Listening Event**". Dr. Tony Martin of the Clinical commissioning Group headed the meeting, and the matters discussed were:-

- Why services need to change
- Feedback so far on what has been previously said
- The model proposed for change.

The latter point included points for helping people to stay well, this included educating people to eat healthily, and bringing the message to the younger generation i.e. schools, together with more exercise for all.

Assist with:-

- Stopping smoking,
- Living well with health conditions
- Encourage patients to get into the best possible shape prior to surgery
- Doing more out of hospital by putting more resources into local areas so that more care could be given out of hospitals to free up more beds, and making the acute services more effective.

Mental health was also highlighted as a big issue, and the point was made that more needs to be done to link up services to deliver:-

- Rapid access to individuals and their families.
- Include more liaison psychiatry in all acute emergency departments.
- Transform children`s services and improve the transition between children and adult services.
- Early intervention to improve prevention rate.
- Deliver screening for women, babies and families; give assessment and intervention, give training and support right across the physical and mental health areas.

Much discussion took place on these points the main one being, "how is this going to be funded?" No definite answer to this point was forthcoming. Group discussions on tables then followed and many people raised points over transport to see patients if they were not local under the proposed Hub system and several ideas were put forward, but all of them revolved around finance to both the Health service and

individuals particularly those on low income. I made the suggestion that maybe public transport subsidised tickets or vouchers could be introduced for those worse off in the same way as the concessionary car parking tickets had just been introduced for local residents. No comment was made on this although the suggestion was classed as a good idea but again the cost of implementing this was raised. Unfortunately the meeting was somewhat disrupted by a group of people attending who had very fixed ideas on what should be happening but gladly they left the meeting before table discussion started.

On 2nd August I attended the **Thanet Clinical Commissioning Group Meeting** at Thanet district Council headed by Clive Hart a Lay member of the TCCG

Oena Windibank is giving a presentation on Esther Cafes and I will leave that item for her presentation tonight. However attached to my report is a copy of the Esther Model from Health and Social Care in Sweden. The new proposed Hub at Bethesda was also mentioned, and the services that might be offered there in the future.

Mental health was also a topic raised, and how we could put more specialist mental health support into G.P. practices

Everyone showed concern about the number of DNA`s and how they were managed in different surgeries. Some examples given were that three DNAs at Bethesda meant a patient was struck off if they were consecutive. Mocketts Wood had no sanctions, as they felt it was vulnerable people that were the main DNAs and the new triage system things were improving.

Minster surgery operates a text reminder system.

Following this discussion a proposed publicity campaign was discussed to educate people in an attempt to cut down the DNA`s

Andrew Dent the Interim Lead Pharmacist for Thanet informed us that NHS E is consulting on a list of various over the counter medicines. The consultation concludes on 21st October. There is a document and survey or patients to feedback to NHSE. The list is available on the NHSE website:-

<http://www.engage.england.nhs.uk/consultation/items-routinely-prescribed>.

Concern was also raised about the number of new houses being built in the area and the increased number of people coming into the area and how their medical care would be managed, would there be new surgeries , schools etc. It was decided to approach someone to come to the next meeting to discuss how this would be managed.

The third meeting I attended was the **Thanet Clinical Commission Meeting** at the council Offices on 4th October 2017.

Several issues were discussed and it would appear there will be four Primary Care Homes in the Thanet area, Quex, Margate, Ramsgate and Broadstairs. The planning for the Bethesda Hub is due for approval this Friday and if approved the Hub should be completed and running by 2020.

The additional housing at Westwood Cross was discussed and there are measures being taken for medical facilities and schools etc. to be included. There is money to be set aside from the developers who apparently must contribute.

The enhanced Frailty Pathway for the over 60s was presented by Faye and Marie who talked about personalised care for the vulnerable, frail and lonely. Plans are for Pharmacists to visit these patients to review their medical requirements. Also a document is to be produced that the patient will have, so that in cases of emergency, the document will be with them so that questions do not have to be repeated time after time. Medications will be included.

There will also be support for mental health patients and the Nuffield Trust will be working with the East Kent Health.

Key developments moving forward will be:-

Internal development across Kent - 5 new GPs have been recruited over the past 3 years, and another 50 will be needed by 2131. The idea of incentives to bring doctors into the area was also suggested such as assisted housing etc.

7 day, 8am - 8pm surgeries were talked about, and this may have to be linked to Primary Care Homes.

There will be tiers of care, Cardio, rheumatology, respiratory and diabetic. There will also be an integrated Acute Response Team for the urgent response to the frailty pathway.

It was noted that the GP at the front of A & E had started this week.

The Esther rolling Programme and Esther cafes were also discussed.

DNAs were also talked about and it was felt that the triage system was having a positive effect. Several different schemes were being piloted by surgeries but DNAs were still a problem albeit lessening.

At the next meeting a talk will be given on aspects of mental health.

Jan Dell

Chair, PPG Northdown Surgery

## **Practice Manager's Report – 11<sup>th</sup> October 2017**

We continue to strive to ensure that our practice runs as smoothly as it can, given the clinician staffing levels we currently have.

### **STAFF**

We have said goodbye to:

Charlotte Tilley – our student nurse has now left for her next rotation and we wish her good luck

We have recruited and welcome:

Stephanie Greenwald as joined us as an F2 doctor to experience GP work with a view to possibly continuing in the GP field.

Paul Nolan as a Student Nurse who has joined us for his general surgery rotation and we also welcome back Rebecca Adams (HCA) who will be re-joining us in November after her maternity leave.

### **GP Recruitment**

We have still not managed to attract any GPs to work at our surgery but we are ever hopeful. We continue to employ our excellent Locum GPs on a temporary basis to try to alleviate the problem.

## **APPOINTMENTS**

The Telephone Triage system is proving very successful and this has now been extended to include some GP telephone triage appointments in the morning, freeing up an extra 10 appointments a day, also – again with the facility to be able to book into the on call/emergency clinic in the afternoon – please note Receptionists cannot over-ride these on call/emergency appointments – only clinicians can.

### **Patient Access System**

2558 patients (26%) have now signed up for this system to enable them to book appointments and/or request repeat prescriptions and to view results, letters etc.

## **Appointment availability for next 2 weeks (as of 11.10.17)**

**General pre-bookable appointments** - there are no pre-bookable appointments left today, however more will obviously become available later in the week.

**Online pre-bookable appointments** – there are 4 online pre-bookable appointments available over the next 2 weeks.

**Blood Tests** – there are more than 19 blood test appointments available over the next 2 weeks, both online and by normal booking.

**Dressing Appointments** – there are 6 dressing appointments available over the next two weeks.

At 12.15 today there were 2 urgent appointments available for this afternoon.

### **Missed Appointments (DNA's)**

Our DNA (Did not attend) figures are still declining albeit very slowly – monthly figures of wasted appointments are displayed in the waiting room and on the website and presumably this is seems to be having some effect on the reduction of missed appointments. For September, there were 95 missed appointments out of a possible 4322 appointments.

## **OTHER NEWS**

### **Charity Cycle Race and Raffle**

This raised a total of £890 which was donated to the Pilgrims Hospice. Thank you to the cycling team here at Northdown and to those patients who supported our raffle.

Our next fund raiser will be a raffle for Wear it Pink Campaign (Breast Cancer) – tickets available for £1 per strip of 5, from Reception or at our meeting tonight.

**Wi-Fi** within the surgery will be available for all in the next quarter. The cabling was finalised yesterday and will go live in the next few weeks.

### **U-Post**

We have been experiencing some problems with our current postal delivery service delivering items promptly. This is being investigated with U-post, the company that currently have the contract.

### **New telephone System**

We have changed our telephone system and supplier. There is now a cancel option which allows patients to cancel their appointments, instead of trying to phone in to the surgery in the mornings. This should also reduce visits to our extremely busy A&E department. The new system will also eventually be able to tell patients their position in the queue and give appropriate messages depending on the time of year and day. It will also tell patients when there are no appointments left so it then gives them the option to hang up if they do not wish to ask anything else.

### **General Practice Review**

Early discussions are being held amongst all the local surgeries regarding the proposal for 8am to 8pm, 7 day working week general practice availability, with regards to how this would work within the practices.

### **Some Useful Web Site Addresses:**

Northdown Surgery

<http://www.northdownsurgery.org.uk/>

NHS Choices (to leave a review of Northdown Surgery and general NHS information)

<http://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=36062>

Thanet Health Network (everything you wanted to know about NHS health in Thanet and more)

<http://www.thanetccg.nhs.uk/home/>

Thanet Clinic Commissioning Group (sign-up page)

<https://www.thanetccg.nhs.uk/health-network/join-us/>

East Kent Better Health leaflet (17 pages)

<http://eastkent.nhs.uk/wp-content/uploads/2016/08/East-Kent-Better-health-and-care-online-leaflet.pdf>

East Kent a “top level” overview of health groups in east Kent

<http://eastkent.nhs.uk/>

Healthwatch Kent is an independent organisation set up to champion the views of patients and social care users across Kent

<http://www.healthwatchkent.co.uk/>