

Northdown Surgery Patient Participation Group

Annual General Meeting Minutes for 12 July 2017

ATTENDEES:

PPG Committee: Shirley Madin (Chairman, patient), Jan Dell (Deputy Chairman, patient), Neil Heslop (Secretary, patient)

Patients: LD-S, DW, EL, DD, PR, JB, HK (Ladies)

GT, DW, MB, FK (Gentlemen)

Practice Staff: Toni Miles (IT Admin), Dawn Mills (Deputy Practice Manager), Jess Moreton (Business Manager), Dr Geevarghese (GP)

Guest Speaker: Marcie Warburton (Healthwatch Kent)

Apologies: Wendy Blake (Practice Manager, on leave), Dr ED, Dr DD, DJ, PB, HP (all Patients)

Agenda Item:	Discussion Item:	Action Required:
Welcome	<p>The Annual General Meeting was opened by SM (Chairman) who welcomed everybody, including some new faces, to the meeting.</p> <p>Introductions of the Committee and Practice Staff present took place and SM introduced Marcie Warburton of Healthwatch Kent our guest speaker</p> <p>SM said that as this meeting was the AGM, that elections were to take place during the meeting and we had a guest speaker, that the sequence of the published agenda would change slightly, although all topics would be covered.</p>	
Healthwatch Kent	<p>Marcie Warburton, a local volunteer for Healthwatch Kent gave an interesting talk about the organisation</p> <p>Some Highlights from her talk:</p> <ul style="list-style-type: none"> • Healthwatch Kent (HW) is part of Healthwatch England, a statutory body formed in 2012, to understand the needs of people who use social services. • Healthwatch England is comprised of 150 local groups and HW Kent needs more volunteers – there are 10 volunteers in the Thanet area. • HW is the champion of the patients and HW 	

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	<p>visits hospitals, community groups, travelling communities, care homes and others.</p> <ul style="list-style-type: none"> • ~Using an “Enter and View” methodology, HW works as a mediator in GP Surgeries and has an interaction with PPGs, HW had devised a framework, suggesting how PPGs can work with Practices – the Northdown PPG has previously adopted many of these suggestions. • HW is currently working with Kent & Canterbury Hospital, interviewing patients awaiting or about to be discharged, to discover what the patient’s experience is of the discharge process, what problems if any they experience, etc. HW will report their findings to K&C in due course. • One of the next studies in Kent will be of Care Homes, where HW will be working with the Care Home Manager’s agreement and support. <p>A copy of Marcie’s presentation is attached to these minutes and more information about Healthwatch Kent can be found on their website www.healthwatchkent.co.uk</p>	
Chairman’s Report	<p>Because of the time taken by our guest speaker’s presentation, SM gave an abridged overview of her report.</p> <p>SM reminded us that she is standing down as Chairman after two years in office and wished the new PPG Officers every success in the future. Paper copies of the Chairman’s Quarterly and Annual Report were distributed to the meeting participants and a copy of her report is attached to these minutes.</p>	
Vote of Thanks	<p>Dr Gee proposed a Vote of Thanks to Shirley for her time, support and enthusiasm which she has spent during her two-year period of tenure as Chairman and presented Shirley with a bouquet of flowers by way of a thank you on behalf of the Practice and the PPG.</p> <p>The meeting participants responded with a large round of applause.</p>	
Election of PPG Officers	<p>All three PPG Officer posts were up for re-election; the only nominations before the meeting were from Jan Dell (currently Deputy Chairman) who nominated herself for the post of Chairman and from Neil Heslop who nominated himself again as Secretary.</p>	

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	<p>During the meeting George Treloar proposed himself for the post of Deputy Chairman. A vote was taken of all present and the new PPG Officers were elected:</p> <ul style="list-style-type: none"> • Jan Dell – Chairman • George Treloar – Deputy Chairman • Neil Heslop – Secretary <p>SM left the table at this point and took a seat as an ordinary member of the PPG.</p>	
Constitution	<p>Copies of the Draft Constitution of The PPG had been distributed with the meeting invitation and agenda to all members. Hard copies were available at the meeting and JD asked those present to read and comment upon the Draft. There were no objections to the Draft Constitution and GD proposed that it be adopted; this was seconded by MB. A copy of the Northdown PPG Constitution is appended to these minutes.</p>	
Review of the Minutes from the last meeting on 12 April 2017	<p>The minutes of the 12 April 2017 meeting were reviewed; GT asked if there had been any update to AOB Item 5 “<i>LS asked about a central service for all GP surgeries that she had heard about and DD suggested that they could also cover Saturdays</i>”.</p> <ul style="list-style-type: none"> • Dr Gee said that discussions are still ongoing; there is an “Acute Response Team” in Margate, covering the period 1000 to 1800 hours, but that getting ready for seven-day working would be a challenge. • <i>This item is carried forward to the next meeting.</i> <p>Toni proposed that the minutes be accepted and this was seconded by GT.</p>	WB
Practice Manager’s Report	<p>Wendy is on annual leave and her prepared Practice Manager’s Report was given by her deputy, Dawn Mills. Some highlights:</p> <ul style="list-style-type: none"> • Staff <ul style="list-style-type: none"> ○ There has been two leavers and two new reception staff and a Practice Nurse have joined us ○ An Advanced Nurse Practitioner who was going to join changed her mind. ○ We have still not attracted any new 	

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	<p>GPs and a recruitment event planned to take place in Broadstairs was cancelled because of a lack of GP responders.</p> <ul style="list-style-type: none"> ○ We continue to employ excellent Locum GPs on a temporary basis. ● Appointment System <ul style="list-style-type: none"> ○ Telephone Triage has been successful and has been extended to include GP telephone triage, freeing up 10 appointments per day. ● Patient Access <ul style="list-style-type: none"> ○ 44% of our patients use Patient Access to book appointments, request repeat prescriptions and to view results, letters etc. ● DNAs (Missed Appointments) <ul style="list-style-type: none"> ○ Declining slowly, in June there were 134 DNAs out of a possible 4412 appointments, a little over 3%. ● Reception Survey <ul style="list-style-type: none"> ○ Patient feedback was excellent, with suggestions of some improvements that could be made. ● New Telephone System <ul style="list-style-type: none"> ○ A new telephone system is being installed, with a queuing system and the ability to tell callers when no appointments are left, thus giving the caller the option to hang up, or to continue with their call if they need to speak with Reception Staff about another matter. ● Productive General Practice <ul style="list-style-type: none"> ○ Staff have spent half a day per week reviewing policies and procedures. ○ Reception has worked on this during the past three weeks, resulting in a new flowcharted daily procedures manual which will benefit existing and new Reception Staff. <p>EL asked how the appointments systems work and for clarification on how to use Patient Access? <i>Toni will contact her personally to address her questions.</i></p> <p>The Practice Manager's Report is attached to these minutes.</p>	<p>TM</p>

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AOB	<p>1. MB expressed surprise that the PPG comprises over 800 patients and commented that the PPG publicity and Practice information was poorly communicated. <i>Toni responded that there is a wealth of information on the Surgery Website and notices about PPG and other topics are displayed in the waiting room. PPG minutes and other items are emailed to around 700 members and around 120 members who have not registered an email address are sent the same information by post. We will review how information is disseminated and if improvements can be made. Improvement suggestions will be gratefully received.</i></p> <p>2. Toni advised the meeting of the ages of PPG membership, as at 27 June 2017:</p> <table border="1" data-bbox="472 927 1222 1308"> <thead> <tr> <th data-bbox="472 927 847 1003">Age Range</th> <th data-bbox="847 927 1222 1003">Total Members in that age group</th> </tr> </thead> <tbody> <tr> <td data-bbox="472 1003 847 1041">15-24</td> <td data-bbox="847 1003 1222 1041">93</td> </tr> <tr> <td data-bbox="472 1041 847 1079">25-34</td> <td data-bbox="847 1041 1222 1079">194</td> </tr> <tr> <td data-bbox="472 1079 847 1117">35-44</td> <td data-bbox="847 1079 1222 1117">152</td> </tr> <tr> <td data-bbox="472 1117 847 1155">45-54</td> <td data-bbox="847 1117 1222 1155">123</td> </tr> <tr> <td data-bbox="472 1155 847 1193">55-64</td> <td data-bbox="847 1155 1222 1193">94</td> </tr> <tr> <td data-bbox="472 1193 847 1232">65-74</td> <td data-bbox="847 1193 1222 1232">91</td> </tr> <tr> <td data-bbox="472 1232 847 1270">75-84</td> <td data-bbox="847 1232 1222 1270">58</td> </tr> <tr> <td data-bbox="472 1270 847 1308">85+</td> <td data-bbox="847 1270 1222 1308">20</td> </tr> </tbody> </table> <p>3. MB asked if there is a standard ratio of patients per GP? <i>Dr Gee responded that there is no standard ratio, but that a national average is 4 GPs per 10,000 patients; she went on to say that we have 2.75 GPs plus our Locums for around 11,000 patients</i></p> <p>4. LD-S asked why there is a problem in attracting GPs to our Surgery. <i>Dawn replied that newly qualified GPs generally want to be Locums rather than contracted to a Surgery – reduced workload and higher pay being the main reasons for this.</i></p> <p>5. Dr Gee announced that Northdown is having early talks with Bethesda Surgery, to satisfy Government requirements to establish large surgeries rather than smaller ones; some dismay was expressed by several members</p>	Age Range	Total Members in that age group	15-24	93	25-34	194	35-44	152	45-54	123	55-64	94	65-74	91	75-84	58	85+	20	PPG Officers and Practice Staff
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	and Dr Gee reassured the meeting that these are very early days and that the Practice had to comply with the directive to review the idea of joining with another Practice(s). Dr Gee said that nothing was yet agreed and that any conclusion to the talks was a long way off.	
Next Meeting	The next PPG meeting will be held at the Surgery on 11 October 2017 at 6:30pm	

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/>

Northdown Patient Participation Group Constitution

1 Name

The name of the group shall be Northdown Surgery Patient Participation Group

2 Aims, Objectives, Terms of Reference

The aims and objectives of the Northdown Surgery Patient Participation Group (PPG)

shall be to act as a critical but constructive friend to the Practice by:

- a) Creating and improving two-way communication between patients, the Practice and the community it serves.
- b) Fostering a sense of partnership between the Practice and patients.
- c) Providing an avenue for patients' input to the way facilities and services are planned and executed, and influencing those services.
- d) Providing constructive two-way feedback on patient and community needs, concerns and interests.
- e) Supporting the Practice in good health promotions, preventative medicine and health literacy.
- f) Collecting patient opinions and experiences to help the Practice to evaluate its services.
- g) Communicating to the Practice community and/or the wider community information about the Practice.
- h) Liaising with the Care Commissioning Group (CCG) of practices to share and develop best practice and/or resources.
- i) Raising issues for consideration which are evidence based and which demonstrate that they are a matter of wider concern.

Whilst these are the initial aims and objectives of the PPG they are open to change and discussion by the PPG and the Practice to ensure continual development and improvement.

The PPG is not for the airing of individual member's specific problems. These must be addressed with the Practice Manager at the surgery.

3 Finance

The PPG does not raise or hold funds. Reasonable and prior approved out of pocket expenses on behalf of the PPG shall be claimed from the Practice. Annual associate membership shall be paid to N.A.P.P. by the Practice

4 Membership

- a) Membership is open to any patient of the Practice over the age of 16.
- b) The PPG Working Group comprises an elected Chair, Vice Chair and Secretary. They may co-opt other members as appropriate.
- c) Any patient may nominate themselves for election to the PPG Working Group at the Annual General Meeting.
- d) Patients may be approached by the Practice or the PPG to encourage them to join. The aim is to encourage representation from every section of the community, including special interest groups.
- e) Removal of a patient from the Practice list, for whatever reason, will disqualify continuing membership of the group.

Membership of the PPG or the Working Group does not confer any prior claims on the Practice or any right to preferential treatment.

5 Meetings

- a) The Group will endeavour to meet no fewer than four times a year and will hold an Annual General Meeting each year in July.
- b) Notices of meetings, reports on meetings and information about the PPG's activities will be displayed in surgery waiting rooms and on the Practice web page and members will be notified by email alerts and through the post where necessary.
- c) In addition to normal business the AGM shall be for the purpose of:
 - receiving the annual report from the PPG
 - reviewing the Constitution as necessary (Members may submit suggestions for change no less than 14 days before the AGM)
 - electing a Chairman, Vice-Chairman and Secretary. All PPG members may offer themselves annually for re-election at the AGM. If more than one nomination is received for an Officer position then a vote must take place. In the event of a tie the Chairman has the casting vote. All posts must be subject to election at least every 2 years.

6 Voting

All questions arising at any meeting shall be decided by a simple majority of those present and entitled to vote. No member shall exercise more than one vote. In case of equality of votes the person chairing the meeting shall have a second or casting vote.

7 Quorum

10 PPG members shall form a quorum at Annual General Meetings.

8 Minutes

Minutes shall be kept and the Secretary shall enter a record of all proceedings and resolutions

End of Document

Chairman's Quarterly and Annual Reports 12 July 2017

The information about the listening event that Neil and I attended in February is now on the Kent and Medway NHS website. <http://kentandmedway.nhs.uk/>

There is a further event to help shape the future of local NHS care here in east Kent:

27 July 2017, 1pm-4pm, Yarrow Hotel, Ramsgate Rd, Broadstairs CT10 1PN.

The event will focus on the work being undertaken to improve the range and quality of NHS services available in local communities and GP practices. There will be an opportunity to find out more about local plans, provide feedback and ask questions.

The event is part of an ongoing conversation between local NHS and social care organisations and the public about how to achieve the best possible health and care system for the future and is a chance for local people to:

- hear about how services will be distributed and provided differently in the future, with more care being provided by GP practices and local teams of health and care professionals
- understand how GP practices are planning on working together across local areas and what difference it will make to patients
- get an update on how we are working to ensure everyone is able to access safe and high-quality hospital care into the future
- raise any concerns they have so they can be taken into account in planning for the future.

Our Thanet Clinical Commissioning Group chair, Dr Tony Martin, says: "We are very keen to hear the views of local people as we work together, making the most of our partnership across health and care to work more actively with our local communities to help people stay well. As well as providing some information on what we are doing to improve care at a local level, we want to understand people's experiences of care to help shape the future of services. "We look forward to seeing anyone with an interest in health and care in their local area."

Anyone is welcome to attend - if you would like to attend you can sign up to an event by contacting nelcsu.engagement@nhs.net

I also attended CCG Meetings on 5th April and 7th June. At this latter meeting Healthwatch gave a talk, and we invited them to join us today.

Chairman's Annual Report

Looking back on the year, I would like to thank Neil for his helpful support and timely interventions and especially for his prompt preparation of the minutes. I would also like to thank the surgery for their help and support over the past two years, especially Toni who works so hard on all the background information and sends out the papers. I wish my successor continuing help and support and I have prepared a small package of information to ease their way.

The highlights of the past year include:

Contributing to the evidence given to the CQC

At the inspection on 23 August the surgery was rated Good overall and the I believe the PPG played a part in this by being an active group which contributes ideas to influence decision making in the surgery. I think we can be pleased with the report which recognised the changes made while reflecting the need for further improvement (in the context of the well known, nationwide overall problems in the NHS of shortages of clinical staff).

Carrying out a brief survey of patients

We managed to obtain a total of 232 replies either from internet responses, or manually here at the surgery. I am conscious that with around 10,000 patients this is a very small sample, despite the fact that I visited the surgery and coaxed patients to complete forms as often as I could.

The survey showed:

63% of patients arranged their appointment by telephone, 25% in person and 9% online. (no response, 3%).

73% were satisfied with the booking process, 23% unsatisfied (no response 4%).

44% had a same day appointment, 5% were unable to get an appointment that suited them, 15% waited up to 3 days and 28% up to 2 weeks. (no response 8%)

56% saw a GP with the remainder seeing other clinical staff

91% were satisfied with their consultation, 6% unsatisfied and 3% no response

A number of patients left comments on the survey form and these reflect frustration with

- Waiting times
- The need to redial in the mornings
- Obtaining follow up appointments

I am sure Wendy and the PPG will continue to give these issues consideration.

I am very conscious that we should be carrying out a more scientific survey, ensuring that we get representative feedback from patients from a range of backgrounds from across the spectrum of our catchment area – old, young, disabled, young mums, deaf, diabetic etc etc but this year there were insufficient volunteers to ensure this could happen. I wish the new Chairman more support next time.

Attending CCG Meetings

These are now held every 2 months because of the significant amount of changes planned to the provision of NHS services in Thanet and provide some insight into the workings of the NHS and the proposed changes. These are a useful forum for meeting other Chairs of Patient Groups and it is clear that they carry out a wide range of functions. Most, like ours, are a way of ensuring patients views are recognised and addressed. This is your group and can be used as you wish – if you want to get involved and help to “do something new” please let the new team know.

Thank you

Finally, thank you very much to you all for turning out to these meetings. It is only by regularly holding organisations to account, with friendly constructive criticism where necessary, that we can hope to help them to continue to improve.

Practice Manager's Report 12 July 2017

STAFF

We have said goodbye to:

Linda Johnson who has taken retirement and we wish her well
Rebecca Hodges – Receptionist not coming back from maternity

We have recruited and welcomed:

Nicci Russell and Heather Davey to our reception desk.
Julie Sharp as a Practice Nurse.

Unfortunately the Advanced Nurse Practitioner who was going to join us has now decided to go elsewhere, which was very disappointing as we had her contract already for her to sign.

GP Recruitment

We have still not managed to attract any “retired” GPs to re-locate to Thanet and 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.

The GP Recruitment event that was being held in Broadstairs was cancelled due to lack of response from GP's.

APPOINTMENTS

We continue to adapt the appointment system to try to use our clinician's time to the best advantage of our patients. 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 - 44% of our patients are now using the Patient Access system to book appointments and/or request repeat prescriptions and to view results, letters etc.

Appointment availability for next 2 weeks (as of 7.7.17)

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 50 blood test appointments available over the next week alone, both online and by normal booking.

Dressing Appointments – there are 14 dressing appointments available over the next two weeks including several available for tomorrow still.

Today – Dawn looked at the appointments available today and at 9.30am we had 6 GP appointments available including one online appointment, plus an appointment for the Nurse practitioner.

A further check at 9.50am showed 3 GP appointments available and one nurse practitioner appointment.

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 seems to be having some effect on the reduction of missed appointments. For June, the figures were 134 missed appointments out of a possible 4412 appointments.

OTHER NEWS

Charity Cycle Race and Raffle

On May 28th, some of Northdown Surgery staff and family members did a sponsored cycle ride of 26 miles along the Viking Coastal route to raise funds for the local Pilgrims Hospices locally. We also held a raffle in the surgery (some unclaimed prizes still). Funds are still being collected so a total raised is not yet available but will be posted on our website

Reception Survey

A survey was undertaken on behalf of our Reception team; to see what we were doing well and what needed improving. I have read the Patient Feedback Forms regarding Reception and they are excellent – it is so nice to receive positive comments, particularly as the reception team work extremely hard to help patients when they can. Some comments noted on what to improve i.e. stop patients from using mobile phones within the waiting room, more people answering phones in the morning, telephone system change to a queue.

New telephone System

We are in the process of changing telephone system and supplier; the new system will be able to queue patients 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. There is also a cancel option which will be available all the time so patients can phone over the weekend or evenings to cancel their appointments, instead of trying to phone in the mornings. This should also reduce A&E appointments

Productive General Practice

We as a surgery have been involved in the above. It makes us take time out of our week, for just half a day, and allows us time to go through our policies and procedure. We have worked on reception procedures for the last 3 weeks and this has enabled us to work through all their day to day duties, write up flow charts so all staff will be working the same. Also, any new staff if unsure of anything will be able to pick up the manual and find the answer.

Healthwatch Kent Presentation By Marcie Warburton

Patient Participation Groups. (PPGs) across Kent.

Since 1st April 2015 all GP practices in England have been contractually obliged to form their own PPG.

As they have a vital role to play to ensure the voice of the patients are heard by their local GP practices and to make constructive contributions to services and facilities, Healthwatch wanted to understand the issues, frustrations and challenges for the PPG's so worked with them to research, identify and report on how well they are working.

We contacted PPG's and GP's practices through online survey, face to face meetings, telephone interviews.

50% GP practices declined to talk to us.

HW spoke to 98 PPG members in 16 practices across Kent gave detailed feedback.

HW found relationships- access and support were barriers to progress.

Membership and patient engagement not reflective of the wider patient population.

Outcome: - challenges and barriers to great practice.

Lack of influence over commissioning decisions.

Essential outcome for the PPG's should be of use to the practice but the practice staff shouldn't dictate the whole agenda.

Healthwatch have produced a framework which PPG's can use to self-assess on doing well against areas for improvement. Guidance available on Healthwatch web.

Healthwatch executive outcome summary.

Highlighted recommendation for clinical commissioning groups - for the clinical commissioning to provide clear information on relationships between PPG's and CCG's.

To consider how PPG's can play a more proactive role within the CCG.

One important part of the Healthwatch pledge being:

To use Healthwatch knowledge and intelligence to work with the CCG and PPG's.

Health Watch Kent

An introduction



Health Watch Kent

is part of Health Watch England



Formed under the Health and Social Care Act 2012

Healthwatch England is a statutory body whose purpose is

- **to understand** the needs, experiences and concerns of people who use health and social care services
- **and to speak out** on their behalf.

Made up of local Healthwatch Groups
across each of the 152 local authority areas



Healthwatch Kent : Who are we?

- We are the **independent champion** for health & social care in Kent
- Our aim is to **improve services** by ensuring local people's voices are heard
- FREE Information & Signposting service

0808 801 0102

info@healthwatchkent.co.uk



How do we gather experiences?

As well as contacts made to our email and helpline we are out and about in the community talking to people...

- We have information stands at the hospitals
- Visit community and voluntary groups
- Talk to seldom heard communities
- We have toured Kent in a Big Red Bus
- We Enter and View Services



What have we achieved in East Kent?

- Helped design British Sign Language Credit Card
- Talked to Eastern European Community about accessing services
- Revisited Outpatients at East Kent Hospitals
- Visited Emergency Departments at East Kent Hospitals
- Visited Acute Mental Health Wards
- Set up a Kent Wide Physical Disability Forum
- Patient Participation Group Report and Framework



Our Priorities April 2017-March 2018

- Sustainability and Transformation Plan implementation
- Hospital Discharge
- Carers
- Children and young people
- Physical Disabilities
- Maternity
- Accessible Information Standard/Learning Disabilities/ Deaf and deaf
- Care Homes
- Community Mental Health



How can you get involved?

- Share your experiences with us
0808 801 0102
info@healthwatchkent.co.uk
- Spread the word!
We can send you info to give out or display
The more we hear the more power we have to improve services
- Volunteer
We are always looking for interested people to volunteer in a number of different roles



