

Northdown Surgery Patient Participation Group

Meeting Minutes for 9 January 2019

ATTENDEES:

PPG Committee: Jan Dell (Chairman, patient), Neil Heslop (Secretary, patient), Jane Cooper-Neville (Backup Secretary, patient)

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

Patients: DJ, HJ, CK, SA, PR, HK (Ladies)
EH, DB (Gentlemen)

Guest Speaker: Ross McSavaney (Clinical Pharmacist)

Apologies: AB (Lady), George Treloar

Agenda Item:	Discussion Item:	Action Required:
Welcome	<p>The Meeting was opened by Jan Dell (Chairman) who welcomed everybody to the meeting.</p> <p>Introductions of the Committee and Practice Staff present took place and all members present introduced themselves to each other.</p> <p>Jan welcomed our guest speaker Ross McSavaney</p>	
Apologies For Absence	<p>The Secretary received two apologies for absence - from AB and George Treloar.</p>	
A Day I The Life Of A Clinical Pharmacist – Ross McSavaney	<p>Ross told us that although he has been a Clinical Pharmacist for six years, the role is a new one in the NHS, with less than one thousand across the UK.</p> <p>Ross works at three surgeries – two days per week each at The Limes and Bethesda and one day (Monday) at Northdown, somehow, he also finds time to visit Care Homes.</p> <p>The Clinical Pharmacist fields any medication queries from colleagues and local pharmacies; pharmacies enquiries often relate to “Out of Stock” items – what should they substitute to enable them to fill a patient’s prescription?</p> <p>An important activity kicks in when a patient is transferred/discharged from Tertiary or Secondary Care back to the GP in Primary Care; Ross will ensure that there is continuity of medication – often an in-patient’s medication will differ from that prescribed before</p>	

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	<p>admission to hospital and that may need to be maintained following their discharge.</p> <p>Ross is participating in a drive to reduce the consumption of opiates in the Thanet area.</p> <p>EH asked “How frequently should medication reviews take place?”. Ross said that there could be two scenarios; the first possibly is following a hospital discharge to review if there are any problems experienced by the patient with their new or changed medication; the second one is that Northdown patients’ medications are generally reviewed annually; at Bethesda, Ross has been undertaking reviews of patients with hypertension.</p> <p>HJ asked if patients can contact Ross directly, without the need for a referral first? The answer is yes, he’s at Northdown on Mondays and contact can be made by telephone or by email via the surgery email address.</p> <p>Jane asked, “What prompted the establishment of Clinical Pharmacists?”. Ross told us that Clinical Pharmacists have been introduced in general practice as another measure to ease pressures on GPs. Similar roles have been rolled out in the past, such as Acute Nurse Practitioners and Paramedic Practitioners, to utilise the skills that other healthcare professionals can provide. This reduces the GP workload with the aim to allow doctors to focus on responsibilities only they can do, for example, diagnosis and complex patients.</p> <p>Jane followed up with another question asking if Pharmacy Reviews would continue now that we have Ross? The answer is yes, but the pharmacist doesn’t have access to the patient’s notes; if an issue arose during a review at a local pharmacy, the patient would be referred to his/her GP.</p> <p>Attendees at the meeting were given a copy of the NHS booklet “What is a Clinical Pharmacist?”, Toni has placed a soft copy on the homepage of the Northdown Surgery website http://www.northdownsurgery.org.uk/</p>	
<p>Minutes of 10 October 2018 and Matters Arising</p>	<p>Printed copies of the minutes from the meeting of 10 October 2018 were distributed in Reception as members arrived for the meeting, so that they could be read beforehand (if they hadn’t already been read when they were first published), in an effort to reduce “dead time”</p>	

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	<p>during the meeting.</p> <p>There were no matters arising and the minutes were accepted by PR and seconded by Jane.</p>	
<p>Chairman's Report</p>	<p>Jan delivered her report, which is attached to these minutes.</p> <p>Jan was unable to attend the October and December CCG/Health Reference Group meetings. Neil did attend and gave a brief update on the December meeting, which was largely given over to Caroline Selkirk - Managing Director of Ashford, Canterbury and Coastal, South Kent Coast, and Thanet Clinical Commissioning Groups, who talked about the CCGs being in special measures and the current consultations on hospital services and the potential changes to QEQM, K&C and William Harvey hospitals.</p> <p>In her report Jan refers to one of the Listening Events which she and Neil attended at The Pegwell Bay Hotel in Ramsgate where the CCG explained the options being developed for changing some hospital services – a similar Event was held a couple of weeks later in Margate.</p> <p>On 14 November, following an invitation from Bethesda PPG, Jan, Neil and George participated in their quarterly PPG meeting. Bethesda has a similar number of meeting attendees as Northdown, and although they didn't share the number of patients who are enrolled in the Bethesda PPG, it was evident that it is a lower number than Northdown, despite there being around 90% more patients on the GP's lists at Bethesda. Bethesda PPG holds its meetings on Wednesday mornings.</p> <p>There was a welcome introduction by a recently arrived GP Dr Ash Peshan; Ross McSavaney gave his presentation on the role of a Clinical Pharmacist and Nicola Le Provost gave us an interesting talk on End of Life Care.</p> <p>There is more detail on all the above in Jan's report.</p> <p>Neil will try and contact Nicola to ask if she will talk to Northdown PPG later in the year.</p>	

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<p>Practice Manager's Report</p>	<p>Wendy presented her report, which is attached to these minutes.</p> <p>Wendy told us of two new starters, Paula Bland in the Reception team and a junior doctor on rotation – Farrah Rashid Chawdhary. Wendy also announced that our Advanced Nurse Practitioner Robina Forrest is leaving but will work on Wednesdays on a temporary contract.</p> <p>The Northdown/Bethesda Merger is still ongoing, but slower than anticipated and the cross-working between the two Practices has been suspended until 2020 although the Clinical Pharmacist and a Nurse Practitioner will continue to work across the two sites. A formal application to merge the two Practices will be submitted to the CCG next year.</p> <p>Wendy told us that the Patient Access System seems to be working correctly now, but that there is a necessity to put something (even a full stop) into the “Comments” box when requesting a repeat prescription</p> <p>Missed Appointments (DNA) reduced in December to 125, but the surgery was closed for an additional 3 days that month. The total number of DNA's for 2018 was 2428 (an average of 202 per month) out of a possible 53,994 appointments. This is a similar percentage to other surgeries in Thanet and across the UK.</p> <p>The surgery Practice Staff raised £42 for Pilgrim's Hospice this Christmas by wearing Christmas Jumpers and instead of writing Christmas cards to other staff members.</p> <p>The Practice has benefitted by the generous wish of a late patient who donated a mobile weighing chair.</p> <p>The Patient Information is still awaiting installation. The Health Pod is subject to some building regulations prior to installation.</p>	
<p>Update on Stroke Services</p>	<p>Neil gave a brief update on the Kent and Medway Stroke Services Review, which broadly was that there was no news. He had checked the https://kentandmedway.nhs.uk/stroke/decision-making-process/ website at midday on 9 January, and found that the date for the meeting to decide whether or not to move</p>	

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	<p>forward with implementing the preferred option , was still unclear, being “by January 2019”.</p> <p>Neil read out the following paragraph from that website:</p> <p><i>“Following national assurance, the Joint Committee of Clinical Commissioning Groups for the Kent and Medway Review of Urgent Stroke Services will meet to make a final decision on whether to move forward with the implementation of the preferred option. We are aiming to have everything ready for the Joint Committee to make a final decision by January 2019. Further details of the date of the Joint Committee meeting, how to register to attend the meeting as an observer, and the papers for the meeting will all be published on this website.</i></p>	
<p>AOB</p>	<p>The Committee received two completed “Topic for Discussion” forms prior to the meeting.</p> <p>HJ raised a concern about MRI scans – the GP can no longer refer a patient for an MRI scan. She gave an example of a patient who had acute back pain and went to his GP who said that the patient needed to go to A&E. The A&E doctors diagnosed sciatica and referred him back to his GP to arrange an MRI scan, but the GP couldn’t make that referral; instead he was referred to a Community Health Care Team which took details via a telephone call; the Care Team representative should have made a diagnosis at that point and decided whether or not an MRI scan was needed. In this example, the patient’s details were not forwarded to the MRI unit at the hospital and after some time, HJ arranged for a private MRI scan to be taken. HJ wanted to know why a GP could no longer make MRI referrals?</p> <p>Wendy said that the reasons given by NHS England is that in a high number of cases, it has been found that having an MRI scan is of no benefit to the patient and that consequently GPs have been instructed not to refer patients for scans.</p> <p>On 7 January 2019, HK asked “How do I get a pre-bookable appointment with a GP, apart from online? To get a doctor’s appointment is getting more impossible”</p> <p>Toni replied that on 8 January there were 39 appointments available although it was possible that when HK was looking on 7 January all of the</p>	

Agenda Item:	Discussion Item:	Action Required:
	<p>appointments for that day had been allocated.</p> <p>EK expressed his thanks to Heather on reception for her assistance and courtesy.</p> <p>Neil said that unfortunately he is unable to attend the 10 April 2019 meeting and that Jane would take the secretary role in his absence.</p> <p>There being no other points arising, Jan called the meeting to a close at 1950hrs.</p> <p>*****</p> <p>Once again, attached to these minutes is the "Topic For Discussion" form; you can also find the form on the Northdown Surgery website, Patient Group Section, then, click on the "Next Meeting Date" tab.</p> <p>If you have an AOB question, please submit it ahead of the PPG Meeting, so that if the question needs research to be carried out, then submitting it some days in advance will give the Committee a chance to respond more fully. Similarly, if a member is unable to attend a meeting and wants to ask a question, submitting it in writing on the form is one way to achieve this.</p>	
Next Meeting	The next PPG meeting will be held at the Surgery on Wednesday 10 April 2019 at 6:30pm	
Future Meeting Dates	The subsequent scheduled meetings are on: Wednesday 10 July 2019 (AGM) Wednesday 9 October 2019 Wednesday 8 January 2020	

Chairman`s Report

Firstly may I wish everyone a very happy, healthy and prosperous New Year. I was unable to attend the meeting at the CCG Council Offices in Margate in October or December, but I understand that we were represented by Neil or George, and they will no doubt update you in their reports.

However I did attend the Listening Event at the Pegwell Bay Hotel on Tuesday 13th November, and the main discussion was the Options for Hospital and Local Care Services.

This was a somewhat lively meeting with SONIK protestors in attendance. The leaders of the meeting were Caroline Silcock, Jihad Mellasi, clinical chair of the CCG and Susan Scott from the East Kent Hospitals. There were also several other speakers from different areas of Kent along with General Practitioners and Specialists. The purpose of the meeting was to discuss and outline the opportunities to improve NHS care in East Kent to benefit patients. Also to summarise the services outside acute hospitals to maximise the care people can get locally.

- To explain the options being developed for changing some hospital services.
- To summarise how the team got the current options and explain each option and the impact it will have in this area.
- Also to explain how your feedback will influence what happens, and the next steps towards public consultation and to test the proposals and gather your views.

The meeting was split into two parts firstly Primary and Local Care and many points of view were put forward on the availability of doctors and funding. The meeting was also asked about trying to restrict travelling distances to a minimum. The organisers wanted to know what we liked about the proposals, concerns we have about the proposals and possible solutions and what we liked about the current services provided and what we wanted to see improved. They asked us for feedback on our A & E, urgent treatment centres, out-patient services, maternity, care of the elderly and mental health. After lively discussions and several points being made it was pointed out that for every 10% of the patients in hospital, a large number could be treated as outpatients in their own homes. Furthermore 4 in 10 emergency hospital admissions could be avoided with better support. People waited far too long in A & E and we have some of the worst waiting times in the whole country. However we have a real challenge with recruitment across the board from GPs to nurses and therapists. It is impossible for them to work seven days a week on the present numbers. Many patients should not be in hospital taking up beds for those that need to be there but could be recovering at home.

Jihad then spoke about the shortcomings in our services and said that after all the consultations it was up to him to make the decision on our behalf in January 2019. However the meeting felt this had already been made irrespective of any views we may put forward. Jihad also spoke about mental health and the need to improve services. He told us we are no longer in the 1940s and things are and will change and it is up to us to move with them. He then referred to the challenges in East Kent. We needed a wider range of services, G.P. led teams working together to treat the most vulnerable, better urgent care services provided locally and better access to G.P. teams and other community clinicians. We needed to work together to assist vulnerable patients, more care outside hospitals, Thanet needed an acute response teams, improvement in G.P. surgeries and extending opening hours. It was

acknowledged that community support whilst getting there was not yet working in all areas, and still needed to be built up which will come over time, but the message was to try and keep patients out of hospital and give care in the community.

Darren Cooke a G.P. from Dover agreed that care in the community had a long way to go, and it was not in his area as yet. Una Windibank said it was in her remit to design care services and she was looking at the patient to doctor to specialist ratio, and how they would link in to know the needs of the patient. She said that older patients were far better out of hospital in their own home, and the longer they were in hospital the more muscle strength they lost

At the end of my report is a scanned sheet from this meeting giving the option one and option two as to where services would be moved to. However the meeting wanted Thanet as option three. We were told this was not out of the question. Councillor Nesbitt spoke and put forward a strong case for a third option at the Q.E.Q.M. However it appeared that William Harvey had already been favoured as the stroke unit although as I said previously the decision will come in January 2019. There appeared to be no third option for three A&E departments in the consultation document. She was told that it could be included if desired if it was considered moving it would create an adverse impact and that the public would finally decide. Caroline Constantine then spoke and she pointed out there is a problem with the work force. Many Doctors and nurses in the area that have worked for years are now near retiring, but feel unable to do so because there are no replacements. Much discussion took place on all of the above which included staff levels funding and persons moving into the area and the 1700 new homes planned for Thanet. Looking from the hospital side, there are 100 medical students coming to medical school based in Canterbury hospital by 2020 and it is hoped that many of them will choose to stay in this area to assist with boosting our number of G.P.s. There needs to be a small numbers of patients in a unit that need and receive specialist care. Routine care could be done at home or as near to home as possible. There would be a trauma centre at the William Harvey Hospital. Susan Acett then told the meeting that patients need to be able to go to the correct place for the condition that one has. When the new part of the Kent and Canterbury Hospital is built she felt that there will be many options open as to its most practical use. The meeting felt concerned when they were told that in the case of strokes the ambulance and paramedics that attended would in fact diagnose what sort of stroke the patient had, and it was the paramedics that would decide which hospital it was best to take the patient to. There was no time for table discussion and the meeting ended at 9.40 p.m. but I felt people still had many comments to make.

Bethesda PPG Meeting

On Wednesday 14th November I attended the P.P.G. meeting at Bethesda with Neil and George. Eleven patients attended and the meeting was chaired and run by the surgery staff, Sue and Rachel. Present was Doctor Ash Peshan a new doctor to the surgery who had recently moved from another Thanet surgery. He stated he was working part time, partly at Bethesda and partly at the Q.E.Q.M. He had taken a considerable drop in salary but was happy to do that and undertake the duties in his new role. Doctor Peshan was fully on board with keeping services at the Q.E.Q.M. and stated the more people that voiced their preferences for Thanet in force the more likely we were to be heard, and we could do that by attending all the meetings we could. Dr. Peshan spent time with the meeting but had to return to his patients

that were downstairs in the surgery waiting for him. The meeting were very much impressed by what he had said.

Ross the clinical pharmacist was also present and told us he served not only Bethesda, but Northdown surgery and the Limes as well – he is giving a presentation today on his role. Nicola Le Propost had been invited and gave a very interesting talk on the End of Life. She told the meeting she worked for the Kent community Trust. She had put in place Hospice at Home during her time here and felt it was important that we knew she was community focused not in patient. She asked us what we understood by end of life care. She finally clarified it by saying it was a passage of time, not the last few weeks, days or hours of a person's life. It maybe it is the last year or even longer which surprised the meeting, she advised that an end of life care plan could be put in place long before the demise of the patient, she called it advanced care planning so that the person could make the choices they wanted to make and be content that they had in place what they wanted when the time came.

Her next question was What is Palliative Care? She told us that it is care for a patient where there is no cure, there could be a holistic approach, managing their problems to help them cope with their life, spiritual care, psychological care etc, an ongoing process maybe for years ahead. The person could still have treatment, operations and such like and live life to the best. She told us of a website called Dying Matters.org and said it was well worth looking at. In May each year there is a week of presentation on Dying Matters and it tries to engage people to speak about dying and death. Places like the hospice at Canterbury put on events and films etc.

The new build was briefly discussed. Rachel stated plans had gone to tender and all tenders were due in by the end of the month. It was noted that funding would have to be fought for and Rachel told the meeting that a panel including Dr Martin was assisting with this along with Paul, the C.C.G. and Rosemary the surveyor. It was recognised that the new build must be for the use of the community as a whole, but care must be taken that it did not take the place of any part of the Q.E.Q.M. or become a, "one stop shop." It was hoped that cataract operations and other minor surgeries could be undertaken at Bethesda in the new build.

A new telephone system had been installed at Bethesda and there were many teething problems with it and much discussion took place on this and a special meeting was held after the meeting to discuss this. The three of us felt it politic to withdraw from this after meet.

Brief discussion took place on the short comings of the meeting at the Quarterdeck for example little or bad wheelchair access small venue for the number attending bad acoustics and loud background noise.

A.O.B.

G.Ps at Bethesda were doubling up so that if one doctor was off then a second doctor could see the patients for continuity rather than have your doctor away and see another doctor you had not seen before. This had only just started but with 4 part-time G.Ps it was felt initially it was working well.

A care co-ordinator roll was being developed and would work with Ross and the acute care team. A new member of staff Jack was joining them to deal with social

problems to relieve the G.P.s and would deal with matters such as debt, housing loneliness etc.

A team of physiotherapists was also being introduced to work from 6.30 to 8.00 two nights a week to deal with joint problems. Patients could book direct and not have to go through the G.P. All M.S.K. could be seen again relieving work from the G.P. Becky from Northdown Surgery also was working part time dealing with paediatric cases.

There being no further business we were thanked for attending by Rachel and told we would be welcome to attend future meetings, and the meeting closed at 12 noon.

Practice Manager's Report – January 2019

Staff

We have welcomed:

Paula Bland has joined our Reception team

Farrah Rashid Chawdhary, a junior doctor, has joined as for further training on rotation

Robina Forrest our Advance Nurse Practitioner is leaving us unfortunately, although she has agreed in the short time to work for us on a temporary contract on a Wednesday.

Bethesda/Northdown Merger

The merger with Bethesda is still ongoing although a little slower than everyone would have wished. The building plans have now gone out to tender and the bids are being assessed at the moment. It is hoped now the building will start early next year with a move in date of November 2020. We did start cross working with the staff at Bethesda but due to the delays, we have put this on hold until early next year, when we will start again. Staff from Bethesda will come here and we will go to them, this will enable us to get to know each other better and see how each of us work. We can then, over the 2 years, work towards a unified practice. Whenever possible we are trying to work closely with each other, we have recently appointed a Clinical Pharmacist and a Nurse Practitioner who works across both sites. A formal application to merger will be submitted early next year. This is just a formality that has to be completed jointly by both surgeries.

PPG Members

Membership of the PPG remains fairly stable around the 822 count.

Patient Access System

Most problems seem to have been resolved now, however, please note that it is now necessary to physically put something into the comments box when requesting medications now. If you have no comment, simply just put a full stop in the box. This will then allow you to confirm your medication request.

Appointments

Appointment availability for next 2 weeks (as of 8.1.19)

General pre-bookable appointments - there are 15 pre-bookable appointments available over the next two weeks.

Online pre-bookable appointments – there are 39 online pre-bookable appointments available for next two weeks

Blood Tests – there are more than 50 online blood test appointments available over the next 2 weeks and over 50 pre-bookable blood test appointments too

Dressing Appointments – there are 40 dressing appointments available over the next two weeks.

At 12.30 on Tuesday, 8th January, there were still 4 urgent appointments available for that afternoon.

Missed Appointments (DNA's)

Total DNA numbers for 2018 was 2,428 out of a total of 53,994 appointments. The surgery average is between 3-4.5% which is in line with other surgeries in the UK.

8-8 Working

These are limited appointments in as much as it will not always be with a GP but with a Paramedic Practitioner, Nurse Practitioner or Practice Nurse. Once you let the reception team know when you would like an appointment they will then be able to let you know who it will be with.

Fund Raising

We raised a total of £42 which was paid into the Pilgrim's Hospice, this was raised through wearing Christmas jumpers and donating instead of writing Christmas cards to other members of staff.

Patient donation

One of our patients who unfortunately has passed away express her wish to donate a mobile weighing chair to the surgery. This was greatly accepted.

Telephone System

Is working well and provides excellent call-playback when needed to check the content of a call.

Arrival Health Pod

We are awaiting installation of the health pod although some building regulations need to be checked before it can finally be installed. This is a pod, being supplied to all surgeries by the TCCG, that will allow patients to not only check their blood pressure, but whilst sitting at them, can also take other measurements e.g. weight and height. This information will then automatically be sent to the patient's medical record on our clinical system.

Patient Information Kiosk

Data/power points have been installed and installation is awaited.

END



**Northdown Surgery
Patient Participation
Group
Topic for Discussion:**

PPG Member's Name _____

Date ___ / ___ /2019

Either hand in the form at Reception ahead of the meeting, or send by email to chairnorthdownprg@outlook.com

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>

Thanet Clinic Commissioning Group (sign-up page)

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

The east Kent Joint Committee of Clinical Commissioning Groups – Latest updates from the Committee

<http://kentandmedway.nhs.uk/where-you-live/plans-east-kent/ekjcccg/>

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/>

2017 GP Patient Survey Results

<https://gp-patient.co.uk/report?practicecode=G82066> An overview for Northdown Surgery

<https://gp-patient.co.uk/Slidepacks2017#T> The full results - click on NHS Thanet CCG and the PowerPoint slide deck will download to your PC

NAPP – National Association of Patient Participation; an organisation that “provides the national voice for patient participation in primary care”

<https://www.napp.org.uk/>