

Wye Surgery
Minutes of Patient Participation Group Meeting
12th August 2014

Present		Action
	Chairperson - John Fletcher	
	Secretary - Leonie Saint	
	Jo Shepherd - Practice Manager	
	Helen Goodman – Administration/Reception Supervisor	
	Jean Andrews	
	Dr Nick Di Biasio	
	Alan Billington	
	Lucy Carvill	
	Dorothy Chambers	
	Liz Coulson	
	Pat Fletcher	
	Enid Gould	
	Penny Haynes	
	Marlo Johnston	
	Cliff Martindale	
	Tony Pleace	
	Don Thake	
	Patricia Vallance	
	Julia Venn	
	Maureen Verhoeven	
	Caroline Harris	
	Lesley Lloyd	
	Betty Martindale	
	John Morris	
Apologies	Sally Leaver, Valerie Perez, Joan Pleace, David Stanley	
1)	Minutes of Last Meeting The Minutes of the two previous meetings of June 11 th and July 9 th were signed as an accurate record.	
2)	Matters Arising Jo Shepherd said the provision of a Gynaecological Clinic at the Surgery had been delayed as a different consultant was being sought out, other changes are not happening for the next few weeks. CQC Inspection: The chairs in the waiting room have been cleaned, but the surfaces have not been replaced. One of the Inspectors has left the CQC and a different one allocated to Wye surgery, he has advised that the taps and chairs do not have to be replaced until they require routine replacement. Jo has instituted 3x yearly cleaning and occasional spot cleaning. Virtual Group: Lucy Carvill said there has been some response to	

the Parish magazine article and there are now 19 email addresses on the list. Flyers giving information about the Virtual Group are now available.

The Practice Leaflet is almost ready; hopefully it will be available next week, once the front cover has been redesigned.

Changes to Supersurgery: there will be a second duty Doctor in the afternoon in case the morning Supersurgery patients have not all been seen by 10:30.

Patients can still phone in during morning or afternoon for appointments and there will be the same routine for telephone consultations

Patient demand is increasing, they expect more and have more complex needs, in relation to age which will stretch resources. Autumn viruses increase demand so preparations are going into place now, in readiness.

Some Government funding is to be put into short-term projects.

The BMA have a big plan to get more support for primary care, 2 surgeries in East Kent (one in Dover the other in Thanet) have had to close because of staff shortages, increased demand and reduced funding.

Don Thake suggested that there was a need to devote a meeting related to managing patient expectations. John Fletcher agreed and asked for pointers from Jo Shepherd as to how the PPG can help with this. Caroline Harris agreed that the APPG needs to take this matter up.

JF/CH

3)

Chairman's Report

John Fletcher described the Wye Volunteer Car Service. It has been run by Joan and John Morris, with Mike Lepper, together with Graham Duddy and Alan Ramsay in emergencies, for 14 years. There are some additional drivers, who are not often available. WVCS provides transport to and from the surgery and William Harvey Hospital, for appointments. Donations can be made for charity by patients. The free parking label at the hospital is not now available so parking spaces have to be paid for.

Payment to the driver is not possible as it would invalidate insurance. Patients must have no-one else to take them and there is a questionnaire to ensure eligibility, the surgery gives the patient the telephone number of the service. John and Joan have recently considered giving up the provision of this service, but have changed their minds for the time being; the PPG will need to think of longer term solutions to meeting the need when WVCS ends.

Dave Martin said the eligibility combined with non-payment makes a tough challenge, he suggested that he, John Morris and John Fletcher should have a 'What next' meeting to see if solutions could be found. John Fletcher gave John and Joan Morris profound thanks for all they had done.

DM/JM/

JF

4)

Lesley Lloyd –Hospital Appointments System

Her department looks after new referrals leading to appointments only. 1) They book 65% of these new referrals; the remaining 35% go direct to relevant departments. 2) They also book 75% of the

follow-up appointments.

They are seeing an increase in demand month on month, and are always under pressure.

Referral (this is manual for Wye Surgery, not electronic). This is then triaged to clinicians who decide what should happen next – information then goes back to the appointments department, who decide on the location (out of the three hospitals) the appointment should then be made, and the patient contacted.

Choose and book referrals – it is the choice of the provider, but can be a public or private location. A telephone contact can be dealt with on-line.

Follow-up – the clinician having seen the patient sends them to make an appointment for up to 6 weeks ahead. This is to be changing to partial booking, some patients for 6 weeks ahead, some patients for more than 6 weeks go on a waiting list, for up to 6 months but appointments are often cancelled, this is not very efficient.

Two-week wait referrals – for patients with serious cause for concern – usually cancer, although the majority of the patients are not aware of this. These are 2-week urgent appointments.

Telephonists have not been trained to deal with this sort of matter, the pathway is very fragile. A relevant leaflet is available at the hospital; Dr Di Biasio asked if it should be available in the Surgery too. He gives very carefully worded advice to relevant patients.

Numbers of referrals per week. There were 300-350 referrals a week for 2-week wait appointments in the past, now there are 700. East Kent is one of the biggest 2-week wait areas in the country. Lesley wants to address the step-by-step provision so that it works much more efficiently, by providing a one-stop-shop. Different hospitals and different departments within a hospital work differently.

Dr Di Biasio asked whether patients can be on more than one list at the same time, the answer was: Yes.

Caroline Harris asked about follow-up appointments beyond 6 weeks, e.g. what happens if a patient cannot attend an appointment; this is an area causing quite a lot of problems in the existing system.

A clinician can place patients on different pathways: e.g. Watchful-Wait, 2 week cancer patients, Chronic Long-Term need, Urgent and Routine.

Plan for the future As waiting lists for follow-ups are not being kept at present, electronic chronological waiting lists are to be set up for six week notification. It appears that appointments are often written on a piece of paper that can then get lost. Lesley knows that the appointment system is in need of a considerable amount of time and work to function efficiently, the Ophthalmic Department appointment system is being worked on as a first priority.

A lot of questions and comments were made about problems, e.g. patients not receiving notification of appointments, patients who justifiably cannot attend an appointment, and have to go back on

the appointments list, but seem to get lost from the system and have to be re-referred.

Dr Di Biasio said patients should hear with 14 working days once the GP has received confirmation of receipt of the referral.

5)

Jo Shepherd – Surgery Matters

Jo Shepherd said that as a part of the Government's attempts to meet the needs of all patients above the age of 75 surgeries have to provide a Named Accountable Doctor; all patients have to be notified of the Named Doctor within 21 days of their 75th birthday. (This has been designed to reduce unplanned admissions for patients who are turning up at Accident and Emergency departments frequently. About 2% of older patients will need to have Care Plans drawn up for them.) Several of the PPG members objected to the recommendation that had been made for them. Jo Shepherd said the initial allocations were done alphabetically and patients do not have to see the Doctor to whom they are allocated; they can see her with a view to transferring to a Doctor of their choice.

**Patients/
JS**

John Fletcher suggested that comments and complaints about the Government recommendation should go through the APPG → CCG → Member of Parliament, rather than writing direct to the MP.

6)

Jean Andrews – Mental Health News

Jean Andrews had not been able to attend the last meeting. She said it was necessary to gain a wider view of dementia, as a part of mental health and recommended that Wye should become a Dementia-Friendly village.

Both Don Thake and Liz Coulson recommended that we gain a better focus on matters like this.

Pat Fletcher asked for more information to come from the Practice so that we can be constructive and not waste members' time in attending meetings.

7)

Caroline Harris – Chair of APPG

She said the proposed merger of Canterbury and Ashford CCGs was not yet a done deal.

As some people work for both, a merger would be able to reduce duplication and make savings, by economy of scale. Combined meetings may provide more information. There is a need for more codified facts/factors within the PPGs, but patients want to be consulted. Members of PPGs wanting to contact NHS England, have to make proposals through the CCG.

A disadvantage of merging the two CCGs is that Ashford is much smaller than Canterbury and the areas have different demographics.

There was considerable discussion about the pros and cons including the consideration that it is too soon in the history of CCGs to consider a merger; there are still too many questions, to which there are no answers. It is too soon to make a decision.

John Fletcher asked what we as a PPG could do. He said the surgery would need to get feedback and give it to the CCG.

**Surgery/
CCG**

**Surgery/
PPG**

- Patients must remain at the centre of care. The CCGs have only existed for one year, what next?
- 8) **Marlo Johnston – News from APPG**
 Marlo had attended the recent APPG meeting, where the merger was discussed, and had deduced that the merger seemed to be financially motivated.
 Ideal relationships should be Surgery – PPG – APPG – CCG
- More information needs to be shared by Wye Surgery with the PPG, to provide for Patient Power. Patient – Centred Care must be the prime motivation. **Surgery/ PPG**
- Caroline Harris thanked the Doctors for trying to keep us well. **APPG/ Surgery**
 Penny Haynes asked about information from the APPG, it should go to the surgeries. Marlo suggested that the Minutes from APPG meetings should be shared with PPG members who ask for it.
- 9) **AOB**
 Helen Goodman said that texting for appointment reminders should be up and running within 7 days. **JS/LS**
 Jo Shepherd said she would précis Surgery Matters that she had not had time to cover, and send them to the secretary so they can be circulated with the Minutes.
 Penny Haynes asked that Virtual Group information would be circulated to avoid separation of the two groups. It was agreed that Lucy would arrange for the Virtual Group email addresses should be sent to the secretary, so that this could be done. **LC/LS**
- 10) **Date of next meeting**
 Thursday 9th October, 7.15 in the Surgery waiting area.