

of the Action Plan.

Dementia Champions are to be appointed, one per surgery: Jean Andrews is our nomination for this role. Jo will check what Sue Luff wants from us, saying we have elected Jean Andrews.

JA

Maureen Verhoeven described an overheard conversation in the hospital which indicated a loss of standard protocols in both privacy and courtesy.

Health Help Now: John has telephone numbers for information.

JF

Point 11 – Fund Raising Group – see item 10 of this agenda.

3) **Chairman’s Report**

The Chairman thanked Leonie for her work in preparing the Minutes; this was echoed by the PPG group.

John explained that David Martin would not be attending the meeting because of the change of time; John Commerford would also not be coming as he had resigned the Chairmanship of the APPG. A special meeting of the APPG had been called to discuss its representation on the CCG Board. The outcome of this meeting was that the APPG Chairman would represent the Group on the CCG as a non-voting Board member who would not attend the confidential parts of the meetings. Jean Andrews, who attended the APPG meeting on behalf of the Wye PPG, felt that the decision reached had been determined before the meeting and the paper presented to the APPG by John Fletcher had not been considered even though it had been sent for circulation well before the meeting. Alan Billington, the vice Chairman of the APPG, gave his views on the meeting saying that he felt there had not been a pre-meeting agreement on the outcome.

4) As David Martin was unable to attend his item will be included in the next meeting of the PPG.

JF/DM

5) John Commerford and the APPG, see item 3).

6) **Don Thake – the Guardian article.** This article, described as Pills, Bills and Belly-Ache (a peek behind the scenes at a GP surgery) had appeared in the Guardian newspaper on 3rd November, 2013. Don gave us a verbal glimpse of the article, which indicated that the PPG may have to be a safety buffer/a shock absorber, between Government and Surgery in the future. We will need to prepare a summary Plan. It looks as if Surgeries are being used as Scapegoats, for inadequacies that should be attributed elsewhere in the system.

JS/JF

Jo Shepherd, as Practice Manager, felt the report was very accurate and described some of the areas to be looked at by our Surgery:

Appointments system – which is already being explored

G. P. Contracts, which are imposed and changes will be required despite stripping and moving budgets

Registration of patients, which is strictly controlled

Practical day-to-day issues e.g. referral letters as routine administration, emails and prescriptions, all of which are monitored very carefully by Wye Surgery

It is not yet clear what the PPG’s role can be

Present situation:

The CCG Board is meant to be a representative collection of GPs and others, but not all surgeries within the Ashford area are represented on the Ashford CCG.

There are a number of Doctors who want to remain locums or salaried General Practitioners, but not partners.

Wye has a good relationship and input with the local CCG.

Practices are no longer supported in the way they were in the days of PCTs. Some services are not being supported by CCGs.

Item moved
from AOB

Substantive item brought forward from AOB.

Jasper Bouverie had circulated a title for consideration by PPG members prior to the meeting, this follows on from point 4 in the minutes of 16th October meeting:

Neighbourhood Plan: - What local Health care provision is needed? Prompt questions lead to a discussion:

Results of the discussion summarised by Pat Fletcher, as follows:

PF/LS

Wish list of suggestions from patients of Wye surgery

1. A cottage hospital, dealing with minor injuries and to provide intermediate care, including rehabilitation between hospital and home, and respite care.

2. Day Centre for care and to provide people with company and reasons for living. To embrace mixed age needs, not those for the elderly exclusively, though the elderly, especially those living alone, tend to require more opportunities for socialising and eating healthy meals and having minor treatments such as foot care, hair and hand care. Appropriate exercise could also be valuable.

3. Volunteer Bureau to assist those willing to help others to find work which they could do and enjoy in a Day Centre or in other capacities such as helping the housebound etc.

4. More clinics at the surgery, such as chiropody, dermatology and ophthalmology

5. A transport service

6. A working group to consider these and other options and to work out what is achievable and how it is to be achieved.

JF

7)

Practice Manager's report.

Summary Care Records –summary of personal care in recent years. Jo said this was a system which recorded information uploaded onto a national spine – it authorised personnel access as appropriate according to the needs of patients. The practice staff have SMART cards and can facilitate access to basic information for A & E purposes in the UK only, addressed to the Practice Manager.

JS

Every patient can have access to these records for a fee of £10 under the data protection act, the information obtained for patients can then be taken abroad as required. The print-out of medical summary for holidays etc, is totally confidential, application for these print-outs is in writing only, addressed to the Practice Manager.

Data sharing – this information is only sent out for research

purposes, e.g. for cancer and COPD etc, patients do not have direct access and researchers only have dates of birth, not names. It can be very time consuming for the surgery to prepare all data, and the fee would be in the region of £50.

Wye Surgery is not part of the Summary Care system at present. A question was asked about electronic communication for access; it is not possible at present, basically because of the pressure it would cause on existing staffing.

Jo offered to provide a report for the PPG as a routine. In answer to a question by John Fletcher whether a CCG report was received by the surgery routinely, he was told that it was not.

- 8) **Group Report.** It was agreed that all PPG members should be invited to discuss the results of the Patient Questionnaire, in preparation for the Annual Report. This meeting is to be at **3.00 pm on Tuesday, 14th January.** **JF**
- 9) **Mental Health Group.** Jean Andrews talked about our need to know what is going on with this group. All Mental Health Services in the local area are going to be housed at High Point Business, Henwood Industrial Estate, Ashford.
- 10) **Fund Raising and the PPG.** Enid Gould, as Vice Chairman of the PPG and leader of the Fund Raising group suggested that Fund Raising Activities should now be separated from PPG meetings. Two fold-up tables have been purchased which will enable activities to be organised more easily. Jean Andrews said that two non-PPG volunteers want to help, in addition Millie Harris likes to be involved, and Leonie Saint was invited to join in the activities. **EG**
- 11) **AOB** Jo said: a) The appointments system is still being worked on, winter sicknesses, staff absences, and travelling times during the wintery weather is adding to the problems. The success of any system is dependent on how many appointments are to be fitted into the period in question, how many Doctors are available, and the length of consultations **JS**
b) Jane Pierce, Nurse Practitioner, is leaving. Sarah Skelton has been appointed to take Jane's place, with the possibility of additional hours
c) Ben James is taking over Henry Dewhurst's audiology Clinic. The Chairman asked the Practice Manager to convey, to Jan Pierce, the Group's very best wishes for the future and thanks for her help in the past.
- 12) **The next meeting will be on Tuesday, January 28th at 6.30 pm**