

Wye Surgery  
Minutes of Patient Participation Group Meeting  
16<sup>th</sup> October, 2013

|           |  |               |
|-----------|--|---------------|
| Present   | Chairperson - John Fletcher<br>Secretary - Leonie Saint<br>Jo Shepherd - Practice Manager<br>Helen Goodman – Administration/Reception Supervisor<br>Jean Andrews<br>Alan Billington<br>Jasper Bouverie<br>Dorothy Chambers<br>Liz Coulson<br>Pat Fletcher<br>Marlo Johnston<br>Sue Luff<br>Dave Martin<br>Valerie Perez<br>Margaret Rose   | <b>Action</b> |
| Apologies | Cliff Martindale, Don Thake, Lucy Carvill, Rita Hawes, Maureen Verhoeven   |               |
| 1)        | <b>Minutes of Last Meeting</b><br>It was agreed that the words ‘In retrospect the APPG did not approve of this approach, neither did the Wye PPG’, should be deleted from item 2. Apart from this amendment the Minutes were agreed and signed.  |               |
| 2)        | <b>Matters Arising</b><br>a) Dr Crouch has now returned from maternity leave.<br>b) <u>Appointments system</u> : the target of patients seeing a GP of their choice within three days, is still being addressed, but is not yet achievable.<br>c) David Martin spoke briefly about changes in consultation and the neighbourhood plan, especially relating to Senior Citizens. He will contribute to the next PPG meeting.   | <b>DM</b>     |
| 3)        | <b>Chairman’s Report</b><br>John Fletcher had attended the Ashford Patient Participation Group and met Beven Askey, the Chief Nurse for the CCG:<br>a) The emergency 111 system is working well, a very small percentage of calls are abandoned: 2% weekdays and 6% weekdays.<br>b) Patient transport is still a problem – there is a new provider<br>c) Report from CCG. There has been a software problem with the new contractor for Xrays and scans for the whole of the County, with delays in reporting of 6 weeks. At the time of the meeting there was still a large backlog, but all urgent ones had been reported.<br>d) Paula Carr Trust is ceasing to do eye tests on their mobile units |               |

e) Dr Navin Kumta, Chairman of the CCG described new systems:  
Active Redirection:

- i) patients who go to A & E are triaged and sent to the appropriate place for treatment, this should begin in January 2014
- ii) Patient Knows best: for patients with multiple problems, enabling them to have access to appropriate doctors and specialists
- iii) Common Assessment Framework for children with mental health issues. This takes the form of a questionnaire/form which takes 90 minutes to fill in, completed with the practitioner
- iv) Carpal Tunnel Syndrome: a two-step approach, with a splint available, issued by the GP. (At Wye this is already happening).

John had also attended the CCG meeting on September 19<sup>th</sup>, together with Jean Andrews and Alan Billington.

The main part of the meeting was concerned with Prioritisation planning. Groups were asked to discuss 19 projects, and prioritise them, and found it an almost impossible task. There was a substantial range in the ratings between the different groups.

John has subsequently had correspondence with the CCG offering some suggestions for improvement of these meetings so that there is no waste of time.

4) a) **Jasper Bouverie: new developments in the delivery of Health and Social Care Reforms**

A video was shown demonstrating how patient needs are being met in some localities in the South East, based on the theme of Change and Transform. The examples emphasised provision of additional services at local surgeries which give both greater economy and efficiency. The aim has been to stress wellness rather than sickness, by the prevention of the escalation of medical problems.

- Estuary View, Whitstable has a medical centre with facilities open 365 days a year and 24 hours a day
- Folkestone has a Wellness Clinic designed to emphasize wellbeing, with proactive care of patients in their own homes
- In Deal a surgery aims to provide a service to avoid disjointed health care, using the policy of 'Patients Know Best', and improving co-ordination of care
- Westview Integrated Care Centre, in Tenterden provides a recovery unit between hospitalisation and return to home
- In Surrey there is a range of services drawn from NHS and the voluntary sector, e.g. Virgin Care and Saga, in facilities such as Community Hospitals, Minor Injury Units, and a Virtual Ward model, with improved communication between professionals and support for patients

Jasper said that the existing system is unlikely to survive in the future without changes and asked, 'What do patients want from the Wye Practice in the neighbourhood plan?'

b) **Sue Luff CCG: Integration and Health and Social Care**

- The aim is to be more productive by stepping back and reviewing existing provisions to work as one team. With integrated teams there can be better communication between member, and thereby improve cover during holidays, share information about risks, hospital admissions etc to improve outcome.
- Care Home Provision: the review team have visited all care homes in the area, and used the visits as a training opportunity. Geriatricians have been involved. A care plan has been devised for each patient involving the family as well as medical staff, which has reduced the number of hospital admissions and shortened periods of admission when they have been necessary.
- A GP is now present in A & E for non-acute cases, which has reduced the number of admissions. A Care Manager is also present in A & E during the winter months. The aim is to move matters from hospital to the community setting. Patient choice is included in all discussions. The CCG team are watching the budget for deliverable outcomes.
- There is an aim to redesign emergency care; more patients can be helped in the community, but need to be evaluated first by a GP, with Consultant, Physiotherapist, Occupational Therapist etc included in discussions. This approach should allow hospitals to do specialised acute work, and leave the remainder in the patients' locality.
- In the future it will be one team per patient with an allocated budget (grants will enable voluntary agencies to be involved where appropriate).
- The GP now acts as co-ordinator of the team for any patient deemed at risk, keywords are Communication and Co-ordination.

Jo Shepherd added that there was good communication between different professionals initiated by the GP at the Wye Practice. It is a pro-active surgery, moving forward in its provision. Surgery staff agree that effective communication is the key; however, compatibility of IT systems is still a problem.

Action: Anything that happens at Wye surgery in this matter should be part of the village plan; the deadline for communication is March 2014.

JS

What do the people in the village want? Healthier life promotion? (Ideas include Cottage Hospital and a local Children's Centre, and space to meet the needs).

JF

Sue will send contact details regarding relevant examples of developments possible for Wye, to John Fletcher.

SL

5)

**Practice Manager's report on DES Paper.** The paper describes services over and above routine provision for patients, agreed locally with the Clinical Commissioning Group or nationally. The surgery can choose to offer Directed and Locally Enhanced

Services and be paid for them; Nationally Enhanced Services have to be provided with agreed fixed funding.

a) Directed Enhanced Services (DES) – Extended opening hours; Minor surgery; Learning difficulties; Children’s vaccinations; Remote Care (including a kit that measures vital signs); Risk Profiling; PPG; Vaccinations for both adults and children; Dementia; Improving patient online access; Rotovirus.

b) Nationally Enhanced Services (NES) – Pertussis; Childhood Seasonal Flu; Near Patient testing e.g. for rheumatoid drugs; Shingles vaccinations, this year for ages 70 and 79.

c) Locally Enhanced Services (LES) – These are locally agreed services with tariff prices, decided on and offered by Wye Surgery. Minor injuries; Minor surgery; Anti-coagulation services, e.g. Warfarin; Community-based ECG testing, Community-based 24 hr, 48 hr, 7 day ECG monitors; Diabetes; Toleration testing; Phlebotomy; Women’s Health; Leg ulcers; End of Life; Treatment services e.g. dressing; Infectious diseases, e.g. measles; Shingles; Public Health e.g. Chlamydia screening.

- 6) **111 Services** – the response to questions indicate that these services are working well locally
- 7) **Setting up a Virtual Group**  
The idea of extending cover of patients via a Virtual Group was discussed, ‘Young Mums’ was offered as an example of a possible group. Who does it? Confidentiality has to be a priority. More discussion is needed. Liz Coulson is willing to investigate use of the system at Kingsnorth and Ham Street. **LC**
- 8) **Articles for Parish Magazines**  
Liz Coulson will prepare one relating to Repeat Prescriptions. The Enhanced Services, DES, NES and LES can be considered for a future article. It was suggested that parishioners could be invited to make suggestions. **LC**
- 9) **Group Report and Survey**  
PPG members were reminded that the Report and Survey must be ready for March 31<sup>st</sup>, 2014. **JF**
- 10) **Mental Health Group.** Jean Andrews reported that in Shepway Mental Health workers go out with the Police at night to monitor mental health assessments. There is a new grade of Practitioners with legal powers to section people in severe need.
- 11) **Fund Raising and PPG.** As Enid, Vice Chairman, was not present this discussion was postponed until next meeting. **EG**
- 12) **AOB.** None was put forward
- 13) **Next Meeting.** The date of the next meeting was changed to Thursday 12<sup>th</sup> December, at 7.00 in the Surgery.