

**Wye Surgery Patient Participation Group  
Minutes of AGM 11<sup>th</sup> April 2017**

<b>Present</b>		<b>Action</b>
	Chair - Penny Haynes	
	Secretary - Leonie Saint	
	Jo Shepherd – Practice Manager	
	Helen Goodman – Assistant Practice Manager	
	Paul Callaghan	
	Carole Farr	
	John Fletcher	
	Pat Fletcher	
	Enid Gould	
	Marlo Johnston	
	Judith Timms	
	John Makey	
	Margaret Rose	
	Dr Nick DiBiasio	
	Jill Hills	
	Andrea Fridd	
	Frances Morgan John	
<b>Apologies</b>	Lucy Carvill, Alison Graubard, Sally Leaver, Dave Martin, Carole Winder	
1)	<b>Visiting speakers</b>	
	<b>1. Andrea Fridd: Adult Social Services</b> The service is divided between provision for Children and Adults, although it remains an integrated service. Mental Health has a broad spread including ASD, Adult Learning Difficulties, older people and disability. There is now a young persons' team covering 16 – 25 year olds. Andrea's team covers 18+, but not learning difficulty or complex physical disability.	
	<b>How to get care?</b> Mainly by telephone, but also email and letter, referrals go to the Ashford or Canterbury locality Group. Other groups include a Care Navigator. KEAH is Kent Enablement at Home, which provides a free assessment. They provide equipment including alarms. If assessment is needed it can be done over the phone or face-to-face, it explores difficulties in line with the Care Act, and advocate can be provided, if necessary. There are lots of printed booklets, e.g. access, Guide to Kent Services and what an assessment will consist of. Eligibility for help will include washing, dressing, personal care, etc. the group assess level of need according to Government guidelines.	
	<b>2. Frances Morgan John: Adult Social Services</b> When the decision is made that eligibility is confirmed there is discussion about the financial contribution that will need to be made, determined through assessment – <b>the Service is not Free.</b> Care in Own Home is straight forward, residential care can be much more complex. If Care is put in place a Case Worker visits after 6 – 8 weeks to assess efficiency. Where children are involved special care is taken with placement, whether own home,	

residential care or special home. Adult Social Services also care for the carers – this need is not recognised sufficiently. They can be assessed in their own right; funding is available for breaks etc. Services for Carers are free within Kent at present.

Andrea said that safeguarding of patients can be reviewed – there can be abuse, neglect, criminal offences. Social Services can liaise with the police. Advocacy is available. Social Services can take primary health care information for shared discussions.

**Future:** there are no clear answers, but KCC have signed up to Your Health, Your Wellbeing for 5 years. One professional co-ordinates care for each patient. Social Services co-ordinate with other colleagues, including hospital discharge staff. There is Virtual Joint Working at present, but the future is not known, by July 2018 it is hoped that the process will take 7 weeks. But provision, following assessment, of something like a stair lift can take up to 2 years.

**Carers** There is huge shortage of Carers! Hospital patients awaiting discharge are given priority, then patients awaiting hospital admission, local care cases are third priority. There is a lot of information on the website about who to go to for support from KCC Support. Carer Training/qualifications: all are employed by private companies – all must have DBS clearance and have received training. The CQC inspect, check and monitor competency of companies. The KCC can suspend companies in case of concern. Companies like Age UK are used. Lessons are being learned from other countries but little progress has been made re Primary/Secondary NHS and Social Services talking to each other. Jill Hills (Wye Surgery Nurse responsible for over 75 age group) said she thought things were beginning to improve, e.g. Joint Assessments.

Kent is working very hard towards integration.

2) **Minutes of Last Meeting**

Minutes of AGM 12<sup>th</sup> April, 2016. One amendment re no.8. The Our Place Wye lunch is on Wednesdays, not Mondays.

3) **Matters Arising** – there were none that are not addressed in the other items.

4) **Surgery Matters – Report from Dr Nick Di Biasio**

The NHS, particularly at primary care level, is really struggling. Money is supposed to be filtered towards primary care, where demand is increasing and resources are diminishing. More is done at primary care level than secondary, but every proposal requires backing up with a business plan, and may take a year to process, so many practices are going bust. Some outpatient clinics at the surgery are going well, e.g. Ear clinics, such as microsuction, Saturday morning clinics have been added. The future is still fragile, but patients are understanding and staff work well, contracts can be cancelled with no redress, however. Ideas for patient services are invited.

**Practice Manager**

Jo said the biggest plus for the year was the excellent CQC report,

especially by comparison with three other surgeries in Ashford. Clinics at Wye surgery use outside consultants and one will be linked with the muscular skeletal service run by the partners. Other outside agencies, such as that provided by Jo Bond will be funded by the NHS.

Staff changes: the lead practice nurse is moving on and several members of staff are going on maternity leave. Cover has been found for some, but advertisements for practice nurses have been unsuccessful so far – additional training is frequently needed for practice nurses, but the budget has been reduced, so CQC recommendations cannot be fulfilled, because of shortage of funds. The paramedic trainee scheme was excellent, but she has now returned to her previous post. A new GP trainee is about to start. The new GMS contract 2017-2018 requires increased access to online provisions e.g. consultations, appointments, repeat prescriptions, by proxy, access to medical records. Jo asked us to register in the surgery for online contact (Jo will write a parish magazine article on this). John Fletcher as Dr Di Biasio if there was pressure to imitate the Estuary View practice. Dr Di Biasio expressed concern about pressures which could arise, and said that the Wye partners prefer their current autonomy, especially as the money that was available to help Estuary View set up their new arrangements is no longer available.

5) **Chair's Report**

Penny said 2016/17 has been a year of change, but Wye Surgery has continued to deliver outstanding service to its patients. This was confirmed by the excellent result of the CQC inspection. PPG had supported by encouraging patients to complete questionnaire cards and four members met one of the Inspectors.

We devised an Action Plan last year, and although the evaluation isn't until September, this AGM seemed an appropriate time to consider it.

We have three priorities on the Plan. 1. To work closely with the Practice. 2. To develop the PPG in the Community. 3. To represent Wye Surgery PPG.

Re Point 1 – the chair and Vice Chair meet with Jo and Helen prior to each PPG meeting, to update on any matters necessary. PPG will continue to support and facilitate the Flu vaccination clinic, and work with Practice staff to help with the Open Day in the summer. Further actions are to set up a fundraising group for specific items and take a stall at the Farmers' Market to sell some of the donated books.

Re Point 2. A variety of speakers will continue to be invited to PPG meetings, these included a talk by Jill Hills on her much-valued work with patients over 75. Judith told us the Virtual Group has been developed which now numbers 85 members, people are using the website which is a useful avenue of communication. Penny said our PPG is either doing or planning to do everything recommended by the National Association of Patient Participation Groups. Further work is to engage and address the needs of younger

patients.

Re Point 3. We have representatives on the Ashford PPG, and the Ashford North Hub, and receive feedback from those meetings. These groups are not thriving at present, and it is proving difficult to recruit to the position of chair for the APPG and the network Hubs have not met for some time. Penny, Judith and Marlo will attend the May 17<sup>th</sup> Hub meeting for discussion on the way forward.

Penny said there should be a discussion and what we would like to do for the PPG Awareness Week 19<sup>th</sup> – 24<sup>th</sup> June, and planning the next speaker.

6)

**Elections:**

**Chair** - Penny Haynes was nominated and elected.

**Vice Chair** - Judith Timms was elected.

**Secretary** - Leonie Saint was elected, she had written to several members of the PPG inviting them to take over her role, but had been unsuccessful.

Representatives for the **APPG, Ashford North Hub Group**, and the **Ashford representative Group**, remain the same as 2016/17.

7)

**Virtual Group** – see 5 above

8)

**Any other business** - The Secretary agreed to provide a list of booklets on Social Care Services, that are in the Surgery waiting area, for the parish magazines:

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Published by KCC:

Your Guide: To accessing Adult Social Care Services

Your Guide : To Adult Social Care in Kent

Your Guide: To funding yourself in residential and nursing care

Your Guide: To accessing Adult Social Care Services

Your Guide : To Adult Social Care in Kent

Your Guide: To funding yourself in residential and nursing care

Charging for Residential Care

Charging for Care provided in your own home and support in the community

Published by NHS

For You: Adult Protection – what happens

9)

**Next meeting**

Date of next regular meeting May 17<sup>th</sup>, this was later changed to June 27<sup>th</sup> - in the upstairs meeting room at the surgery to accommodate the speakers' needs.