

Wye Surgery
Tuesday 28th January 2020
Minutes of Patient Participation Group Meeting

Present		Action
	Chair - Judith Timms Vice Chair – John Fletcher Secretary – Eileen Burton Helen Goodman - Practice Manager Michelle Perry – Assistant Practice Manager Terry Donovan Carole Farr Pat Fletcher Enid Gould Penny Haynes Emma Healy Marlo Johnston Robin Pelham-Reid Margaret Rose Mary Stewart Pamela Warboys	
1.	Apologies Rita Hawes, Kim Lowe, Lucy Carvill, Maria Cox	
2.	Minutes of Last Meeting Agreed	
3.	<p>Presentation by Kate Regan, Macmillan Primary Care Trust</p> <p>The Macmillan Primary Care Trust (MPCT) teaches clinical staff and GP practices the administrative side of things for cancer. Wye surgery has been quite involved since the start. The Kent team consists of 4 nurses and 2 GP's.</p> <p>What does a McMillan GP do? They work at surgeries as normal, but one day per week they work for McMillan. They look at the administration, processes and communication for cancer. They train social prescribers, paramedic practitioners and GPs to empower them to be more confident when dealing with cancer patients. Teaching them to understand the patient and the side effects, both physical and mental and the fact that this can be life changing.</p> <p>They ensure that clinical updates are provided to GPs, so that they have up to date knowledge. They go out on practice visits to talk about palliative care etc. They do a hospice tour, dealing with the whole journey through cancer and living well afterwards.</p> <p>They also give advice and support for the people they train and ensure they stay up to date.</p> <p>A Monthly newsletter is sent to every practice with a</p>	

different topic being highlighted. For example, the January issue was cervical cancer awareness.

What Macmillan offers:

- A cancer centre in Maidstone.
- A Macmillan centre in each hospital. They should be present when the patient is given the diagnosis in hospital. There is one for every tumour type eg. Breast, skin etc.
- There is a Helpline with a trained specialist on the end of the line who can deal with financial, practical problems. It is currently 8-8pm. Advice about work, benefits etc.
- Means-tested grants may be available for some people with a specific need. Examples are wigs, bras. The decisions are made very quickly so the wait is minimized.
- Online community for patients and carers.
- Crossroads care Kent to help people with transport, gardening or small jobs round the home or simply a befriending service.
- Macmillan bus comes to Ashford twice per year, with 2 nurses to offer care, advice and support.
- All services are listed on the website.

They support people living with cancer, not only end of life and the focus is on living well. Patients can access the services directly. Pilgrims Hospice is a separate thing from Macmillan, which is funded by the NHS.

Where does the name come from? The charity was founded in 1911 as the Society for the Prevention and Relief of Cancer, by Douglas Macmillan following the death of his father from the disease.

The hospitals can only give so much support and then it is up to the local care. If you have a query around cancer you have to go through the Macmillan nurse in the hospital.

Access is via the helpline or website.

Macmillan helpline is 0808 808 00 00

Kate is happy for anyone to contact her on email at

katereg@nhs.net.

A copy of Kate's presentation will be sent out with the minutes.

EB

4.

Matters Arising

4.1

Previous funds, past history of finances.

Enid reported that previously there had been a couple of raffles and a tombola to raise money. At the time of the first Health Information Day the funds were minus £80

(registration fees) and the raffle raised the money to repay

Penny, as she had paid the fees for 2 years. This year we have raised enough to pay this year's and next year's registration fee for affiliation to the National PPG from donations to the cakes and coffee at the Health Information Day.

- 4.2** Volunteer Car Service: RPR thanked the reception staff for being so cooperative with the appointments. RPR will be away for a month and Rob Dudley will cover, but RPR is having problems leaving a message on the existing phone to say that he will be away and to call Rob's number. It will be better for the practice to have Rob Dudley's details (01233 813129) RPR will ring up all the regular users to let them know. RPR

EH raised a point: it is really irritating to arrive at the surgery, when transporting a patient who can't make it on their own, to find all the disabled spaces used up, sometimes by cars not displaying disabled badges. The volunteer drivers are not advised to help patients as they could be liable if there is an accident. It was suggested that the signs be redone. HG HG to look into it.

5.

Surgery Report

The surgery now has a paramedic practitioner, Sarah Dilkes, who was working in another practice for 2 years, prior to that she has 20 years experience as a paramedic. She will be seeing patients with minor chest infections, sickly children etc. She can also do some home visits in place of, or with the GP.

A new Health Care Assistant has been recruited, who can take bloods, blood pressure checks, wound dressings, ECGs and assist in the practice clinics.

Several weeks ago 2 new receptionists were recruited. The surgery is still looking for practice nurses, who are really difficult to get. A couple of hospital nurses have been interviewed, but the skill set is very different. There will be a huge amount of training, so this would be a strain on the practice as well.

Dawn is studying to do her advance nurse practitioner and Jessica is doing her degree to be a physician's associate, so that also reduces the time they both spend in the surgery.

They might get another paramedic, rather than another paid GP.

Dr Di Basio will be coming back to do some locum work. The surgery has 8 doctors (all part-time). Kent is a red flag area for shortages as many GPs are retiring. Wye surgery will be involved with the new medical school in Canterbury, but it will be five years before the first graduates can be recruited. The surgery took medi-start students (A-level) stage and the feedback was excellent. It gave these 17 year olds a real insight into what goes

on in a practice.

Di Bartley, the physio, retired in December after 22 years. From March there will be a physio in the surgery several days per week. HG reported that things in the surgery were mega busy.

6.

Chair's Report

We have been considering the Aims and Objectives of the Group and realised that we haven't revised or reviewed these since November 2016, so it's time to review them again.

It would be good to agree them at the AGM and also set out some initiatives and our main objectives in a 1-3 year plan.

There are some interesting points in the Health Watch best practice document sent out prior to the meeting. JT emphasized that it is advisory and not prescriptive. During the discussion about best practice the following suggestions were made:

- Greater participation from the practice doctors would be beneficial
- Create a patient survey with the practice staff. HG stated that this had been done before but was probably time to do it again
- Design a newsletter for the practice to provide regular updates for the patients
- PH suggested putting the PPG minutes on the surgery website to keep patients better informed. HG
- Assist the practice to make the website more patient friendly
- Consider other venues and times for the meetings, taking into account accessibility. HG to find out what the optimum time of day is for the doctors to attend. HG

The following decisions were made:

- PPG meetings will be quarterly with a maximum duration of 1.5 hours
- A practice doctor will attend for a part of each quarterly meeting for a slot. JT conveyed thanks to the doctors for their offer to attend.
- Sub-groups can be used for specific projects, rather than the main meeting
- Sub-group will set up to review the aims and objectives prior to AGM. The group will comprise JT, MJ, RPR, JF and possibly KL. First meeting at JT house. JT to arrange date. JT
- Virtual Group, APPG & OPW to be taken off agenda unless there is something specific to report, which will then appear under AOB.

JT suggested that this will be a more dynamic relationship than just sending reports and that the meetings need to be more focused so that the doctors actually get something out of it as well.

JF asked if the partners will have an opportunity to take part in the aims & objectives review. HG will ask them to have a look. The current one will be used as a basis.

The AGM will be held on Tuesday 24th March at 18:30 – 20:00. Nominations should be sent to EB

EB to send question to HG re pneumonia. Para will be included in the minutes

HG suggested that we do a small poster for the surgery. Rpm to ask Sally Barton

RPR

7.

Virtual Group Report

The following question was submitted by a member of the virtual group:

What is the surgery's policy on pneumonia vaccination, primary and repeat? What age groups are viable?

EB to email question to HG who will respond with the information.

EB/HG

There was another query from a virtual group member who has a long-term disability, asking how they could more actively participate in the meetings. We have agreed to start by submitting questions which can be read out in the meeting, with the answer included in the minutes. This does, however, highlight the fact that we hold the meetings in a room which is not accessible.

8.

Surgery Boundary Changes

The surgery boundary is changing and all practices are changing their boundaries because they can't cope with new housing developments. Wye Surgery now has 9000 patients. If they are within the boundary there should be no problem in staying with the surgery. The boundary change proposals have still not been adopted formally by the CCG. JT referred to the letter (see attached) which she had sent to Jo Shepherd in December and which was circulated to members with the minutes. So far we have received no reply. The letter confirmed that the PPG have no objection to the proposed surgery boundary change but we would like to know how the CCGs plan relates to the PCN's overarching responsibility for the approximately 99,000 people in the Ashford Stour area and also how does the CCG propose to cater for the many new homes outside the boundaries?

Somebody HAS to take them on.

There are unresolved issues between the CCG and the practices.

9.

Frequency of PPG Meetings
Discussed in Chair's Report

10.

Reports from APPG

Patient Participation Group Minutes

The next meeting is on Thursday. They are talking about PPGs in Ashford and having a McMillan presentation. Sellings say that they have 3 defib machines in the village. We have one by the fire station, one by the toilets and one in the surgery. Information on their whereabouts could go in the welcome pack. PH to action. PH

APPG have recently sent round a survey trying to find out whether it has a real function or not. Historically it has not been very active. It seems to have lost its way.

JT suggested that we should link up more with other PPGs.

Marlo is currently the sole representative, but anyone can go. It is 30th January at 18:30, meeting room 1 at the civic centre. JT thanked Marlo for continuing to attend the meetings.

11.

Report from OPW

The welcome pack for the village is nearly finished and it will go out with the OPW newsletter.

PH will put something in the welcome pack about the defibs and the PPG PH

12.

AOB

None

13.

Date of next meeting- AGM:

Tuesday 24th March at 18:30 – 20:00