

Wye Surgery
Tuesday 23rd July 2019
Minutes of Patient Participation Group Meeting

Present	Chair - Judith Timms Vice Chair – John Fletcher Secretary – Eileen Burton Helen Goodman - Practice Manager Terry Donovan Pat Fletcher Enid Gould Rita Hawes Penny Haynes Kim Lowe Marlo Johnston Robin Pelham-Reid Brian Varney	Action
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Apologies Evelyn Hawkins, Sally Leaver, Lucy Carvill, Margaret Rose, Tim Wells

Due to the high temperature in the surgery meeting room Judith kindly offered to host the meeting at her house, which was gratefully accepted by everyone. Judith welcomed everyone to the meeting and everyone introduced themselves as we had two new members: Kim Lowe and Brian Varney.

1. Minutes of Last Meeting

The minutes of the last two meetings should have reflected that Brian Varney had sent apologies.

2. Matters Arising

2.1 Dr Fox's Private Practice

Terry Donovan raised an issue regarding Dr Fox and the new private surgery. Planning permission has been submitted for the new surgery in Wye and Terry reported there have been several objections on the grounds of parking and traffic congestion, as it is near the crossing. He felt it is likely to go through as ABC has not been sympathetic to parking concerns in Wye, in the past. HG said that it won't be full time, but there may be other services operating during the day or at other times. TD said he had been very surprised at what Dr Fox announced at the last meeting and felt that others felt the same and that there had not been enough warning to prepare questions.

JT pointed out the new NHS Surgery Contract effective from April 2019 disallowed Dr Fox doing his private work from the surgery and that planning applications are not within the remit of this

group. We can review the operation of private GP services at a later meeting. KL pointed out that many people in London go to private GPs as a matter of routine as they are available eg. At the stations or near their workplaces.

2.2

Urgent Treatment Centres

Jo Shepherd had hoped to come and present on the new Primary Care Networks, but she was unable to come as she was attending a UTC meeting tonight. There is still a huge amount of uncertainty all round and many decisions still to be made. It is hoped that she will attend a future meeting to give an update.

2.3

Fundraising – Edith Gould

The lady concerned got in touch and she now lives in Brambles residential care home. The good news is that fundraising functions can be held there. HG has given Enid a list of items the surgery wants. They want 2 kits for locums which will cost around £200. There are also 7 small items on the list totaling around £643 and 2 larger items for bariatric care. Enid will follow up and start with the small items. Surgery fundraising activities will be carried out separately from the work of the PPG. JT thanked EG for taking on this role.

EG

3. Surgery Report

3.1

Staff

The surgery has recruited a new GP retainer, Dr Thomas, who has 2 small children and will be working 4 sessions per week for 4 years. A nurse practitioner called Liz Dennis has also been recruited. She comes from a minor treatment centre in Faversham.

Jamie, the paramedic practitioner finished his temporary stint on Friday. Negotiations are ongoing to try to get him to work permanently at the practice.

3.2

Practice boundary

Jo Shepherd has now written to all neighbouring practices as part of the consultation. HG gave a letter to JT as Chair of the PPG and agreed to provide an electronic copy together with the map to JT. Due to expansion round Ashford and the many new housing developments, surgeries are trying to reduce or protect their boundaries to protect existing scarce resources. The document goes in for discussion in August.

Patients will not be asked to leave the surgery if they live outside the new boundaries.

The Hinxhill development is to have 192 houses and BV stated that Great Burton is to have 750 houses, with no planned new surgery. Brian is vice-chair of Kennington Community Council, representing 8000 people and there are 16 councillors. The chairman is Chris Morley who is also the lay member of the CCG.

HG

If everyone is pulling in their boundaries, the question is what is happening to the people who are left in between. New Hayesbank has restricted the number of patients they register every week and have been doing this for a long time. The developers get the planning permissions by saying they will put a GP surgery on the development but then they don't put it there. There are no doctors available to staff it anyway. There is no more room in Wye Surgery. JT says we should write to the CCG chair about the pulling in of boundaries and how the new communities are going to be serviced.

3.3

Surgery Phone System

Patients had requested that you didn't have to wait on the line to cancel appointments. This has now been changed and you just press 3 immediately - you don't have to wait.

RPR asked if we knew how long people wait to get an answer.

The wait time can create a problem with the driving service as if the patient needs to change an appointment, at short notice, they can't get through. RPR to give the details of an example to HG.

RPR

The system cannot give a time indication, just where you are in the queue. There are 4 people answering the phone from 8.00 AM and 7 people from 8:30 AM.

4.

Care Quality Commission (CQC), Deep Vein Thrombosis (DVT) pathway & Flu 2019 – Helen Goodman

4.1

CQC

HG met with the CQC this morning and did a review interview. As the surgery was rated as outstanding last time, they just check the surgery hasn't taken their foot off the pedal. The interview was scheduled for 2 hours, but took just over an hour. It was a good exercise to make everyone focus and see just what is actually being done. The conclusion is that they are still doing a really good job. The result should be through in 7-10 days and if it fails the outstanding rating, this will then trigger a full review.

4.2

DVT

Deep vein thrombosis- for someone suspected of having a DVT a blood test would be done in the surgery and then the patient would be sent to hospital for further tests. They are working with a GP from Kingsnorth to try and get this service into the practice and avoid a hospital visit.

4.3

Flu – The first delivery of flu vaccines is expected week commencing 9th September. Once they have confirmed this delivery they will publicise and make appointments. The type of vaccine always takes the lead from the flu which has been prevalent in Australia - last year, the strain was really bad, but did not become an issue in the UK.

They are going to try and do a few appointments every day. The

first clinic is likely to be Sat 14th Sept. They are looking for volunteers to collect data from patients eg. weight, BP etc You tend to get people coming into the flu clinic who don't really come in for anything else and this presents a good time to collect opportunistic data. JT asked for volunteers. EG requested to do a little fundraiser and HG agreed.

JF heard today about the quadrivalent jab not being available until November and was concerned that the at risk groups would not be able to get this early enough. HG had not heard this, even although she gets a weekly immunisation newsletter

5.

Chair's Report

The NHS is undergoing far-reaching changes in the way in which services will be delivered to an ever-growing population with increasingly complex health needs. Doctors working in East Kent are, as in most areas of the country, struggling to keep up with the demand for appointments and there are shortages and problems in recruiting GPs in most practices. There are 1.8 million people across Kent and Medway with a budget of £440 million a year to provide services for them all.

In July, the Kent and Medway Sustainability and Transformation Partnership published its latest bulletin - 'Bringing the NHS Long Term Plan to Life'. The plan is for greater integration across Health and Social Care via four new Integrated Care Partnerships. It is proposed that new groupings of GP practices will work together and in partnership with community, mental health, social care, pharmacy, hospital and voluntary services to form new Primary Care Networks that should be operational by 2020. Wye surgery will be part of the new Ashford Stour network, which will consist of 99,250 patients.

Decisions made about the organisation of future services today will affect every one of us tomorrow. It is, therefore, very important that patients are fully informed about what is being proposed and are fully aware of how services are likely to change, before future structures are agreed and the fine details of future arrangements are finalised. There needs to be a continuing flow of accurate information and communication between those who provide medical services and those who receive them, if we are to ensure that patients are enabled to have a meaningful input and to give an informed view of what is being proposed. You do not have to be a member of a Patient Participation Group to make your voice heard and to have your views taken into account, although new members are always welcome.

Updates on the evolving plans can be seen on the July 2019 Kent and Medway NHS newsletter available on kentandmedway.nhs.uk/kent-medway-stp-bulletins and you can subscribe to regular updates. You can also respond to an online survey at www.kentandmedway.nhs.uk by 16 August or by writing to Freepost KENT& MEDWAY NHS, New Hythe Lane, Aylesford,

Kent ME20 6WT or by emailing comments to
comms.kentandmedway@nhs.net.

6. Virtual Group Report

Nothing to report

7. Changes to the Delivery of NHS Services – Brian Varney

The detailed notes from Brian's presentation can be found in an Appendix at the end of these minutes.

8. Health Information Day Oct 2019 – Update from Sub-group

There was a good discussion at the sub-group meeting on 12 July Jill Hills attended and was extremely helpful. The date has been chosen as Friday 25th October and the village hall has been booked from 9.00 – 4.00. The Village Hall has purchased a projector which JT will book.

Last time we had some presentations and organisations represented across a broad spectrum and all said they would be happy to come again. We are starting earlier with the publicity and the day will be longer so we are hoping for higher footfall. JT distributed the list of organisations involved last year.

In the morning we will concentrate on the proposed changes to NHS services. We will try to get Dr Rashid, who is head of Primary Care Services. The plan is to have 4 presentations in the morning with a Q & A session. In the afternoon we will have current challenges to health and well-being and broaden it out a bit.

KL has organised the neighbourhood watch video by Andrew Judd from Kent Police Dept.

HG has a policewoman coming in to talk in the practice about this and could ask her re a possible presentation.

It was suggested that it would be good to have someone talk about Mental Health, especially for the young. EB to ask her husband, who is involved with Catching Lives in Canterbury (a homeless charity) if there are any mental health contacts who could give a talk and Q & A.

EB

The Surgery is paying for the hire of the village hall, and there may also be a small charge for the projector

Richard Sinden the Community Warden could possibly do a talk on cyber crime. PH to investigate.

PH

Posters will be produced with rough timings so that people can plan their day and come to the bits which interest them most.

Penny has produced the poster, but it needs a few tweaks and the pictures changing.

PH

9. Reports from APPG and Our Place Wye

9.1 APPG

Marlo and Judith had attended. Chris Morley gave a presentation on the NHS Long term Plan Across Kent and Medway which involves an integration of health and social care services. The meeting provides an opportunity to meet other PPG Chairs and members who were enthusiastic about our Health information day and asked if they could attend.

9.2

OPW – The Wye Helping Hands Service has been renamed Wye Community Companions. The service has also been expanded to anyone who lives on their own who may want companionship, help etc. It is now not limited to 4 visits and can go on as long as they wish. The next step is to meet and update the volunteers and then have a meeting in the church.

Community lunch: the last one is tomorrow and then it is finished until the 4th Sept.

OPW update on FB

The Facebook Group now has nearly 1600 members, of which 1450 are actively engaged. The group has been quite lively with lots of different topics of discussion and feedback is largely positive.

OPW Newsletter

This has been changed to quarterly and now does not include advertising. There is always a need for good articles

10.

Volunteer Driving Service Update

There are now about 6 or 7 people who have volunteered to take people to the surgery or physio in Scotton St. A few more people are still needed. The driving does not involve going to hospital appointments. The feedback has been good so far. The last-minute calls are difficult to deal with. Moving around of appointment times is very difficult to handle with the drivers. If it were possible, for whoever is organising it for the patient, to give 24 hours notice, this would be easier. HG stated that often it has to be the same day. HG will get the details of the particular situation discussed, from Robin and have a look. Approximately 10 trips have been organised since beginning of June. It is important to publicise this to the patients. HG suggested getting some A5 posters done and then they could put them up in the reception area of the surgery. JT expressed thanks to Robin for setting this up.

RPR/HG

RPR

11.

AOB

BV asked HG if the receptionists are now called care navigators? They are. BV also wanted confirmation that medication reviews are done by the GP and would not be delegated to the pharmacy. HG confirmed that this is the case.

RPR – Is there a solution for patients who work and find it difficult to phone for an appointment? HG suggested they use Ask my GP – it's quick and easy.

12. **Date of next meeting: Thursday 12th September at 18:00**

Appendix A

Transforming health and social care in East Kent– Brian Varney

BV attended an all-day NHS meeting, which was about the proposed changes to the hospital services. This is about the decision to be made between the 2 choices affecting Ashford, Canterbury and Margate.

Under the first option, all specialised services and a major trauma unit would be centralised at the William Harvey hospital.

Under the second option Margate would retain its A&E and maternity units, while Canterbury would be a 24/7 GP led urgent treatment centre, treating illnesses and injuries which were not 999 emergencies.

Canterbury would also have a state of the art super hospital with a single major emergency centre and it would deal with all specialist services for East Kent. Ashford and Margate would lose their A&E departments but have 24/7 urgent treatment centres.

The shell of the new hospital in Canterbury would be built free of charge by Quinn Developments providing they received planning permission for 2000 houses in the area.

There were 40 members of the public and 40 clinicians invited to the meeting, where they were given a powerpoint presentation, then looked at 2 out of 10 data based evaluation criteria concentrating on areas of accessibility and patient experience. The public and clinicians were then split into 2 groups to consider further and give feedback on what they had seen and heard from their different perspectives. In particular there was a lot of discussion about travel time, as they had data, based purely on time from ambulance collection to delivery to the hospital. We pointed out that the data was distorted, by excluding time in taking the call, the call, dispatching of the ambulance, getting to the patient, on scene and waiting to get into the hospital after arrival. There were also reports of many poor patient experiences, including difficulty in using public services, which would be exacerbated by the proposed changes, forcing more patients to travel by car. There would be a cost involved in travelling greater distances as well as the environmental impact of more journeys by car. They accepted there was a bias towards option 2 and that option 1 was better for the worst areas of deprivation, which are in Thanet, Romney Marsh and parts of Ashford. In those areas they typically call the ambulance service more than normal. There would still need to be some of the existing facilities brought up to modern standards, as well as building and equipping the new hospital. Nobody had costed the bringing up to standard of

all of the existing hospitals. Quinn has also not committed to when he would build the new hospital, if indeed, that is agreed. It would not be acceptable, for example, to have to wait until he had built and sold the 2000 houses first.

They also need to review the data based time it takes to deal with time critical journeys against actual times and if it would have made a difference to the outcome if there were longer journey times to A&E for trauma, stroke, heart attack and vascular in particular.

Issues were raised about staff being prepared to travel to 1 super hospital from where they live near their present hospital. if Canterbury was chosen and it is the most expensive area to live of the 3, could a nurses' home be built on site to help overcome this problem?

Canterbury is currently being used for emergency medical admissions but does not have a full A&E and it does not have a helipad, which is increasingly used these days. They are working towards having one site for elective surgery.

The head of SECam ambulance service explained that the clinical standard is delivery to hospital within 1 hour. Their maps based on internal data, showed the percentages of travel times of up to 30 minutes, 31 to 60 minutes and over 60 minutes using options 1 and 2, showing potential 95% compliance with the standards.

He also explained that response times to 999 calls were:

- Category 1 unconscious and not breathing 7 minutes
- Category 2 serious but breathing 18 minutes
- Category 3 - 2 hours
- Category 4 – 3 hours.

There are only 2 depots now in Ashford and Thanet which is why available ambulances are often seen waiting in data based strategic points on motorway bridges etc. instead of returning to base. They have been allocated money for more ambulances but there is a shortage of paramedics and University training places. There is a new medical school at Canterbury, but there are the least amount of 18 year olds coming through at this time because of the birth rate 18 years ago. They recently had 800 applicants for 300 places, but it will be years before they are fully operational. The question is what do we do in the interim?

They are encouraging technicians to train up to paramedic level.

Also, the paramedic practitioners are being poached by GPs.

There is a suggestion that the fire and rescue staff also get involved more and trained up to ease the situation as they are not fully utilised with fires etc.

Attendees were not allowed to take any papers away as the meeting was private. Once they collate all the feedback from the data it is scored by a panel, reviewed and formed into a report on the preferred option, around September of this year. It then goes out to 12 weeks consultation, then to the NHS Senate and a fully prepared business case with costings to NHS England for the final decision. It has to be deliverable and affordable. This will probably not conclude until late 2020.