

Wye Surgery
Tuesday 4th June 2019
Minutes of Patient Participation Group

Present Chair - Judith Timms **Action**
Vice Chair – John Fletcher
Secretary – Eileen Burton
Practice Manager – Helen Goodman

Terry Donovan

Carole Farr

John Fletcher

Pat Fletcher

Enid Gould

Rita Hawes

Marlo Johnston

John Makey

Margaret Rose

Robin Pelham-Reid

Apologies Lucy Carvill, Evelyn Hawkins, Penny Haynes, Sue Lawson,
Robin Pelham Reid

1. Minutes of last meeting

Marlo Johnston was present and should have been on the list of attendees.

2.

Matters Arising

None

3.

Practice Report

As of 31st May Jo stepped down as Practice Manager. She will return on Monday as Business Contracts & Strategy Manager for 1.5 days per week. One of the first things she will do is look at the Surgery boundaries.

She will be working another 2.5 days per week as Networks Manager (practice liaison) for the Primary Care Network. We are lucky in Ashford as we have been working in the hub situation for some years now and are therefore used to liaising with other practices.

There have been two away days for Ashford Clinical Providers to discuss and learn more about the new setup.

There are 2 networks for our area: Ashford Rural (33,000) and then Ashford Stour (7 practices - 99,000 patients). We will be one of the largest Primary Care Networks as the upper limit is 100,00 patients.

There are some unanswered questions about the new 'shared' positions in the practices. For example If a pharmacist is taken on within the Group - who employs them? There are lots of grey areas not sorted out yet. This is all part of the NHS England trying to get practices to work at scale. The advantage of this is that we can take on contracts for services that individual practices could not afford.

Jo will be invited to the next PPG meeting to give us an overview of

the development of the Ashford primary care networks.
Jo is going to take over the administration of the Improved Access and Urgent Treatment Centres.

A new GP Retainer has been recruited- Dr Ximena Thomas
Whole idea of this scheme is that it is a nurturing and supportive role to get GPs back up and running. She works 4 sessions per week and is with us for 5 years.

Also recruited a new nurse practitioner, Liz Dennis, who will work 4 days per week. She will do her prescriptions course later this year and will then be able to issue prescriptions.

Until 19th July we have a paramedic practitioner called Jamie. This is his last placement on his training.

Hazel Harris - dispensary manager is leaving at the end of this week with the hope that she will return later in the year as a prescribing advisor.

Helen took over from Jo on 1st June, so Michelle Perry, who is the finance assistant is taking over as trainee Assistant Practice Manager.

Helen suggested that some of the reception staff could attend the PPG meetings, but this was not decided.

Enid pointed out that in our constitution we are required to have a clinician at our meetings and that their absence makes our meetings non-quorate. It was agreed that we would welcome any of the clinical staff to attend, not just a partner.

One other staff change - Dr Xavier is returning from maternity leave.

Helen has spoken to a patient who is interested in doing some fundraising. Helen has suggested Enid as someone she can talk to. Surgery still have carpet in the consulting rooms and this needs to be replaced at some point by the recommended flooring. The original idea was to fundraise for an 'uppy downy' bed. It was decided that it needs a separate fund raising committee.

Helen is going to give them a call and pass on Enid's details.

Enid to report back at next meeting.

Put on agenda for next meeting.

HG
EG
EB

4.

Chair's Report

Formally congratulations to Helen on her new role and we look forward to working with her. Penny was sent some flowers and a thank you from Judith on behalf of all of us for all that she has contributed to the PPG. She will continue to be a member.

Don Thake has sadly died. He was a regular attender and contributor to the PPG. JF has written a note to his wife expressing our sympathies and thanks for all his efforts to many groups over the years.

We do need new members and especially ones who represent the

lower end of the demographic.

We have not been inundated with responses to May's Parish Magazine article asking for new members. We need to get younger people involved. The problem is that the young people are too busy. Suggestion to leaflet drop in the new estates?

Also Post an ad on the Facebook Group.

JM made the point that the modus operandi has changed also with lots of people working from home. Perhaps we ought to also have some leaflets to put up in the coffee shop. The younger demographic is quite demanding of services, so it would be very useful to have representation from this group in the PPG.

EB

JT

We are going to try and have speakers at all our meetings to try to provide a focus.

Enid suggested it would be good to have an Open meeting to invite Susan Acott who is the CEO of East Kent Hospitals, as lots of people would be interested. She might be brilliant for the Health Information Day on October 25.

JF goes to a lot of the Open meetings and thinks they are very well attended.

5.

Virtual Group Report

Nothing to report

6.

Health Information Day

Friday 25th October is a provisional date for this in the village hall for the whole day to give people a chance to talk to the stall holders and also to fundraise. Helen says that the surgery has kindly offered to pay for the hire of the village hall. We need a sub-group and Jill Hills could be part of the sub-group. Volunteers for the sub-group: Judith J & P Fletcher, Rita and Marlo. Judith will convene a sub group meeting to take forward planning in July. Other members offered to help on the day, including Enid, Margaret Rose and Carole Farr who volunteered to run a raffle. We have no PPG funds left and we will need £40 for our subscription to the national association in November.

7.

NAPP Report

Judith reported that The National Association are to change their charitable status to become an 'Incorporated Charitable Organisation (CIO)

NAPP have also emphasised the importance of PPGs in the new contract April 2019, which confirms that they are an essential element of each Surgery contract and of the NHS structure. It is a specific contract requirement that each surgery has a PPG. NAPP is having a conference in Gloucester on 15 June - Judith has the details.

8. Reports from APPG and Our Place Wye

APPG: Marlo was unable to make the last meeting but has sent out the notes. She is happy to keep going to these. Date of the next meeting is in July. Marlo to come back with the date. They talked a lot about urgent treatment centres, but we will wait until Jo comes and speaks at our next meeting, as she will be very involved in the developing plans as part of her new role with the Ashford Stour Primary Care Network.

Our Place Wye: The Welcome Home from Hospital service is working well and are widening the remit to make it a broader befriending service., not just for those who have recently been discharged from hospital. At the moment it is restricted to 4 visits but this will change. It can include shopping, prescriptions, etc but not personal care. The name of the service is also changing to reflect this and will be announced in due course.

9. Urgent Treatment Centres

This item is deferred until the next meeting when Helen will ask Jo to come and talk to us.

10. Transport Services

Robin Pelham-Reid has kindly agreed to coordinate a Wye village volunteer driver service. They are able to drive people within the Wye Parish to medical appointments, physio etc. He has 4 or 5 people willing to do this. Hospital visits are not included in this. How can people be referred to Robin? There needs to be a flyer with information on the service and how you can be referred. Helen is happy that the receptionists contact Robin directly. Helen also offered to run off some black & white A5 flyers to be given to patients and available in the Surgery and this offer was accepted with thanks. Judith will write July's article for the parish magazines about the car service in order to publicize the service.

JT

11. GP Private Practice – Dr Fox

Dr Fox attended the meeting at his request to discuss his private GP practice. With the implementation of the new NHS contract they are stipulating restrictions on the use of the premises. One of these stipulations is that the GPs cannot consult privately on the same premises, even though the NHS does not own them and the partners own them, as is the case with the Wye Surgery.

The April 2019 contract for the provision of the General Medical Services provided by Wye Surgery contains a specific ban on- 'Advertising and Hosting of Private GP Services' Judith clarified by referring to the contract which states (at Annex D3) that this is 'to safeguard the model of comprehensive NHS primary medical care, from 2019 it will no longer be possible for any GP provider, either directly or via proxy to advertise or host private GP services that fall within the scope of NHS funded primary medical services .NHS England will consult in 2019 on expanding this ban on private GP services to other providers of mainly NHS services'

This is a very sensitive area and the interface between NHS and private medical services, which can be obscure, needs to be transparent and clearly understood by patients.

Dr Fox is looking for new premises, in Wye, from which he can run a private practice, possibly involving other doctors. It is impossible for him to see privately, patients who are registered at Wye Surgery. The NHS will not allow this. The only exception being for non-NHS services. It would be possible for Wye Surgery patients to see a non- Wye Surgery GP privately'

JF raised the point that it is much more difficult now to see a GP who knows your medical history. Dr Fox said that Wye Surgery averages 900 appointments per week, which is over double from when he started. Most doctors are now part-time because of the intensity of work. JF asked what happens when all the doctors drop out of the practice. They are taken over by the CCG but are normally expensive and badly run. Kent is the worst in the country: 3000 patients per GP versus 1200 elsewhere. There are about 2-3 GP practices per week closing. Judith said that there had been recent publicity about 140 practices, which had closed, in the past year.

There is no age restriction on retirement for GPs but the constant pressures mean that many are not able or willing to keep going into older age.

Dr Fox thinks that it would have been better to give the money for the new Primary Care Networks directly to the practice as the money never seems to filter down to the frontline services.

PF asked about his thoughts on the telephone consultations? He feels it is good as a triage and also often used for admin - meds advice etc. Diagnosis is probably about 80% history. The policy at Wye is to use the experienced doctors to triage as they are more experienced at the diagnosis.

It was agreed to bring the development of private GP services back on the agenda at a later date and find out what's happening.

- 12. AOB**
JF briefly updated us on Urgent Treatment Centres. There is one at Canterbury and one at QE QM.

- 13. Date of next regular meeting**
Tuesday 23rd July at 18:00

