

Wye Surgery
22nd January 2019
Minutes of Patient Participation Group Meeting

Present		Action
	Chair - Penny Haynes Secretary – Eileen Burton Jo Shepherd - Practice Manager Helen Goodman – Deputy Practice Manager Terry Donovan Carole Farr John Fletcher Pat Fletcher Enid Gould Marlo Johnston Sally Leaver Robin Pelham-Read Margaret Rose	
1)	Apologies: Paul Callaghan, Lucy Carvill, Michelle Gardener, Sue Lawson, John Makey, Judith Timms, Rita Hawes	
2)	Minutes of Last Meeting Corrections to the Minutes: 4. Chairman’s Report - Car Service The costs should have read a one-off joining fee of £10, £2 for every request for the use of the car service and 50p per mile cost of travel. Thanks to JF for correcting this. 7. News from APPG, the Hub and OPW What was reported was not the work of the Ashford North Hub. It was a special meeting convened in Ashford by EKHUHT to inform the public of the possibilities for future stroke treatment in east Kent. 4 hospitals have been chosen in Kent to have the new advanced stroke treatment and facilities and the only one in East Kent will be at the William Harvey. This will mean that the QEQM and the Kent and Canterbury will not have these facilities but will offer stroke treatment possibly as a follow-up after treatment at Ashford. There were three people from our PPG at the meeting Rita, Pat and John, who were there because they heard about the meeting. As this was an awareness event no decisions were taken. Similar events are to be held throughout Kent. The new hospital in Canterbury if it happens is an additional complication. If it does it will not be functional for perhaps 10 years so there will be interim arrangements at least for that period and it looks as those will involve the William Harvey. This was not clearly reported in the minutes.	

Thanks to JF for the clarification.

3) Matters Arising

It was agreed that the new earlier meeting time is more convenient.

Car Service – Parking costs are payable by the client. RP-R confirmed also that the return journey is included. If someone is going to be there for 4 hours, then it is counted as a double journey. The cost would be £2 for the booking and then you would pay per mile for the double journey. There are about 30 drivers in total at the Ashford Volunteers, but only 1 in Wye (RP-R) and he gets used approximately 3 times per week. It would be good to have an additional driver in Wye to cover when Robin is away.

Ashford Hub – this consists of New Hayesbank, Hollington, Wye and Sellinge Surgeries. These are the surgeries which cover for Improved Access hours (bank holidays etc.).

Welcome Home from Hospital Scheme – Penny reported that they have 8 trained volunteers who can visit once per week for up to 4 weeks. There has been one referral so far.

Dr Lau – now up and running in the surgery

Flu Vaccine – there are still appointments available by contacting the surgery.

4) Chairman's Report

It is no longer possible to book an appointment via the website or Patient Access. If you want an appointment, you have to phone the surgery and for follow ups, the GP will automatically do it for you. If anyone wants an appointment with a specific doctor, this is possible, but may not be on the same day if that doctor is not in surgery that day. The doctors are not always in the surgery on the same days every week. The partners have reduced their sessions. JF stated that on Patient Access all of the doctors are showing as available all week. It was agreed that it would be better to have nothing on there than inaccurate information. HG to follow this up with the 3rd party suppliers.

HG

Every person over 40 can request a health check. It is specifically for people who are not routinely checked for anything. It's for the walking well. Invites are sent out nationally, not from the surgery. It is preventative care.

Car Service - Lady J are fundraising for a min-bus in conjunction with the PC and OPW may be involved too. PPG might have input too, so that we may have the opportunity to utilise the transport.

Health Event – there was a lot of positive feedback from the health event we had in June. It was agreed that it would be a good idea to have another one, but that we need more time to organize it and more time on the actual day. We should book the hall for the whole day and when the schools are on holiday, which would alleviate the parking issues. PH to check school hols and then come up with a date.

PH

5) **Virtual Group**
Nothing to report

6) **Surgery Matters:**

Flu vaccines. The surgery has had a report from NHS England which lists all the categories and we are lagging behind in terms of the number of patients who have been given it.

For over 65s the target uptake is 75% and we have achieved 69%, but for under 65 (at risk) or pregnant the target is 55% and we have only got 40%. The pharmacies have to inform the surgery of anyone who has the vaccine there. There have been issues with the availability of the vaccine and this may have had an impact on the numbers receiving it. The surgery can vaccinate up until 31st March.

Publicise this on the FB page PH

PH

RP-R suggested publicizing in the pew leaflets and at the community lunch.

HG stated that at risk groups who are signed up to the text message service will get a text. SL stated that she did not receive a text.

HG Response 23rd January.

Following on from last night's meeting one of my first jobs this morning was to look into Sally Leaver's complaint that she hadn't received a text message about flu vaccines this year. I have established that both she and her husband were sent text messages on the 12th September inviting them to make an appointment for a flu vaccination. Having spoken to Sally this morning she has confirmed that her husband did receive this and that she probably did as well.

It is difficult to communicate with everyone as surgery funds are limited. Perhaps next year PPG can help with communication. JS suggested that it might be possible to contact all the over 85's.

Care Navigators - receptionists are going through training and they are getting more responsibility to establish what the patient may want from the practice. The doctor is not always the best person to be able to give you the information you seek. They are navigating your call to the right person in the practice who has the information eg. the medical secretary. This is trying to avoid the GP having to deal with admin problems. Some patients won't

want to divulge what the problem is and this is fine.

New Rheumatology clinic – progress on this has stalled as the hospital does not want it to go into the community. Hospitals are discouraging patients going locally by saying that you get better care in the hospital. The first planned session is 29th January at Wye Surgery but we haven't had confirmation.

Cardiology

We have just started to take referrals for a pilot scheme, where consultations are being done in the community by specially trained GPs. Time taken to be seen is much reduced. This offers a huge reduction in costs for the trust.

Counselling services – these are currently offered at Wye surgery with ThinkAction providing the services. At the end of this month these services are going. They will no longer be held in GP surgeries. This is a CCG decision. The surgery will refer in the normal way and then you may have to go to a different location eg. Gateway in Park Mall, not Wye surgery. We are trying to put more resources into talking therapies like CBT.

Surgery Phone Answering System

SL had raised the question if it is possible to be told that there are no appointments for that day, before waiting in the phone answering queue.

It is sometimes difficult getting through and getting on the waiting list to speak with someone. Then when you get through to the navigator and they say all the appointments have gone, it is extremely frustrating. HG has looked into this and talked to the telephone system provider. They have assured us it can be done but there are risks associated with this which have to be assessed. Some people may need urgent care and this will sometimes only be picked up by the Care Navigator. The Care navigator should be asking what the reason for your call is and if it is urgent then they should make a judgement call and squeeze you in, if need be.

MJ has had similar issues, in addition encountering situations where the call hasn't got through at all and a different tone has sounded after waiting in the queue. It was agreed that if any problems like this are encountered, they should be reported to the care navigators that practice management need to know. HG going to get engineers to have a look at the call logs from this morning, when the incident happened.

HG

Ask my GP

RP-R was querying the procedure to be followed when you have a non-medical question. He had required information on past conditions and medications for travel insurance and was given incorrect advice. This should be dealt with by the Care Navigators when they review the incoming emails from Ask My GP every morning. They can then direct the query to the correct person.

JF indicated that the first box to input info is very small. Although not obvious at the start, the second box is where you should input more detail as there is much more space. The first box is to put the category of enquiry ie. Medication query.

It is useful to have feedback on this service as it is constantly being assessed by the partners. There are other services available.

Results

It was noted that biopsy results are taking up to 6 weeks and that this is due to resource shortages.

Audiology Clinics

Ashford CCG are strapped for cash so they have put a ceiling on the Surgery budget for this year, which may have an impact on the number of audiology clinics available in the surgery. They may be reduced.

In-house Clinics

There has been a marked increase in number of people who do not attend appointments. If patients do not attend and have not informed the surgery then they will be removed from the list and they will need to go through the whole referral process again.

Spread the word.

7)

Reports from APPG, Ashford North Hub, Our Place Wye APPG

No report as MJ been unwell.

Ashford North Hub

This should be removed from the agenda for next meeting as it doesn't really exist anymore.

Our Place Wye

Nothing to report

8)

Communication

Patients must be aware of the surgery opening times. They should be prominently displayed in the surgery and Parish Mag Most info is on the ACP(Ashford Clinical Providers) website, but not everyone will know to look there.

There is an added issue, if you don't use a computer. What methods could we use to inform these people? It is also difficult to know who these people are.

Jill could take a practice leaflet for the people who don't use computers.

Also, perhaps leave some practice leaflets at the post office and pharmacies?

Wye Patient Participation Group

Sally Leaver - in Hastinglea and Crundale, they always know the elderly. HG can give some leaflets to MR and SL so they can distribute them.

It was suggested that at the next health information day we can have a stall for the practice.

- 9) **AOB**
JS to contact Dr Kunta, from the CCG to speak about their changing role, org structure and responsibilities at the AGM. To arrive at 19:00 to speak after the main AGM business. JS
- 10) **Date of next meeting (AGM)**
Tuesday 19th March at 18:00