

Minutes Patient Participation Group Meeting

Wednesday 28th September 2011 at 7 p.m.

Attended

By four gentleman and two ladies

Apologies

Were received from two gentleman and two ladies.

Further patients invited did not attend.

- 1) There was a brief friendly discussion amongst all those present as they arrived.
- 2) Copies of the last Practice Survey were distributed to all who attended and they were given time to read this ready for discussion.
- 3) Dr. Ford welcomed those present and expressed her thanks for attendance.
- 4) An explanation was given of how the patient group was selected advising that we had tried to reach out to all groups of patients.
- 5) Minutes of previous patient group meeting were read out and handed to patients for discussion and we discussed items we had dealt with following this.
- 6) Dr. Ford gave an explanation of the purpose of the group and the aim of the evening and our identified priorities.
- 7) Feedback from the Deal Group meeting was requested from patient who had attended the recent meeting at St. Richards Road Surgery on behalf of this Surgery. He explained that he found it very difficult to follow all that was discussed, as all sorts of technical terms were referred to that he did not understand. He felt that we should send two patients in future so that they could discuss matters between themselves as there were two people from other Surgeries. Dr. Ford attempted to discuss items with him from the minutes of this meeting such as the basis of Commissioning and the area this covers and reasons for this. We were surprised to learn that he had not received any minutes from this meeting. He explained that he had raised the fact that we have a telephone slot here at Manor Road for patients to be able to speak to the Doctor each morning before Surgery starts but he said the other Practice Drs were not interested in this arrangement. A further patient agreed

to attend future Deal Group meetings with first patient which we thanked him for and explained that this would be most helpful. The next meeting is we advised on 3.11.11 and we said if they did not receive minutes we would send them copies as a matter of courtesy and advise them of the agenda and details prior to the meeting.

- 8) We identified our priorities for this Patient meeting and pointed out our Patient Complaints/comments/suggestions box kept on the Reception desk which it was agreed needs to be marked more clearly and poster removed from counter so patients can see this better.

A patient who agreed to attend meeting at St. Richards Road runs a football training group for young teenagers. He pointed out that he felt none of the notices in the waiting room would be of interest to these young people (some of whom cannot read). There ensued a discussion regarding suitable items for these (who are not necessarily our patients). He felt they would not just come to a surgery to ask a Doctor about their medical problems but often talked freely to him. We asked if he felt they would go onto the internet or use e-mail and we asked if he would display one of our posters and leaflets re e-mailing to try to encourage them to get involved in their Surgery which he agreed to do. Posters have been displayed advertising the meeting at the Community Clinic Deal Hospital where H/V and midwives attend Clinics. Dr. Ford then offered to go and talk to them one morning to see what they would like from their Surgery. We will try to improve the materials in the waiting room (e.g. eye catching posters and leaflets to target young teenagers).

We have also received information from the newly opened Blossom Childrens Centre at Downs Primary School Walmer which we displayed a poster for in our waiting room. Someone from the Surgey is going to try to attend the Opening launch to reach out to under 5 children and their parents. We asked them to display a notice for our meeting. We understand H/V, Midwives, etc will all be meeting up here and available for parents to see. We feel this is a good venue for displaying materials asking parents to get involved in their Surgery.

- 9) We then worked through questions from the last Survey and those present were happy with being able to speak to a Dr before surgery. They all felt that the staff working at the Surgery are all very friendly and it is very welcoming when they come in. They expressed a view that Dr. Ford is very popular with patients. They feel there is no problem with obtaining an appointment when needed and they do not have a problem accessing the surgery by telephone.

- 10) As our priorities we agreed an action plan of the following items:-

To put a clear notice on complaints/comments box.

To review the posters and literature in the waiting room to improve these to be attractive to younger people.

To purchase a larger table for leaflets to be displayed more clearly.

To look at the toys available.

- 11) Patients were asked to view the planned Patient Participation Survey that we had prepared to circulate and to provide their comments on this. They did not like the suggestion of asking patients if they would like a walk-in service in preference to booked appointments. They felt that this was going back to how things used to be and not a good idea. We explained that we are going to try to target a cross section of patients by sending these surveys to all Carers, Drug addicts, young parents (under 5's) and younger patients.
- 11) A Patient also commented that patients do not seem to be using the hand gel that is available. We agreed to put up further notices to draw their attention to these.

NB Patients names have been removed from the Minutes for confidentiality reasons.

Following the action plan we agreed at this meeting we are pleased to report that we have actioned all points raised and taken the following action.

- 1) A clearer notice as placed on the complaints/compliments/comments/suggestions box on the main Reception desk to make this more clearly visible to patients.
- 2) We have been reviewing the posters in the waiting room and trying to access posters that are more visible and friendly to the younger age group.
- 3) The Hand Gel notice is clearer and we still have sufficient supplies of this Gel.
- 4) Further toys have been provided for the children – and we would ask that these are not removed from the premises.
- 5) A new table has been purchased and will shortly be available in the waiting room to enable us to display leaflets & magazines in a much clearer way for patients to view.
- 6) Dr. Ford also visited the local Football Group to talk to the members.

Minutes of Patient Participation Group Meeting

Thursday 8th March 2012

Attended:

3 male patients and one female patient, together with Dr. M. Ford & Mrs. A. Silk attended.

Apologies:

3 men and four women were unable to attend..

We had a small group of attendees, possibly due to the meeting being called at short notice to meet the Enhanced Services deadline. Two patients e-mailed to advise they were unable to attend and Mrs. Silk offered them both the use of the virtual panel (e.g. e-mail) for providing any feedback, comments or suggestions asking them for their opinions on our services, one of these patients had recently attended the SKC CCG meeting at The Ark in Dover.

Dr. Ford welcomed patients and made introductions and they were invited to view the pack including agenda, minutes from last meeting on Wednesday 28th September which included results of us meeting the action plan agreed at this meeting. Results of the Practice run Survey which was distributed to patients either by mail or handing out in the Surgery, to in excess of 50 patients in November, together with a copy of the survey showing statistical evidence, to see if they have any comments to make any amendments. There was also advice on the procedure we followed for forming our Patient Participation Group.

Dr. Ford explained the purpose of the group and the aim of the evening, The results of the survey were discussed and the fact that we did not receive any negative comments and comments received have been posted on the website. Patients were advised that we discuss any complaints at our staff meeting, although we had not received any formal complaints during the past year.

The action plan was read through by Mrs. Silk and patients advised we had met all targets for items raised at the last meeting in September. Patients felt the table to display leaflets/magazines was much better.

Dr. Ford explained our procedure for dealing with urgent problems and that phone calls received from patients are required to be made to a Clinical person and that our Receptionists are not required to give any advice to patients on their medical problems as this could lead to errors.

Out of Hours cover was discussed concerning problems and Dr. Ford explained that there is to be someone who takes the calls and directs them to the correct person to deal with that problem as some are medical and some social so there are many, many different organizations who would deal with specific issues.

Mrs. Silk advised that our late night surgery had now been swapped from alternate Tuesdays & Thursdays to Tuesday each week, unless of course Dr. Ford has meetings or holidays and this had been approved by the PCT.

A request was made that we switch the radio station played in the Surgery to BBC Kent and after some discussion Dr. Ford agreed to give this a try.

The visit Dr. Ford had made to Deal Football Club at the request of Mr. at the last patient meeting was discussed as a way of reaching out to the young people who do not like coming to the Surgery. It was felt that this visit went very well, Dr. Ford felt it was very useful and Mr. felt it had gone very well and that it would be good for a Nurse to visit with the Dr. again. It is a matter of building up trust with these young 16-21 year olds. Mrs. Silk enquired if there were other organizations that it would be useful to be involved with and the Disability place at St. Margarets and Stroke victims etc., was a suggestion made.

Dr. Ford asked patient views on having a Physiotherapist at the Surgery as she had met with one earlier in the day and was impressed with the discussion. This suggestion was discussed at some length and welcomed as they would also be able to do Accupuncture and it would help as sometimes there is a long wait for Physiotherapy at Deal Hospital.

Budgets and funding were discussed within the NHS, together with referral patterns and ways in which Dr. Ford tries to reduce referral patterns by e.g. obtaining an MRI scan, or other tests etc. Hospital costs incurring too costly charges and not being sustainable were also explained by Dr. Ford.

There was a lengthy discussion on patient concerns re the new housing plans for Sholden and how this would impact on local Surgeries. We explained that the Practice books remain open and we are no longer allowed to close these as in the past when it reaches a certain figure, without prior approval. Dr. Ford explained there was a steady flow with some patients moving away or passing away and new babies and patients moving into the area all the time.

Mrs. Silk explained we had targeted specific groups of patients in our recent survey, to try to cover all areas of the practice population and meet requirements for gender, age, sex, ethnicity and disability and had therefore issued the Practice Surveys, to parents of children under 5, Carers of patients, patients with Learning Disabilities and younger families as in the past many of our surveys had included a large proportion of elderly patients as the Surgery books had, in the past been closed for long periods of time. Dr. Ford addressed the issue of how the Dr. would cope if too many patients came by explaining we would have to look at employing more staff.

We also explained if patients are unable or do not wish to attend the Patient Group meetings we try to encourage them to join our 'virtual panel' (e.g. use e-mails to send in their views). Meetings are advertised in the Surgery waiting room and also on our Choices website and will be on the Practice personal website which is currently being prepared. Patients were encouraged to view this and provide feedback on how they found accessing it. The Practice profile of the group will be regularly reviewed and a report is sent to the PCT.

Two patients present had attended the Deal Group Practice Meetings and provided feedback on this meeting as we had not received minutes from this meeting.

The meeting closed with Dr. Ford thanking patients very much for attending and explaining how important these meetings are to us and also advising them we would be holding a further meeting probably in six months time.

Action Plan:-

- 1) To investigate new Physiotherapy service to be held in the Practice.
- 2) To try BBC Kent on the radio.
- 3) Dr. Ford is happy to attend a further meeting at the Football Club.
- 4) Upload minutes of patient group meeting to Surgery website.
- 5) Commission further survey in next year. Patients are happy with the information we obtained and the survey results.
- 6) Plan to target different age range next time.

PPG Minutes Year 2

Minutes of Patient Participation Group meeting

Held on Wednesday 26th September 2012 at 38 Manor Road, Deal at 7 p.m.

Patients attending were welcomed by Dr. Ford and information packs handed out.

**There were seven members present at the meeting:
Two gentlemen and five ladies**

Several apologies had been received from other members unable to attend.

Surveys and results from these together with an Agenda, explanatory notes on the development of our Patient Participation Group together with Minutes of the last meeting held on 8th March 2012 were handed out to all those who attended and time given to allow them to read the information prior to discussions.

Dr. Ford went around the room asking patients to introduce themselves. One patient who attended was our Representative for the Deal Group meetings.

Dr. Ford spoke about the changing NHS and the role of the new CCG which covers Shepway, Deal & Dover area.

Dr. also advised the group of the poor Mental Health services locally and said this needs significant improvement and this is being looked at.

Dr. also provided details of the CCQ which is coming into G.P. explaining that they will be able to come along and inspect premises and to ensure we are meeting all the essential standards for quality and safety at the Surgery. Hopefully this will have a 2 year time frame.

Dr. explained that we are looking at data each month with regard to referrals to the Hospital Trust, finding different ways of doing things GP's with a special interest in Dermatology, ENT and Cardiology are being used locally to avoid the need to go to Hospitals. She advised we are looking at A & E admissions to see if these are appropriate use of A & E and we have viewed a lot of data and most of our patients are attending for justified reasons as they are ill and need to be there.

We are trying to reduce A & E attendances – most don't just turn up and explaining why travel to A & E at Margate when you can come to the Minor Injuries at Deal Hospital or the Surgery. We found that after 6 p.m. these could be seen to avoid OOH if we had a G.P. in Minor Injuries unit. For some reason we had a lot of patients that went with Gastroenteritis which is not good use and better dealt with at home.

At the last patient group meeting we discussed having an In House Physiotherapist and we are pleased to say we now have Tricia Simpson who was previously Head of Physio at Deal Hospital and is now working following retirement for another service. We have one full session each week on a Thursday morning and Dr. Ford finds this most helpful as she is able to discuss what is happening with patients and how they are progressing each time.

We do not have any plans for the new Buckland Hospital at Dover or any detailed figures to see what happens with Deal Hospital and what we can do to make sure it carries on. Doctors are no further ahead either - we all want the service to continue as X-Ray is essential and blood tests. There are new providers for everything which is all part of the modernization for the NHS. Deal Physio cannot cope with the number of patients there as they have a long waiting list and we think they will continue with blood tests. This can be taken along to the patient Groups.

Our Representative from the Deal Group meeting provided feedback from the Deal Group meeting and we expressed our thanks to her for attending on our behalf and feeding information from the Surgery to the Deal Group and vice versa from the meeting to us. She wanted to know how the structure of the new re-shuffle would be formed. Heather Lucas attended the meeting and they looked at making sure they are using the most effective drug if it is good for patient care and less expensive. Dr. Ford explained that we can make a difference with this and we do. Dr. explained some patients aren't using their medication and this is wasting money as they should be on a milder one and using it regularly – e.g. asthma inhalers. The reviews are carried out at our Asthma Clinic and patients shown how to use things correctly and this is very time consuming. We have worked very hard and reduced costs on drugs and also on dressings. We have a list of First Choice dressings to use and we have had a significant reduction. We provide educational learning to know how to do better. Part of the change seems to be 23 out patient departments going down to 3. The criteria was if people can get there in 20 minutes by car. It was felt by patients present that this was an unrealistic criteria that was being applied and people would struggle to get to Dover in this time.

We find out what Clinics we run locally and are sharing expertise. St. Richard's Road are doing a newsletter but have had a lot of help to do this and are struggling.

Mrs. Silk explained how we had set up the Patient Participation Group this year developing on last year and the targets and requirements we had to meet through Direct Enhanced Service requirements. She explained how we had amended the survey to include further items, that we had added a question to ask patients completing them if they wished to become part of our Patient Participation Group and we had also added a sentence to our New Patient questionnaire when new patients register asking the same question. We had now managed to raise the level of patients that wish to be part of this group to 31 which we were very pleased with, although we only have a few more at this meeting. We also keep small leaflets asking if patients wish to be part of our virtual panel to use their e-mail instead of attending meetings. Mrs. Silk explained she had

contacted patients by e-mail and letter about the meetings using e-mails provided from the questionnaires. We explained how we had targeted specific groups of patients e.g. those with Learning Disabilities, those with Carers, a younger age range of patients reaching out to all ages race, disabilities etc., we reach out to Nursing Homes, those with long term conditions, those with problems who had weekly prescriptions for drugs, but specifically those 40-55 and this had paid off by more patients wanting to be involved. Advising patients we make every effort to meet the Equality and Diversity guidelines to all our patients. We also invited patients to send in any comments/suggestions for the meeting by e-mail or by using the box displayed in Reception for this purpose. Notices had been put up for some time advertising the meeting and also if anyone wished to leave any comments in the box.

Mrs. Silk told those present the Survey results, Minutes from meeting & development of the group would be put in the folder displayed in Reception on the table and on the Practice website and NHS Choices website in due course.

We ran through the action plan from the last meeting and explained how we had met all these actions by having a Physiotherapist, changing the radio station – many disliked the classical music previously played as they said it was very dreary and depressing. We also targeted a different age range and patients feel happy with the survey we issued and the results of this. We tried to source posters for younger people but some e.g. smoking for young people were unobtainable as it is illegal for under 18's to smoke, no posters are produced. We have however displayed others.

We said we try to ensure that the magazines displayed on the new table are changed regularly each week or so and get a good selection that appeals to most patients.

Mrs. Silk also advised the patients present that we now have our own Practice website and how to access this and results of the survey, the meeting and any changes are put onto this site together with another NHS Choices website which offers patients access to Dr. Ford's Surgery and this also provides information of what is going on here.

Mrs. Silk read out six comments that had been put in the Surveys, five of these were expressing how fortunate patients were to be supported by such excellent medical and receptive care, how they felt well looked after by an excellent doctor supported by very proficient receptionists, that they liked coming to the surgery as staff all very helpful and quick with advice and also that the survey is proof of the care taken to help all patients by all members at the Practice.

The remaining comment was for Repeat prescription to be available to order on-line – we explained this is not something we can provide with our existing system but it will come in time. We explained how we have a late night opening session once a week and try to meet the needs of all our patients with varying needs e.g. shift workers and keeping our list open all the time which helps to bring in patients of varying ages and needs. We advised patients are able to book appointments 6 months in advance with the Doctor and the Nurses and if patients require to be seen urgently then they are slotted in on the day at the end of the surgery that is running.

Dr. Ford said she feels we have Friendly Receptionists and 3 very good Nurses and it is now helpful to her having a Nurse most of the time as we have one each day. They have specific training for Diabetes, Asthma & COPD.

Patients asked if Dr. Ford planned to be on her own all of the time, whilst expressing the wish they are very happy with their Doctor and appreciate continuity of care. Dr. Ford said she would like an afternoon off each week and also to not have to come in on a Sunday. We explained we have a few more locums and this is very helpful as they look at things different sometimes and they are all very good. We asked patients present if they wished to set an action plan for any further items we could address and they all felt they were happy with what we were doing and couldn't think of anything we needed to do, one said "why try to change what is working well." The only suggestion was that we target an even younger age range next time which we will do.

Dr. Ford closed the meeting thanking everyone for attending and coming out on such a dreadful evening and explaining how important it is for us to have patient feedback and for them to be able to raise any issues to improve the patient and staff/doctor relationship. We advised them that the next meeting would probably be held next March.

Minutes of Patient Participation Group meeting

Held on Wednesday 6th March 2013

at 38 Manor Road Deal Kent at 7 p.m.

Apologies

Were received from three gentlemen and one lady.

Attendees

Six gentleman and eight ladies.

1) Patients were welcomed by Dr. Ford and given an information pack including an Agenda for the meeting, copy of the last Practice Survey, Results from the Survey, Minutes from the previous Patient Participation Group meeting on 26th September 2012 together with information on Development of our Patient Participation Group updated on 12th July 2012. Patients were given time to read this information before the meeting commenced.

2) Dr. Ford thanked everyone for attending the meeting and said she felt we must have the best patient group in Deal. Dr. Ford went through the results of the last Practice Survey and how we had developed the group. Dr Ford explained that she felt the last survey was a very good one and patients seemed very satisfied with the Dr, Nurses and Receptionists and the treatment they received here.

3) As patients had read the minutes of previous meeting in September Mrs. Silk gave an explanation of the purpose of the Group incorporating the development of this and explaining that we had achieved the last meeting action plan of trying to involve more younger people in the group, we had specifically targeted the 16-34 year old age range together with other groups.

4) Mrs. Silk explained that she would give a brief outline of what is required of us by the PCT as part of the DES process and identify our priorities, those from the survey and meetings and then patients would have the opportunity to raise any issues at all that they wished to, provide feedback and comments/suggestions etc. (Mrs. Silk read through and involved patients in discussion on the latest DES requirements for Yr 2) – see attached.

Mrs Silk asked if anyone present had seen our Physiotherapist and one patient had and was very happy with her treatment, another was due to see her. Dr. Ford explained that any Qualified Provider can now tender for Physiotherapy services and we had been lucky enough to get the previous Senior Physiotherapist from Deal Hospital as we had agreed this quickly and we were very pleased with this service. Dr. Ford explained that she had

not worked closely before with Physiotherapists but finds that the feedback they provide helps by being able to speak to them at the time of the patient's treatment. Having her

2.

here has reduced the waiting time for patients, which is currently still 6 weeks at the Hospital. The Physiotherapist is here all day on a Thursday and as there are a lot of patients to be seen, she has also been coming for an extra session on a Wednesday afternoon.

Dr. Ford explained the other good news is that Dr. Tapping is coming to join us for initially one session a week which will then go to two. Patients may know her as she has come from the Cedars Surgery. Dr. Ford is hoping it will help her to have some free time. Dr. Tapping is bringing some patients with her who are now registering as they wish to continue to see her.

Mrs. Silk explained that we are trying to arrange for a second In- House Counsellor to come to the Surgery as one of the existing ones has moved on to another area. This is taking a while to set up due to the transition between PCT and CCG for contracts etc.

Mrs. Silk explained we have tried very hard to expand our patient group by asking people in the surveys whether they would like to be involved and also asking all newly registering patients. We are pleased to say the list has now grown to 32 people who have expressed a wish to be involved and we are very pleased with this. We have carried out a search of 16-34 year old patients this time before our meeting and made a random search of these to invite to the meeting although the first one declining said he was only 16. Our books remain open so we are still accepting patients and the list size is expanding due to Dr. Tapping's patients coming here. We discussed the list profile of patients and explained that we are pleased the age ranges have shifted slightly from a large proportion of elderly patients to significant numbers of babies, young children and younger adults which shows a regular intake of patients and means we have encouraged younger people as the PPG meetings suggested. We have also tried to reach out to patients to encourage them to use e-mail (virtual panel) and have displayed leaflets on the Reception desk and posters to help with this. Many patients have advised us of their e-mail addresses from the patient group and use this means to advise the Practice whether they can or cannot attend meetings. If patients are unable to attend the Practice Manager replies to them advising if they wish to send in any items for the Agenda, comments, suggestions, complaints or items they wish us to raise they are welcome to do so to her e-mail.

We said patients are always welcome to discuss things face to face at the desk, if it is something private we try to speak at the door at the side of Reception or if a room is free to offer to take them into a room. They can also ring in, fax things to us or e-mail.

Mrs Silk told those present we are in the process of trying to set up on our existing computer system to enable patients to book appointments on-line and also looking into the EPS we understand that patients can order prescriptions on our existing system but that we would need to transfer to a web based system to enable electronic prescriptions to

be carried out. We have been in the transition period for Emis web and this has been discussed at Practice meetings and we are planning to move over to this in the near

3.

future. We feel this is something we will have to do to keep up with other local surgeries, particularly as patients are now coming from the Cedars. We will also need to go over to web based systems to keep abreast of the times and to be as flexible as possible and meet patients varying needs, although patients have been quite happy with our existing system. We explained patients can book ahead here for six months, something very few local surgeries offer.

We also mentioned patients here have continuity of care and providing a second G.P. will also help give patients choice. We still continue to offer patients Choose & Book appointments as we feel this is the best option for our patients.

Mrs. Silk advised patients we still have two websites which we keep updated, our Practice website and also the NHS Choices website.

We explained we are pleased to run these patient group meetings every six months and that we get such a good response from our patients, we explained we had worked very hard to achieve this level of input as we feel it is important to gain our patients views and opinions, and for them to feel able to come along and discuss any matters at all that they wish to raise, be it good, bad or just something they wish to know about. We feel their feedback is essential to help us to improve our service and provide what they want. We sent out almost 50 letters or e-mails inviting patients to tonight's meeting.

We are very fortunate to have two patients who have agreed to attend the two monthly Deal Group meetings at St. Richard's Road to provide feedback from our Surgery on what is happening here and to feedback to us on what is happening locally. We do get minutes from these meetings and it helps to enable us to look at the wider picture of healthcare needs for our patients. There is a meeting tomorrow at 10.00 a.m. Mrs. Silk asked if anyone else was willing to be available to attend these meetings in the event that the two people we have are unable to attend. Two patients kindly volunteered to do this although not for tomorrow's meeting.

Mrs. Silk highlighted the box on the Reception desk and leaflets for e-mailing and said these are for comments, suggestions, compliments and complaints (although we hope not to get too many complaints). One patient said we shouldn't fear these though as they can be positive. Mrs. Silk said yes, they can raise issues and give us the opportunity to look at things people may not be happy with. We mentioned the PCT wish us to try to raise issues at the meeting relating to complaints received. Mrs. Silk said the couple of complaints we had received were not really suitable for discussion at the meeting and had been dealt with by speaking with the patients at the time.

We advised patients we make every effort to try to reach out to the various groups of patients e.g. various age ranges, unemployed people, those from ethnic minorities and vulnerable groups like those with learning disabilities, those with carers, nursing homes and anyone else in an effort to meet the Equality & Diversity policy. We try to hand out surveys to all these groups.

4.

We explained to patients that we met our previous action plan of reaching out to younger age range of patients and we will collate information from our Minutes of tonight's meeting to set up an action plan or proposals, priorities and agreement of items discussed this evening and any changes will be notified to the PCT and we will be required to publish the report and results including our meetings onto the two websites mentioned to show that we are meeting all the required criteria to ensure we meet the Direct Enhanced Service requirements which was explained to patients. We advised we then need to get the agreement of the PCT to this. We explained it is important we build on last years action plan and discussions and we will also need to advise them of our Practice profile of patients at our meeting.

We then opened the meeting up to all those patients present to raise any issues they wished to discuss and this proceeded as follows:-

One younger patient who attended advised that one of the problems she had was getting to the Surgery for appointments as she is unable to get to Deal before 6.30. We discussed the late evening opening that we provide and she has said that she has been unable to get an evening slot, although her parents have. Dr. Ford said we may be able to leave more urgent slots and try to juggle this to help if people are working to give them priority. The other topic she wished to raise was on behalf of her family as they had discussed the minutes we had sent out within the family. She asked why blood tests cannot be carried out within the Surgery. Dr. Ford advised we have not been allowed to do them again when we asked. We had originally stopped doing this as it was taking up all Nursing appointments but now we have additional Nursing time we had asked to sign up to this Enhanced Service but were not permitted to do this as they won't let us take it back once a service has been discontinued.

We advised blood tests are still carried out at Deal Hospital and Dr. Ford does not feel this will be affected with all the changes to the Hospital. She feels that Pathology, X-rays, Podiatry, Community Mental Health and a lot of Outpatient Clinics are still staying. Dr. Ford feels they may be pulling out some of the Orthopaedic Clinics, although Orthopaedic and X-rays are busy clinics so are definitely ones to keep and this has been discussed with the CCG as they are looking at what is busy and worth keeping.

Dr. Ford attended a CCG meeting today and this outlined the key priorities. The first main priority is Dementia Care which is a large problem and we do not have the resources to deal with this. 50% of dementia goes undiagnosed so we need to increase the diagnostic rate and look at treatment e.g. drug treatment and more help within the home.

Mental Health – a lot needs to be done as this is currently not fit for purpose. The current provider had been pulling out and we are trying to keep the good parts and get rid of the bad parts – this is run by KMPT at the moment however there have been lots of problems Locally and G.P.'s are not happy with the service as it is not delivering what it ought to.

5.

There will be some improved Diabetic Care for children – the CCG are investing in Insulin pumps which are expensive but will help teenagers enormously.

The aim is to plough money back in to people with Long term conditions to avoid them going in and out of Hospital when they don't need to be going there – we need to get the service right for these patients.

We advised patients we work very hard at looking at data and our A & E attendance figures etc. and we also advertise where to go for the right place of treatment and try to direct patients to Minor Injuries unit at Deal. We have looked at admissions and there are a few of our patients that go in frequently, and we have got involved in trying to move care by taking part in the new Proactive Care Project which puts a package in place around patients to avoid them going into Hospital beforehand. We meet with the Community Matrons, Community Pharmacists and anyone else involved in their care to try to prevent admission. A pilot service has already been rolled out in another part of country.

One patient asked if patients can then come home earlier – Dr. explained most patients do not stay in Hospital any longer than absolutely necessary these days and some actually come out quite ill and in need of a lot of initial help.

Another patient asked how do the CCG know what our patients need? Dr. Ford explained they have all kind of information available and they have information from the patient group meetings and meetings the G.P.'s attend and they look for patterns across the area. We have high mortality rates for respiratory conditions in our CCG, probably because this is an ex-mining area. We explained to the Group that we have joined the Met Office project which alerts all patients with COPD and many find this very good and worthwhile whilst others do not, however we feel we have to deal with all types of people and conditions. If more care is put into people with Chronic Disease then the better we can manage this at home.

Physiotherapy In House was discussed and how it works. Patients are offered choice on where they go for Physiotherapy. One patient asked if we had enough capacity to get everyone seen here. Dr. Ford explained that Trish is currently doing an extra afternoon to ensure patients are seen. Dr. Ford also said in some cases the Hospital is the best place for patients as they have better equipment and if they need e.g. knee programmes, rehabilitation e.g. stroke rehab they have much better facilities for this.

Stephen Comfort was also mentioned by one patient and Dr. Ford said he is one of the Private providers that has a contract with the PCT. We are not trying to pull patients from other areas but the system now is for any qualified provider to be used and there is still a 6w wait at the Hospital for Physiotherapy treatment although they are now opening in evenings and weekends at the Hospital. G.P would refer where they felt they would get the most help that the specific patient needed.

6.

One patient asked about Dr. Ford's visit to the Football Club and she said it went very well, the young people were pleased to talk to a Doctor out of the Surgery environment. Dr. Ford advised they said they do not read posters/leaflets and preferred a personal discussion with a Doctor. Dr. Ford has offered to go again and will speak to our contact at the football club about this, and will take a young Nurse with her next time to be available to discuss sexual health, drugs etc.

Mrs. Silk advised we try to change posters, magazines and leaflets regularly and to try to find posters that attract young people.

One patient asked if we are told when things go out to tender and Dr. Ford advised we are not. The patient felt we should be more involved in the process and that patients should be kept informed about this and to have the opportunity to feed back views to keep transparency. She also felt we may know something that would be positive information for them. Our Representative present who is attending the Deal Group Meeting tomorrow said she would raise this issue. The patient felt we need to know for Accountability and the CCG should be held to account as this is happening behind closed doors.

Dr. Ford explained that the Community Trust is massive and we asked for a list of persons and the list is huge. Contracts are very complicated and are all in a block. The patient said she had written to Darren Cocker five times but had received no reply and asked if the Patient Group could look into this. It was felt we need to know when things come up, what is the process and how do we get involved.

Dr. Ford said she had attended a meeting which was about patients with complex problems agreeing to sharing of information between different teams. Dr. Ford explained this is a large group dealing with it, there are 10 people from KCC and 10 from the CCG in the steering group.

One patient said they had heard on a radio programme about the Liverpool Care Pathway and was very concerned about them withdrawing treatment for End of Life Care Pathway. Dr. Ford explained what the Liverpool Care Pathway is and that it should always be discussed with the family as it is all about communicating with people and it is essential to do this as well as possible. She explained most G.P.'s feel it is good for patients if handled correctly.

Mrs Silk then discussed the CQC which comes into effect in April. We advised patients we feel we comply with the systems but it is a case of proving it all. We told them we purchased an IT programme which matches sheets against the items and we have found it excellent and it has helped us enormously as it would have been impossible for us to write all these protocols and systems to bring them more up to date with the latest rules and regulations. We told them all staff had been involved and we had discussed it together and staff each made responsible for different areas. It was mentioned it has been rolled out in Nursing Homes although there are still problems, Dentists and now Hospitals.

7.

Dr. Ford said we had all had Chaperone Training the other day and although we have a policy for this, things were thrown up during this training which we feel have raised a need for us to develop this and we said e.g. keeping record of Chaperones now on the computer, instead of in the previously recorded book. It is all about protecting patients and Doctors.

One patient raised the subject of children still going to school with illnesses that are contagious and feels there should be a list of illnesses that schools should issue when children should be kept at home otherwise the levels of sickness become very high and about a third of her Son's class had been missing for a large amount of the time this year. She wonders if the School are putting parents under pressure not to keep children off school. Mrs. Silk said it is also probably an issue of childcare for a lot of parents as they are now both working.

Dr. Ford said she could consider doing an education bulletin that parents could pin on fridge doors to say e.g. do not send children when they have a fever or are vomiting, that children need 1 day of eye drops for Conjunctivitis before going back to school and in case of Impetigo they should not be at school at all.

One patient said they had heard a programme on Radio 4. Dr. Ford said schools should really have their own protocols so that if children do attend to send them home.

One patient asked if there are still School Nurses as they should monitor this and Dr. Ford said there are, although she cannot remember the last time she saw one. Mrs. Silk said we did have some very useful booklets that advised when to go to G.P. and what to do etc. maybe we can obtain further copies of these. Dr. Ford said we will try to target the under 5's with leaflets.

One patient asked about the Warfarin Clinic and whether there was any possibility of us running a Clinic for this as some other Surgeries do. Dr. advised that the training for this is very intense and no she did not think this would be possible.

We asked the Patient Rep present for feedback from the Deal Group Meetings and she said most of it was about Deal Hospital and transport to get to the new Dover Hospital. Also about what Deal needs in the way of services for patients.

We agreed we will prepare an action plan from the points raised that we have agreed to address e.g. :-

- 1) Late night surgeries
- 2) Under 5's advice for when to stay away from school.
- 3) Further visit to Football Club to speak to young people.
- 4) More involvement in decisions and accountability/transparency of CCG to be raised at the Deal Group meetings by our Representative.
- 5) Second Counsellor available.

The meeting closed at 8.15 p.m. and patients advised the next meeting would be in September.

Minutes of Patient Participation Group Meeting

Thursday 24th October 2013 at 7 p.m.

Attendees:

5 gentlemen and 4 ladies.

Apologies:

Were received from two ladies and one gentleman.

Dr. Ford welcomed patients and made introductions and they were invited to view the pack presented to them which included the agenda for this meeting, minutes from last meeting on Wednesday 6th March. It also included results of the recent practice survey, this had been issued to approximately 60 patients. We sent surveys out to those with Learning Disabilities and to some patients who had Carers, we reach out to a cross section of the practice population by handing out surveys to patients of both G.P.'s., also trying to engage with under represented groups by displaying posters and magazines from the local voluntary organizations with leaflets and posters for health links. We discussed how the age ranges were quite level across the ranges with particularly higher range of patients in the 45 -74 ranges. We advised since the books had remained open we had a lot more younger patients registering. We also have a much higher population of elderly patients over the age of 85 than the other Surgeries in Deal. The surveys had been sent to all patients invited to the meeting to view beforehand. We presented a fresh copy of the survey showing statistical evidence, to see if they have any comments to make concerning any amendments. We advised ethnicity is recorded of all patients and we look at specific care groups – we found most people completing the survey had long term care needs and we also look at care with the Nursing Homes. We are fortunate that we have very few heavy drug users. We do of course consider the equality and human rights with staff and patients alike.

Dr. Ford explained the purpose of the group and the aim of the evening, the results of the survey were discussed and the comments entered on the forms by patients were all very complimentary. Everyone was happy with the survey and gave positive feedback on the Surgery.

This half yearly Patient Participation Group meeting had the above patients attending. Mrs Silk explained how we had reviewed our Access by increasing appointments following a large influx of patients from Dr Tapping coming here, to 20 extra appointments each week. We advised how we constantly monitor this and patients are able to book urgent appointments on the day and also to continue to book for six months ahead (although we advised we are changing to a more robust and up to date Web based computer system of Emis Web in January so for a short while it will not be possible to

book that far ahead until we go onto the new system on Thursday 16th January 2014.) After this date patients will be able to book ahead for 6 months. Mrs. Silk said this was definitely not a day to come to the Surgery unless you needed to, as staff would be getting used to a new system. In the interim time staff will be carrying out training sessions to familiarize themselves with the new system. Dr. Ford said we are the only local surgery on the old system and we are now bringing ourselves up to date to meet the more advanced technological demands.

We advised patients that we continue to service the same area for our patients and that our lists are still open as we are not allowed to close them. We also advised we do have a problem with storage for all the new notes at the moment and are looking into obtaining a lockable cabinet to put into the meeting room (2nd consulting room) to make life easier, keep the Reception area much tidier and a better environment for the Reception staff to work in.

We advised patients that the survey had been carried out and collated into the colour copy of the survey in the pack handed out for them to view the results. We advised a couple of amendments had been made to the questions which related to asking patients if they were aware of the ability to book on line for appointments and also for ordering prescriptions. We also felt from the feedback in the surveys that some patients were still not aware of the two websites we keep up to date for the Manor Road Surgery website and the NHS Choices website.

Patients can contact us by telephone/face to face/e-mail or fax. We have positioned a poster in the waiting area highlighting our late night surgery usually on a Tuesday evening, as some patients had said in the survey that they did not know about this, although it is advertised on the front door.

We invited patients from various areas, e.g. an overall cross section of patients, and search of new patients who registered when the new sessional G.P. was employed at the Surgery. We also carried out a random search of patients this time targeting those particularly in the 18-25 year age range as we try to reach out to a different group for each survey, as and at the last Patient Participation meeting we had been asked to try to engage younger aged people to attend the meetings. One patient said her Son had come along with her and then changed his mind when he got to the door, we asked her to try and encourage him to come along next time saying we are very open to views and want to gain opinions of younger people.

We had a small group of attendees, most of which are from our regular patient group that has been running for many years. A poster was displayed in the waiting room for some time before the meeting to advise patients and this tried to encourage patients to use our virtual panel (by e-mailing any comments, suggestions etc. to the Practice Manager or putting comments into the Comments box on the Reception desk). We explained that the Patient Participation Group has developed and now expanded to 68 patients following the influx of approximately 400 new patients from the appointment of Dr. Tapping. There was one newly registered patient present at the meeting. Mrs. Silk explained that having

these meetings was all part of our Enhanced Services agreements to reach out to gain patient views and opinions and that these were very important to us for feedback.

We said our survey was good for convenience of access/booking appointments, prescription ordering on-line and also for booking ahead and for being seen quickly if urgent. Also patients were happy with the telephone answering service. Patient experiences for treatment and service were good and also patients were happy with the Practice environment.

The comments received were: The waiting room could do with a higher chair for the elderly, will keep up to date via the website. All the family are very happy with the Practice. Fabulous doctors, nurses and receptionists. All the staff care for our welfare, lovely friendly surgery, super helpful receptionists. Great doctor, kind nurses. Has complete faith in the Surgery and has a very good relationship with all the staff.

We advised that Minutes of the meetings and survey results are published on the Practice and Choices websites and any priority areas for changes that the patients feel they would like will be discussed tonight and an action plan formed.

Patients were advised that we met our targets of the action plan agreed at the March meeting this year which addressed the late night surgeries, an advice sheet for children staying away from school. More involvement in decisions had been raised at the Deal Group meetings by our two Representatives. A second Counsellor was now available on a Friday all day.

The only requests we have received is one patient asking for a higher chair for older people, and one patient speaking to the Practice Manager for a larger chair, also one comment from a patient in the patient box saying the Surgery was wonderful but the music was not, it was loud and thumping. Following on from this comment, the Practice Manager went into the waiting room and asked patients present if the music was acceptable or whether it was too loud or thumping and was advised it was fine by those present. This comment was mentioned to the Reception staff to keep a careful watch on the music playing and volume of this. Otherwise we did not receive any negative comments and those received will be posted on the website.

Concerning complaints we advised we have received only 2 verbal complaints – one was concerning social networking and the implications of this have been fully discussed bearing in mind this can be by association only and this was discussed at some length also discussing an item from a medical practitioners magazine where on-line discussions concerning medical conditions had highlighted a breach which had resulted in this being taken to a legal department. Mrs. Silk advised all new staff contracts will have a social networking protocol included when recruitment takes place. The only other complaint was concerning a prescription request, which was fully discussed and dealt with. We advised we try to deal with all complaints as soon as, and effectively as possible to reach a satisfactory resolution at the time.

We advised patients we are also taking all aspects of CQC into our daily tasks and procedures and this is an ongoing process. We advised the group that all Surgeries will be receiving a CQC visit to check on all systems are in place to meet the required standards Quality and Safety. We also told them they would speak to both G.P.'s and all Nurses and Practice staff and the Practice Manager and would also talk to patients in the waiting room and some from the Patient Participation Group – so we hoped they would be happy and willing to talk to them if telephoned. We highlighted the box on Reception for comments and suggestions.

We also advised that our practice leaflet has been updated to include Dr. Tapping and we are obtaining new signs for the outside of the Surgery with Dr. Tapping's name on. Our opening hours are published in the practice leaflet and also on the two websites.

Prescriptions can be ordered and are available now within 48 hours.

Our Physiotherapist and Acupuncture appointments In House have reduced referral rates to hospitals.

Dr. Ford discussed with those present the work we are carrying out with the new CCG to look at referral patterns, A & E admissions and attendances and explained that we meet with other local surgeries to discuss all of this. We pointed out that Orthopaedic referrals are causing the most expense to the Hospitals Trust who cannot deal with the large volumes. We are looking at ways of referring to secondary care in particular to a new back pain pathway and also we are ensuring that all patients see the In House Physiotherapist before seeing a Surgeon. Some with specific risk factors would go to the Surgeon. We would also ensure that all patients have a scan before seeing the Surgeon as this would reduce the number of referrals. The Physiotherapist In House can deal with most patients and we are able to check with her for her latest attendances.

To highlight our priorities we advised how we regularly examine data for A & E and Minor Injuries attendances to see if our patients are using these appropriately. We feel there may be room for manoeuvre with the Nursing Home patients, who due to the OOH system are obliged to call an Ambulance in the middle of the night. We have a lot of patients in Care Homes and feel that we can improve their knowledge with further training to help the situation. There are however, a lot that we cannot control e.g. occasional heavy drinkers, public health matters which are not dealt with by Surgeries and some patients go to Minor Injuries when it is unnecessary and they could easily self manage at home, many patients go without thinking first. We discussed preparing an information sheet of when to and when not to go to Minor Injuries, this could be similar to the one we prepared last year for advice of whether to or not to send children to school.

We discussed the G.P. admissions as when a G.P. sends a patient into Margate they are sent into A & E before they get transferred to the Ward so they sit there in A & E. The CCG are looking into the fact that Surgeries get charged twice. We feel many patients do not realize that Surgeries are charged for all admissions into A & E or Minor Injuries.

We explained that we have been involved in the Proactive Care Project that was introduced and we are looking at long term care to see if we can manage patients more appropriately at home in the Community. The idea is to get patients to manage themselves better. The patient has to agree to being part of this project and if they have complex problems this can be helpful and can reduce admissions.

We also became part of the Patient Knows Best pilot project which was to liaise with other professionals and the patient. This was a massive undertaking through KCC however it has not proved successful.

In an effort to highlight OOH cover we also now go onto another new system of Share my care and this was explained. There are priorities for the CCG which have come from central Government for Dementia care which is offering a screening for dementia so we pull out those at risk and ask if they want screening. There is proof that if patients are diagnosed early they get better care and this helps them to function better.

A fresh look is also being made at the End of Life Care and showing compassion, we have also had training for Patient Knows best. The other item now is Mental Health which unfortunately is still dismal nationally and locally is pretty poor, as the service is not well connected up. It seems if people don't fit into a specific box then the system does not work well and they fall outside of the system. Half of these patients are doing alcohol, have ADHD, Aspergers or social problems in society and it is well known that 70% of the prison population have ADHD or Aspergers as this seems to go along with being in prison. The patients present were very surprised at the high level quoted for this. A discussion ensued about young people and how they can be helped and Dr. Ford explained it is about getting the system to work for us with these young people. Adult mental health is good and they get help, there is a system in Canterbury for compassion in care that has been taken up locally to look at these problems following the mid-Staffordshire problems. A lot of this is about looking after people with dignified care – this has been taken over by NHS England.

Deal Hospital changes were discussed. Dr. Ford advised she has agreed to be part of the Group that will be involved in hopefully influencing decisions on what services will be available at the Hospital. Dr. Ford advised patients that the CCG are looking at the type of patients that go to Deal Hospital and said that the X.Ray would be needed and Ophthalmology as this is used a lot. Dr. advised a report has been circulated to local Surgeries and hopefully we will be able to work together locally to get the best outcome possible.

One of our Deal patient group representatives reported from the Deal Locality meeting and advised that due to the changes in the NHS there needs to be an effective voice for patients in Deal to ensure that their needs are represented to the Commissioning Group. They compare what is happening in different practices so she wants to know anything that she can take forward to the meeting. The two Deal group representatives had a meeting recently with Mrs. Silk Practice Manager to discuss such items. One of our patient representatives has advised she is quite happy for patients to contact her (she will

set up a separate e-mail address for this purpose) so they can send in items for her to take forward to the meetings, she said her main frustrations from the meeting are that they still don't know who and when decisions will be made. They need to know this so they can influence decisions and need to know how and where they can do it. Dr. Ford asked if the report prepared has been seen by them and it had not, she therefore advised them that Dr. Sally Russell at the Cedars is the G.P. Lead for this. The second representative we had, has just resigned from attending the Deal Group meetings and Mrs. Silk asked if the person who said they would stand in if needed, would be prepared to attend regularly with the other representative and he said he would.

We also asked if anyone else would like to be the person to stand in if needed in case either of these two Representatives were unable to make any meetings as it is a requirement that each Surgery sends two representatives and another patient agreed to do this.

One of the patients present asked Dr. Ford about ADHD and this was fully discussed with Dr. Ford explaining the condition and advising there were family programs available to help with this problem.

Another patient asked if late night appointments had been viewed as someone had said they had a problem getting an appointment at the last meeting. Dr. Ford advised we had looked at this with the Receptionists and there did not seem to have ever been a problem as there are nearly always free appointments left.

Dr. Ford advised one of the things we are trying to do to meet with CCG is to ensure that children under 8 are seen on the day if they need to be seen, this is to help to improve access and make things better for them.

The extra 20 appointments available each week have some in the morning and others in the afternoon. One patient asked if we get many missed appointments and if we display these figures. Dr. Ford said that we did not and we didn't feel it helped to display figures. Most patients are very reliable and telephone to advise if they are unable to make an appointment, thereby freeing this up for other people. Dr. Ford advised we had got a couple of patients who had caused problems with persistently being late and we had needed to reinstate the rule that if patients are more than 10 minutes late that they can't be seen, due to this causing problems for other patients waiting. One patient said he had, been running late a few times with his late wife as she was unable to hurry, we explained this was not a problem if there were real reasons that meant this could not be helped.

The newly registered patient felt that on joining this smaller Surgery she had found it a much more relaxed Surgery. Dr. Ford mentioned that other Surgeries all had their strengths and weaknesses.

A & E charges were discussed as many patients did not realize the Surgery was charged in the Hospital budget for all visits made by patients and they questioned whether people going inappropriately was not efficient use of this. We advised there is a charge for Minor Injuries also.

We asked patients for their opinions on any changes they would like us to make and explained that these will be fully discussed, taken on board and an action plan formed and if any changes to services are made these would have to be agreed by NHS England. It was eventually agreed, that the action plan would be to:-

1. Replace the old wooden chairs in the Consulting rooms with chairs similar to those in our waiting room as they had two arms to help elderly people get up and down. We did not however feel that having a larger, higher chair would make that much difference to patients and they would probably not find that particular chair free when attending the Surgery for appointments. Patients did feel the wooden chairs needed replacing.
2. To make up a sheet advising patients when it was appropriate and not appropriate to attend Minor Injuries unit and also the A & E department.

The patient group representative re-iterated that she was happy to display her e-mail for patients on behalf of the Deal Group meetings.

We said we feel the Patient group works well as it is, however we would appreciate their views and any suggestions for the survey for next year.

The meeting closed around 8.30 p.m. with Dr. Ford thanking patients very much for attending and explaining how we value them taking the time to attend and give their views which are very important to us.

Minutes of Patient Participation Group

Held at 38 Manor Road Deal

On Wednesday 5th March 2014 at 7 p.m.

Attendees: 2 gentlemen and 5 ladies.

Apologies: Were received from 1 gentlemen and 2 ladies.

On arrival all patients were given an information pack including an Agenda, Practice Survey results from 2013, a copy of the last Practice Survey together with minutes from the last meeting held on 24th October 2013. They were all given reading time.

Dr. Ford welcomed all patients present and everyone introduced themselves.

Mrs. Silk explained how the Practice group has developed to what it is today and how some patients are contacted by e-mail for our virtual panel and others sent letters inviting them. Mrs. Silk explained that the patients invited are a random selection of all patients from 16 years of age and that this is conducted by a random search covering all groups and we also additionally try to target different specific age groups each year. Mrs. Silk had a search of the current demographics showing the age groups of patients currently registered at the Practice, the largest group being 60-69 year olds. Mrs. Silk explained that the current total patients registered is at 2138 and we have had an increase in 275 patients from this time last year, following Dr. Tapping coming here. Many of these new patients had expressed a wish to be part of the Patient Participation Group. We explained that we had purchased a large filing cabinet to house all the new patients notes as it had been a struggle for the Receptionists to move around and that it had been a very difficult year for them all as all these notes had to be sorted and summarised and then filed away, they had worked late to achieve this and had also all carried out a lot of extra shifts as we had been short staffed with one on Maternity leave and another who did not stay for long and therefore a further replacement Receptionist to train. The group present felt they are all a very friendly and helpful bunch of “girls” and that they feel we are lucky we have such a good Team here who all work together for the benefit of the patients/Surgery. The new computer system of Emis Web installed in January which had also created a lot of work and problems to cope with, was also mentioned. Dr. Ford said there are still lots of glitches and issues with it, which we are working on resolving but we are getting there, however it had all proved quite a difficult year all round.

We then explained that the aim of evening is to discuss their views on survey, practice, what is happening in the CCG and for them to have their say.

The male representative who attends the Deal Locality Group from our practice provided feedback on what had been discussed the meetings. He wished to know whether we would be providing pre-operative assessments as this had been discussed at the Deal Group meeting. Dr. Ford said she felt this was something we could do. He explained as Rep of Deal Locality Group he had contact with Steve Mockett who was the Chairman and passed over an e-mail for patients to have their say on the managing their own care, what is important to them and to gain their views. It was explained they are looking for

people to help the CCG with this. One of the female patients explained she is already involved in this. Another patient agreed to look at being involved in a request Mrs. Silk had received for patients to be involved in the Research area. She said she had been in the local Care in the Community service for 15 years as a Carer. Mrs Silk mentioned the information received on Better information means Better care and gives information and useful questions that have been asked for the HSCIC care data that is ongoing. She offered to copy any of this if anyone wished to view it this had been produced in a response to patient concerns.

Discussions continued concerning encouraging younger patients to attend and become involved in the Patient Group and she said they won't respond to invites but do attend a Sure Start Centre in St. Georges Hall in Deal on Tuesdays and Thursdays and sometimes it is easier to just go and have a coffee with them and a chat to gain views.

Pre-op patient checks being carried out were discussed and the appointments we provide, which patients said they were very lucky with as they do not have to wait for long times and that we still manage to offer appointments on a daily basis for them to be seen immediately if necessary or within a day or so. We explained that we have amended our system for appointment booking and now provide more on the day bookings and that this is regularly monitored and adjusted with additional appointments if it is felt necessary. Carers Group was discussed following a talk at Practice Manager Group together with posters & information was discussed. I female patient had some input on this as she is a Member of the Health Reference Group for the CCG & LPMG for Dover Deal & Shepway and spoke about the Health Checks etc., that they were able to provide. Mrs. Silk explained that they had provided information concerning urgent respite care, that there was an allowance available for this and it could be arranged at short notice, although it was preferable to get help for Carers before they got to the point of requiring this help urgently, she also advised that they had a local office in Deal. She also advised they were prepared to come into the Surgery to talk to us. Dr. Ford feels this would be a good idea.

The replacement of chairs in the Consulting rooms was discussed as this was on the previous meetings action plan. These chairs have been ordered and a picture was shown to those present, we were hoping they would have arrived in time for the meeting, however they will be here very soon.

The female patient discussed whose who from the Health meeting for Kent & Medway although there was nobody there from the CCG it was all the Voluntary and Community Sector, Health watch etc., She talked of no funding available and the big Society and feels the CCG may be relying heavily on the Charitable and Voluntary organisations to provide what the public need and hopes this will not be abused.

Dr. Ford discussed Porchlight who has CCG funding and helps a lot of people with various problems which greatly assists them with e.g. benefits and getting back into work.

We had a discussion on the struggling District Nurse Team who cannot recruit Nurses. There was concern on the inequalities that may take place in small town areas such as Deal and that it is not what Drs in Deal want. Dr. Ford explained Thanet is thought of as the deprived area, however the Mill Hill and North Deal area are areas of deprivation although Dover is recognised as getting worse. The female patient felt there were hardly

any jobs in Deal and many more mental health, drug and alcohol related problems. She feels there are no jobs for 16-20 year olds.

Dr. Ford says they complete many forms for benefits as to why people cannot work, e.g. mental illness and those that have had strokes and some are just unable to work.

There are Community programmes that help the whole family with social problems etc., to try to get some back into work and these are quite intensive.

We are also still working with the Pro-active Care Team to help patients who are in and out of Hospital regularly or need some support and assistance. This Team has a Community Matron, District Nurses, a Pharmacist who will go in to help with their medication reviews and a Health Care Trainer who sometimes assists with things like helping them to go shopping or with paper work they are unable to cope with etc.

Mrs. Silk advised we had received no patient complaints this year and patients had expressed satisfaction with appointments in the surveys. The local Enhanced Service we provide for the Patient Participation Group was addressed.

Deal Hospital is top of most people in Deals agenda. The new Dover Hospital will provide more Outpatient Clinics with top notch equipment and a one stop shop for all on the same day. However this is still two bus rides away and the elderly population are unable to get there which therefore means Hospital transport.

The EKHUFT Consultation was 3 weeks before it is due to end. From the public engagement meeting held in Deal where they had to find an alternative venue due to the large numbers (400) attending and many still outside, other's being turned away it is clear that this is not what the people of Deal want as they do not wish these facilities to go.

Dr. Ford explained that a lot of elderly people go to Margate for Outpatient appointments and therefore Dover is better for them as not so far.

The female patient advised Minor Injs and Coleman House are staying together with X/R, U/S, Orthopaedic and Ophthalmology & Baby Clinics.

Deal Group feedback re Pre-op assessments which currently cost the Hospitals £80 would be £40-60 for G.P.'s

The new stool test for Irritable bowel syndrome was discussed and Dr. Ford said she could not understand why the Hospital Trust are not offering this test. Apparently at Gastroenterologist could not get permission to introduce the test.

Pre-op assessments could be carried out as long as we know how long they are for.

PLT's for G.P.'s, Consultant led and also G.P. Physio were discussed.

Current problems with major surgery from QEQM now going to Canterbury were discussed.

Dr. Ford explained there had been problems with the Norovirus & C.

Difficile. She also said that G.P.'s try not to put elderly patients into Hospital as they are much better looked after at Home.

Mrs. Silk asked if anyone present had any priorities or items they wished to raise and felt we needed to prioritise or to put on a new action plan and they did not, they all felt quite happy with all that is provided at the Surgery.

Minutes of Patient Participation Group

Held at 38 Manor Road Deal

On Thursday 25th September 2014

Present: 3 gentlemen and 4 ladies.

Apologies: Were received from 2 gentlemen and 4.

When patients arrived they were given an Agenda, Copy of the Minutes of the last meeting, a copy of the Patient Survey and were allowed reading time.

Dr. Ford welcomed all patients who had attended and asked everyone to introduce themselves.

Mrs. Silk explained the way we invite patients to attend – by putting this on the Choices and Manor Road website, displaying a poster in the waiting room together with a notice for patients to put comments into the box on Reception , also if patients cannot attend they are offered the opportunity of sending in any points they wish to raise. We then targeted 10% of the 16-30 year old age range as this was requested at our previous meeting in March. The regular attenders at the meetings were invited together with a list of 15% of patients who requested to be part of our Patient Group.

Mrs. Silk explained the purpose of the meeting is to ascertain our patients views and input to find out what services they wish to have here and any changes they feel necessary. We asked if any of them wished us to add or amend any questions on our patient survey from last time which they did not.

Mrs. Silk explained the new Friends and Family Test which we are working on to commence on 1st December (see attached information). Mrs Silk explained how this is an ongoing way of finding out what our patients want and patients can submit this at any time either by completing a form in the Surgery or by going onto the Choices or Manor Road websites it is not like the Patient Survey which has been completed once a year.

Mrs. Silk asked those present if there was any question they feel they would like us to ask. One member present asked if there was a new service we would like to check if patients were aware of and the EPS was discussed, so we felt it would be a good idea to include this as our second question in free text of – “Whether patients were aware that the EPS system is available for ordering their prescriptions?” Mrs. Silk explained that this second question can be changed whenever we feel it necessary.

Mrs. Silk then explained the MIG system for sharing patient information and how this would work (see attached sheet). She explained that patients can opt out of this system. They are also asked if they wish their information to be available when seeing Consultants at the Hospital –so they give authorisation each time themselves. This will be made Live from the Surgery but only accessed with their permission.

Mrs. Silk then explained that we are taking up the Electronic Prescribing System on 29th October. This was explained to them (see attached sheet) and at the end of the meeting leaflets were handed out to those who wished to take up the option.

Dr. Ford explained that we are working hard on the new Enhanced Service for Unplanned admissions which is all about keeping patients out of attending A & E if they can be dealt with much better in the Community. All A & E data is viewed monthly and Dr.& Practice Manager have a meeting to discuss to see if anything can be done to save similar instances in future e.g. anyone attending with Asthma – if it would be appropriate to have a review of inhaler technique and see a Practice Nurse. Dr. Ford explained that all patients have Care Plans set up and she has been extremely busy writing them all and seeing or speaking to patients, which has been very time consuming, Carers and family members are also involved in this. Once these are written they are sent out to the patients for signature. We also discussed after Hospital care and the help that patients do or should receive on discharge from various sources. One patient said his wife had excellent care on discharge and although he thought he would manage he found when it happened it was too much to cope with and he was very pleased to have the help that was provided. Dr Ford explained that unfortunately this is not always the case and sometimes this needs to be improved.

Dr. Ford discussed the Deal Over 75 project and how this worked and that these patients would also have Care Plans made available and this would hopefully help with elderly patients not being admitted to Hospital when matters could be dealt with at home or by local Community Services/G.P.

Mrs. Silk expressed how pleased we were to see a younger member of our patients present and thanked her for coming along. She was asked to explain if there was anything she wished to comment on. The patient explained that she felt very strongly that women should have smears much younger than the current age of 25 as lots of women were sexually active much younger now, saying most of the people she went to school with already have children. Dr. Ford explained that this age is set by a Government initiative and is based on the number of people who get cervical cancer. The patient also felt that Mammograms should be carried out at a much younger age also and this again is based on risk.

Reaching out to the younger age group was discussed and we agreed to display large posters in the waiting room about sexual health (these are currently in the patient

toilet), although this may not be very popular with older people, we are here to serve all age groups. The patient felt young people do not pick up small leaflets displayed in the waiting room and read them, she also suggested that we put things on Twitter and this is now more popular than Facebook with young people. Dr. Ford said her Son had suggested this to her so she would look into it. The patient also suggested putting these posters in places young people go e.g. McDonalds etc. Mrs. Silk asked if there were any local groups e.g. Youth Clubs etc., however she did not know as didn't attend these.

Our Representative, who attended the Deal Locality Group meeting at St. Richards Road provided feedback on matters discussed there. This group meets twice monthly. She said it was noted that the Dover & Shepway, although larger groups were struggling to get people to attend these meetings. She felt however, that the Chairman of the Deal Group is very passionate and asks for views and opinions. She said if patients don't get any feedback they do not know what they think of their suggestions that have been made.

The Health Reference Group gave a presentation combining OOH with 111 OOH project as this was not considered particularly responsive. In 2016 the two will be joining together. It was also noted that there is a G.P. in A & E in QEQM Hospital at Margate to see if the patients visiting are for necessary reasons, she felt that this was a good idea as a G.P. would have an air of authority and also able to give advice.

A Representative from Healthwatch Kent at Deal, deals with public concerns and is a way of helping improve Public services using Public voice and works alongside CAB. They ask patients views Dr. Ford said it is a good way to complain as it is signed off by the Chief Executive of that area.

Sue Baldwin Head of Planning & Community Nursing – explained the One Stop Shop for Dementia in the new Dover Hospital. It will be possible for virtual telephone to a G.P. (cannot be used for Rheumatology). A mobile scanner has been purchased in the IOW these are for small fractures and you can go along and see. Minor Injuries will be open 8-8 w.e.f. 1/10/14 in Deal and X/R will continue as it is.

A new service for Dementia which is running for 6 months at the University of Kent is OOH evaluated and is coming to the end of the contract.

Mrs. Silk advised the group that we now have the new chairs in the Consulting rooms which was an action plan from a previous meeting (these arrived the day after the last meeting).

In rounding up the meeting we agreed to make the reaching out to young people with posters/twitter to be our new action plan from this meeting.

Minutes of Patient Participation Group
Held at 38 Manor Road Deal
on Wednesday 4th March 2015 at 7 p.m.

Present: 9 Ladies and 1 Gentleman

Apologies: 7 Ladies and 5 Gentleman

On arrival patients were welcomed with refreshments and given a pack including an Agenda, Minutes from the last meeting, a copy of the Practice Survey and also the last Survey results. Patients were given reading time. Dr. Ford welcomed all patients and thanked them for attending and asked everyone to introduce themselves.

Mrs. Silk made a presentation of how the group has evolved as we feel the group has grown and matured over the last four years. We are keen for our patients to have a voice for any concerns, ideas and suggestions and we drew patients attention to the Patient Group Representative's e-mail address should they wish to speak to her independently with any ideas or suggestions or problems they wish to discuss. We feel the group and also the Locality Group are important for patients, so they have a voice in the Community and to develop the group to speak with the CCG at these meetings, this provides them with an opportunity to have their say on e.g. matters of importance locally e.g. Deal Hospital and have their opinions heard. Deal G.P.'s are working tirelessly to maintain services as much as possible and to maintain healthcare locally. We talked about how we monitor the group and carry out our random searches of patients who are on our patient group, existing regular attenders of the group, a percentage of patients in the largest age range of our practice population were targeted this time, these were 50-65 year olds and represent a quarter of our practice population. It was explained that we carry out random searches of the practice population each time and have targeted various categories of patients over the 4 year period this Enhanced Service has been running. Mrs. Silk explained the purpose of the group is to try to harness what we have achieved as we are very proud of the group and how it has developed with the support we have received from our patients and we highlighted the aim of the evening, which was made clear in our report.

Results of our In-House patient survey and the National Survey were discussed.

We had just started to discuss the patient complaints that had been received during this year when the representative from Healthwatch arrived. We had invited her to give a presentation on the work that Healthwatch do and how they are able to assist patients. This was the result of a request received from them to issue a complaints

questionnaire to patients through the Patient Participation Group to the Deal Locality Group. There was insufficient timescale available to enable us to carry this out when received, so we took the opportunity as our meeting was due, to issue these and the remainder of copies were issued to our Representative on the Deal Group at the meeting, who is also the Secretary of the Deal Locality Group. She will issue these at this meeting for further complaints feedback.

She explained the work of Healthwatch and also how they commission Seap who analyse complaints and do work on how to respond to complaints. NHS England fund to KCC and Community Int Group and they report and manage project over a time period. They issue information to the Trust and CQC to provide an action plan and if things are not done it goes back to CQC so that they can escalate it. Dr. Ford asked if individual patients can still complain themselves regarding KCC and the CCG, as Healthwatch had not told patients that they can complain to get the help they need. She left her card if any help is needed. All complaints are shared with SKC CCG to see what is coming up as they cannot know what to expect. She explained following enquiries from patients how they get Volunteers for Healthwatch and she explained there are over 60 in Kent. They get volunteers by having Roadshows and Volunteers have Induction Training on how they can make a difference. Patients can then choose to be involved in some of the wider issues locally. Patients and staff all found it very interesting and a poster had been displayed and leaflets also made available in the waiting room.

Dr. Ford discussed all the complaints in general format and how we had dealt with these and how we try to “nip complaints in the bud” to deal with these promptly and that each complaint is treated very seriously by us. We make every endeavour to encourage patients to come back to us if they are not happy with e.g. consultations that have taken place, for whatever reason as we feel that the patient/surgery relationship is a two way thing and we do not want our patients to dwell on something they are not happy with and not feel able to approach us about this. Most problems are resolved with time taken to discuss fully with the patient and look into the problem and find an amicable conclusion.

The healthwatch representative felt these had been handled well. We discussed the learning points from these complaints e.g. communication issues when what the patient wanted we did not deliver, administration issues where patients medical history was sent as part of a template letter and how important full and concise notes can be in resolving complaints, prescription issues, errors discussing things immediately and apologising and showing empathy if required. We also try very hard to ensure that the same mistakes cannot re-occur if we can put systems in place to prevent this and to satisfactorily resolve matters.

We also discussed the many positive compliments we had received on our services through both the patient surveys and friends and family test. Results from these and

the numbers of replies were discussed. Mrs. Silk handed out forms to the patients present to complete these and we explained we are going to try and encourage more patients to complete these to increase the number reported on each month. The healthwatch representative spoke of the KCC Social Care, Social Services, Care Homes and Local Authority run homes and Hospital Trust she has carried out review visits on. She has asked for patient experiences of Out-Patients, EKHUFT following CQC reports.

Mrs. Silk explained the items we had worked very hard on this year were trying to reduce our Prescribing Budget and that we had worked closely with the Medicines Management Team to meet the targets they had set us. We also worked with a Respiratory Nurse to review COPD and Asthma patients.

Dr. Ford explained the Intelligent Monitoring reports that had been released by CQC as these highlighted several areas that showed poor results from data extraction that had been carried out. These related to COPD and Diabetes areas. They also highlighted the use of anti-biotics and we have set up a fresh protocol for these and stopped using the types of antibiotics highlighted, which although very effective, are an antibiotic which has been used for a long time. Antibiotics are also no longer prescribed over the telephone and staff have been instructed to book patients in to see a G.P. Dr. Ford explained how we were all deflated and very upset that the Surgery was shown in a bad light with a low banding of 1 (being the lowest), due to the four points highlighted. This was also published on the Deal Watch site and we had some very upsetting calls from patients following this. These items highlighted as poor have now all been addressed and dealt with. We have had two members of staff working for the last two years on a CQC IQ package that we purchased which lists everything to do with CQC. We felt it would give us a good opportunity to review all our existing policies which are still in place and to share Good Practice amongst staff, particularly new staff members. We have also held In House Staff Training sessions to discuss all aspects of CQC.

We spoke about the staff problems we had incurred this year with sickness resulting in significant staff shortages and that we have now employed two new Receptionists and are looking at further Reception cover and a HCA to assist our Practice Nurse. The workload has been phenomenal and Mrs. Silk and Dr. Ford agreed that we have excellent core staff who have gone over and above in working additional hours, even at weekends, to keep the workflow moving and to cover sickness. Mrs. Silk advised the group that she is retiring in July as Practice Manager and Angela Hill (present) will be taking over the job role and is currently undergoing training for this. Angela has been at the Surgery for 11 years and has kept the Reception Team running very effectively and we are sure she will do the same in her new role.

Dr. Ford had worked hard at completing care Plans as we are working on the Deal Over 75 year old patients and project together with those with ambulatory care . We

have also monitored our A & E attendance for multiple attendees, admissions and any that we can plan to provide additional support for by using Secondary Care professionals. We try to avoid attendance at A & E in conjunction with viewing patients and use of a Risk Stratification tool. All this data is viewed to meet the Unplanned Admissions service we provide and to keep a close eye on reducing this. Patients were also advised that the Minor Injuries at Deal Hospital is now open from 8 a.m – 8 p.m. daily which is very beneficial for patients and prevents many patients having to attend A & E at Hospitals locally. We also hold a protocol on our Reception desk for Receptionists to advise patients when to attend Minor Injuries and when to go to A &E.

Mrs. Silk also explained she had invited Porchlight to attend for a presentation this evening, however due to the time the meeting is held out of their hours, this was not possible. A larger poster and leaflets were however provided and these were handed out and displayed in Reception.

Patients were advised that our Physiotherapist Trish is now here all day on a Wednesday instead of the two half days on Wednesday and Thursdays as in the past. Patients were asked for feedback and patients also told Trish carries out Acupuncture and having a Physio on site is extremely helpful to patients and the G.P. We re-iterated that we still have a Counsellor here on a Monday afternoon and another all day on a Friday. The meeting room (Dr. Heeley's old room) is also used for locums/interviews/meetings/flu clinics, the Respiratory Nurse and for administration work e.g. typing of letters etc.

We advised patients that storage is still a big problem as we have basically outgrown our space and are victims of our own success really. Patients were informed that Dr. Ford is exploring various options to improve things for staff and patients. We also advised that most of the Surgery has now been redecorated.

We advised patients we constantly review appointments and this is regularly monitored. We now have same day appointments to book at 8 a.m. on the day (this is now advertised on both of the websites we maintain – NHS Choices and the Manor Road website) and is also in our Practice leaflet which has just been updated and copies of these were handed to all patients present. We explained patients are no longer registered with a G.P. but registered with the Practice and they can see whoever they want to. Over 75 year olds have an Accountable officer/G.P. allocated to them. Patients who need seeing urgently are always seen and it is still possible to book 6 months ahead.

Patients do get continuity of care here with Dr. Ford and we have regular locums we use, Dr. Tapping, Dr.Thangavel, Dr. Carnegie and Dr. Allen are all well liked. Patients were advised of our two Representatives on the Deal Locality Group which is held every 2 months during the lunchtime period. Mrs. Silk advises them prior to

meetings what is happening at the Surgery and they feed back to us information on the Deal Surgeries in the group.

Patients were advised that we will include a question on whether patients are aware they will be able to view aspects of their medical records (this would not show letters and attachments up to 2014), however they can register for Emis access. It is also possible to still request full copies of your medical records through the usual channels. We also mentioned that we have used our new computer system for a year now and find it a much better system to use and the staff have now got to grips with it. The patients were asked if they wished to make any additional questions or amendments to the patient survey forms we issue annually, however they did not. We also asked for an action plan for feedback to consider and implement plans jointly with patients but nothing was forthcoming. We try to aim for a plan and objectives to jointly reach agreement, we however agreed to work hard on our Friends and Family Test to get support in meeting targets to improve the figures for reporting. The Representative from the Deal Group did not have anything else to add from the Locality meetings. One patient advised the G.P. about a Dementia Outreach worker who offers support and assessment for patients (this is not the Enablement Team). She handed out leaflets for this and it was something Dr. Ford was not aware of and said it would be very useful as we have instances where this would greatly help our patients.

Our previous action plan had been to display Sexual Health information for younger people at the request of a patient who attended the last meeting and this had been met, as they could see. They also requested we consider a Twitter account, this was discussed in some detail amongst the G.P. and staff, it was however felt this would be unmanageable as it would require constant monitoring and we do not have the manpower to be able to do that.

Patients present were kind enough to comment on what a friendly and welcoming feel met them when they came into the Surgery. One patient commented on how it is obvious how well the Team all work together so well and that it comes across to patients entering the Surgery. We were pleased with these comments as they came from fairly new patients to the Practice and it is always good to receive fresh views from different people. We closed the meeting thanking everyone for attending and our Representative on the Deal Group for acting on our behalf and stressing how important this was to us in sharing information with our Practices and the CCG. The next meeting will be held in September.

Minutes of Patient Participation Group

Held at 38 Manor Road Deal

On Wednesday 9th September 2015

Present: 4 gentlemen and 11 ladies.

Apologies: 2 gentlemen and 6 ladies.

On arrival patients were welcomed with refreshments and given a pack including an Agenda, Minutes of the last meeting, a copy of the Practice Survey that we undertook in August of this year and the Survey results and a Friends & Family form. Patients were given reading time and Dr Ford welcomed everyone and thanked them for coming and asked everyone to introduce themselves.

Dr Ford introduced Mrs Angela Hill as the new Practice Manager and Mrs Hill explained to those that didn't know her that she has worked here for over 11 years and took over as Practice Manager in July when Mrs Annette Silk retired.

Mrs Hill made a presentation explaining how when inviting patients to the group we target a different population group each time. For the last meeting we targeted 50-65 year olds and this time we targeted the over 65's. A random search is done on the computer for this population group and over the last 4 years we have covered every age group. We also invite 15% of our Patient Participation Group members and also our regular attendees. We send out the invites 2 weeks prior to the meeting. We also put a poster up in the waiting room and it was advertised on our website and NHS Choices website.

Dr Ford and Mrs Hill discussed our CQC visit from the 3rd of June and the results of this visit, explaining that we are the first practice in the area to be inspected and that we received a 'GOOD' rating overall. Mrs Hill briefly explained how this result is achieved, explaining the five key questions and the six population groups and that you are assessed on each question relating to each group. We said that the staff here had worked extremely hard to achieve this result and that we would endeavour to carry on to keep our standards as high as possible. Mrs Hill told the group that all of the feedback from patients on the day and all of the comments cards that had been filled in by patients in the 2 weeks leading up to the visit had been excellent and we wanted to thank all of our patients for that. Mrs Hill explained that ALL of the percentages we achieved that were quoted in the report were higher than the National average and higher the Local average and that we were very proud of this. Mrs Hill gave a few examples of this. We advised that patients can read the report. There is a copy in the

waiting room and they can also view it on our website, on the NHS Choices website and also on the CQC website. All of the members at the group congratulated us on this result.

We explained to the group that we carried out our yearly Practice Survey in August and Dr Ford told the group that yet again the feedback was very good. The group all had a copy of the survey and a copy of the results.

Mrs Hill also talked about Friends and Family. This has been running since the beginning of the year and is an ongoing thing and the results are sent to NHS England monthly and that patients can fill them in when they come to the surgery. Mrs Hill explained that the first question on the form is mandatory and that we cannot change that but that the second question can be reviewed and changed. The Patient Group chose the second question previously and Mrs Hill said that if any members felt that they would like a different question to be on the form then we would like to hear their suggestions.

Dr Ford discussed the complaints we had received. We had only received 2 complaints and Dr Ford briefly explained these. We always handle complaints very seriously and they are always discussed at the staff meeting with all of the members of staff so any learning points can be taken from them. Dr Ford also advised the group that there is a suggestion box in reception for any matters they may like to bring to our attention. We want patients to feel that they can come to us no matter what the situation is and we are happy to discuss any matter with them.

Dr Ford discussed QOF and how we work hard to achieve the high results that we have and our continuing work with Medicines Management to try and keep our costs down which can be difficult when you are trying to maintain high patient care. Dr Ford talked about our involvement with the Deal Collaborative Group. That this is a group that consists of the four practices in Deal who meet once a month to discuss how to improve and maintain good patient care in our area. Dr Ford explained that the government has given the group a grant and that part of this money helped to fund the Care Plans for the Over 75's and for patients who are admitted to hospital regularly. Mrs Hill explained that Dr Ford and Mrs Hill look at the A&E attendances and Unplanned Admissions regularly and discuss each patient to see if Dr Ford can do anything to help these patients. The Group are also in discussion to provide a specialist nurse practitioner and a paramedic practitioner.

We then asked the group if there was anything they would like to talk about or discuss. We asked the representative of the Deal Locality Group first if there was anything she would like to discuss. She talked a little about the new home at Mongeham which is due to open in October. It is extra care sheltered housing run for people with complex needs/disabilities and she said it looked amazing. Instead of having a communal sitting room etc, each flat was totally independent. It is situated where Sampson Court used to be. It is Council/Housing Association run and you have to put your name down for it.

The new hospital at Buckland was discussed and the group felt that it wasn't really what the area needed and that it was very difficult to get to. The parking was awful and the buses were not good either. Another member of the group asked what was happening with Deal Hospital. Dr Ford talked about it becoming more of a community hub and that a lot of the outpatient departments had now moved to Buckland. The group felt that that was a real shame. Discussions took place about there being one large A&E centre to cover the whole of the area.

Another member asked Dr Ford about our patient numbers at the surgery as at the previous meeting we had talked about the high influx of patients we had had over the last couple of years. We explained that this was now stable.

A member asked about the process regarding referrals to the counsellors here at the surgery and Dr Ford explained the process.

Another member asked about the criteria for the shingles vaccination and we will look into this for her.

A member asked about Breast Cancer Screening for women and that she had not been called for this. Dr Ford advised her to ring K&C Hospital.

Another member asked if we were doing the new Men C ACWY vaccination for students etc going to university and Dr Ford said that yes we were.

Another member suggested that we ran a doctor led clinic here specifically for the elderly as she has an elderly mother. Dr Ford explained that this was not possible as there were lots of different groups of people who would like or require a specific clinic and that you couldn't run a group for each specific need.

Another member enquired about getting reminders by text, like some other surgeries do. Mrs Hill said we will look into this and see what is involved to set it up.

Mrs Hill talked about our appointment system explaining that you can book an appointment 6 months in advance with a doctor or nurse and that you can ring up on the day to get 'same day' appointment. Mrs Hill explained the reason behind the 'same day' appointments and the difference between a 'same day' appointment and an urgent appointment. Mrs Hill also told the group that the appointment system is looked at regularly and discussed so that we try and always meet the patient's needs.

A couple of the members asked about the online/electronic prescriptions as they were not very good with computers and Mrs Hill explained the difference between them. Online prescriptions mean that you can send in a request from your home computer (Mrs Hill also explained that you can make an appointment this way too) and electronic

prescriptions is the way we deal with a prescription when we have received the request either online or handed in to the surgery. We issue the prescription on the computer and it goes into an inbox on the doctor's computer where she authorises it and then it is sent electronically to the chemist of your choice. This saves on time for the receptionist and the doctor and also saves on paper. Also prescriptions cannot go 'missing' in the surgery and chemists cannot say they haven't received it.

One member asked why we didn't take requests for prescriptions over the phone. Mrs Hill explained that as we have 2200 patients here our phone line would be constantly used by patients requesting prescriptions and patients that needed a doctor urgently would not be able to get through on the phone. Also mistakes can be made over the phone as a lot of medications are difficult to pronounce. Also we get some patients asking the receptionist for the 'little blue tablet'. The receptionists do not know the colour or sizes of medications. It is very time consuming for the receptionists to take requests over the phone. There are lots of ways to request prescription apart from coming in to the surgery. You can request them online or through a pharmacy or you can put them through our letter box at any time. We will of course do an urgent prescription for a patient if they cannot request it any other way or if they are housebound.

As the meeting came to a close Dr Ford thanked everyone for attending.

Action Plan:-

Mrs Hill to look into the criteria for the shingles with our administrator/practice nurse, and then advise the patient who requested the information.

Mrs Hill to look into the text messaging with our Administrator to see what's involved.

Minutes of Patient Participation Group

Held at Manor Road Deal

On Wednesday 2nd March 2016

Present: 3 Gentleman and 5 Ladies.

Apologies: 3 Gentlemen and 1 lady

On arrival patients were welcomed by Dr Ford and Mrs Angela Hill Practice Manager and offered refreshments. Patients were given a pack containing anonymised minutes from the last meeting in September 15, an agenda for the meeting tonight, a Friends & Family form and a slip for patients to update their telephone numbers. Patients were given 10 minutes reading time.

Mrs Hill explained the history of the PPG. It started in 2011 and in that time we have invited patients from all of the age groups. For the last meeting we invited patients over the age of 65. This time we decided to do a computerised random search on a percentage of patients who had either attended the meeting before or who had been invited before. Mrs Hill explained that the meeting was advertised on our website and on the choices website and there was a notice on the surgery entrance door.

Mrs Hill talked about iplato. This is a text messaging reminder service. This was in the action plan from the last meeting. Angela Pointer and Mrs Hill went to a training session a couple of weeks ago for iplato. We will hopefully have this up and running in the next couple of months. We will start by just using for reminders for patients for appointments and then progress to using it to ask patients to make appointments if their blood pressure is due or they need to see the asthma nurse etc. The slip for patients to update their telephone numbers that the patients have been given tonight is so that we can make sure the telephone numbers we have are current. The receptionists are handing these out to all of the patients

when they come in and we have done a computerised search to check that the mobile number is in the mobile section on the patients registration screen. We are hoping that this service will cut down on patients not attending their appointments. All of the attendees at the meeting thought this was an excellent idea.

Dr Ford talked about the Deal Collaborative Group. The group meet on the first Monday of every month at Balmoral. The Deal Group now have a Paramedic Practitioner assigned to them. This is a service where the doctor can ring the PP if there is a request for a visit in the middle of morning surgery that cannot wait until lunchtime or if the visit is a borderline 999 call. The PP will go and assess the patient and liaise back to the doctor. This has been implemented to try to reduce the number of admissions to hospital and even though it is early days the figures seem to suggest that this is the case. The Over 75's project is still in place and again the figures show a reduction in hospital admissions. Dr Ford explained that she does all of the care plans herself face to face with the patient. The care plans are now online so if the PP is called then they can access the patient's information. The patient also keeps a paper copy at home. This can be useful for district nurses also. Dr Ford reviews these care plans regularly to keep the information up to date. We also explained that we now have a mobile phone in the surgery. This number is used for incoming emergency calls only from the ambulance service or PP. The number is not given to patients. Dr Ford explained since the beginning of the year we no longer have counsellors in house as the service we were using did not have their contract renewed. The contract was put out to tender and they didn't win. The service is now covered by 4 different service providers. We decided not to have a counsellor in house after the new service started as we are struggling for space and sometimes had no room free for meetings or interviews. Dr Ford talked about the new drop in Rheumatology Education and Support Meetings that are taking place at The Astor Theatre on the last Wednesday of the month through until the end of the year. Anybody is welcome to attend. There is a poster up in reception. There will hopefully

be something similar set up for Dementia in the near future and a poster will be put up in reception as soon as we have the details.

Dr Ford and Mrs Hill mentioned that we have had 2 verbal complaints since the last meeting, both in the last week, one has been discussed and resolved and the other one is still pending and will hopefully be resolved by the end of the week.

Mrs Hill explained that our practice nurse Geraldine Martin will be retiring at the end of March. We said we are extremely sorry that Geraldine has decided to retire but at 72 years old we fully support her decision. We are interviewing this week for a new nurse and we look forward to welcoming the successful applicant.

We then opened up the meeting to anything the attendees would like to ask or discuss.

A couple of patients wanted to discuss our appointment system regarding the same day appointments asking what percentage of appointments were same day and the trouble they have getting through on the phone at 8am and then when they do get through the appointments have gone. Mrs Hill explained that the appointment system is looked at and monitored regularly as to how we can improve it. Mrs Hill explained the appointment system and that about a third of the appointments are same day. One patient said she didn't think this system was working and Mrs Hill explained that if we didn't have same day appointments you wouldn't be able to get appointment for about 1-2 weeks. Mrs Hill explained that you can book an appointment up to 6 months in advance for the doctor or nurse and of course we also have urgent appointments every day. One patient questioned what would be an urgent appointment and Mrs Hill explained that an urgent appointment would be for something that the patient felt couldn't wait until the next day. We will continue to monitor the appointments looking for ways to improve it. One attendee asked if maybe

we could have an additional doctor in 1-2 sessions per week. We said that we would look into this, the cost implications, and the overall workload this would create elsewhere in the practice, and also having a room to accommodate another doctor.

We did discuss that we are looking into not taking on any new patients for a while as we have 400 more patients than we had 3 years ago and still only the same amount of doctor sessions.

We have discussed expanding and other premises. We have even discussed a porta cabin. We did look at there maybe being space at Deal Hospital only to be advised that all of the rooms were now taken.

Two patients mentioned having problems accessing the Online System where you can request your medication and book appointments. They have both tried to do this twice. Mrs Hill suggested they ring or come in to the surgery and we will try and sort this out. We have had other patients who had previously had problems and we did manage to resolve the issue and get them registered for this service. Mrs Hill then went on to explain the difference between 'Online' and 'Electronic'. 'Online' is when patients want to order their medication from us from their computer at home and 'Electronic' is when we send the prescription to the chemist electronically. Some patients found this confusing and suggested a poster in the waiting room simplifying the 2 different services. Mrs Hill said she would look into doing this.

3 patients offered to come into the surgery one day to talk to patients about these 2 services and Dr Ford and Mrs Hill said that they would appreciate and welcome this. Mrs Hill will contact the 3 patients with some dates for this.

Dr Ford briefly mentioned that ordering medication from the pharmacy could possibly change soon. There is a big waste campaign going on at the moment trying to get patients to just order the medication they need. It

has been suggested that pharmacies are ordering medication without checking whether the patient needs it or not. Patients are been given medication that they sometimes no longer take. Dr Ford asked one of the attendees to ask for patients views on this at the next Deal Locality Meeting.

Dr Ford briefly discussed our website suggesting that it may be a bit old fashioned. One of the attendees said he may know of someone who could help update it. Dr Ford welcomed this.

Action Plan

1. Poster for the waiting room for 'Online' & 'Electronic' and invite attendees in to the surgery one day to talk to patients.
2. Open but full patient list.
3. Look at appointment system
4. Another doctor 1-2 sessions per week.
5. Look at updating the website.

Minutes of Patient Participation Group

Held at Manor Road Deal

On Wednesday 12th October 2016

Present: 9 ladies and 4 gentlemen

Apologies: 1 lady and 1 gentlemen

On arrival patients were welcomed by Dr Ford and Mrs Angela Hill (Practice Manager) and offered refreshments. Mrs Hill introduced Angela Pointer (Administrator) as she had not been present at the PPG meetings before. Patients were given a pack containing anonymised minutes from the last meeting in March 16, an agenda for the meeting tonight, a blank patient survey and the most recent survey results. Patients were given 10 minutes reading time.

Mrs Hill explained the history of the PPG. It started in 2011 and in that time we have invited patients from all of the age groups. This time the patients were invited by doing a random computerised search on a percentage of patients who had either attended the meeting before or who had been invited before. Mrs Hill explained that the meeting was advertised on our website and on the choices website and there was a notice on the surgery entrance door.

Mrs Hill talked about iplato. This is now working really well. We started by just using it for reminders for patients for appointments and we have also used it to ask patients to book for a flu vaccination or to ask about their smoking status. We are trying to get more patients to give us their mobile telephone numbers to expand this service.

Dr Ford talked about the Deal Collaborative Group. This is for Deal patients over 75. The majority of patients in care homes and all patients on the avoiding unplanned admissions now have care plans. The Deal Group still have a Paramedic Practitioner (PP) assigned to them. This is a service where the doctor can ring the PP if there is a request for a visit in the middle of morning surgery that cannot wait until lunchtime or if the visit is a borderline 999 call. The PP will go and assess the patient and liaise back to the doctor. They now have computer access to the patients record while they are with them, which is very helpful to them and us as they record the consultation and it gets stored in the patients record.

The collaborative group is looking at getting a salaried GP to help across the practices as there is such a shortage of locum GP's to cover. We would probably be allocated 2 sessions a month. Some of the bigger practices are having problems recruiting GP's. We were very lucky last year when Dr Ford had to have time off in an emergency, some of the other Deal practice doctors covered her clinics here which shows good collaborative working.

Care Home Support – care home staff have now had training in taking blood pressures, pulse etc before they telephone to request a home visit, which is helpful for the Doctor to know beforehand. Care homes have bought in the equipment to help with this.

All the Deal surgeries are in the same situation as us, all list sizes are increasing as the population of Deal increases. A patient asked why we haven't closed our list to new patients, we explained we are not allowed to do this. One patient stated she thought a shared salaried GP was a good idea.

T/R's were discussed. Any patient visiting the area has to be seen by a GP as a temporary resident. This has been looked into recently and we have seen more than our share of these.

Dr Ford and Mrs Hill mentioned that we have had 1 written complaint since the last meeting which was a medical complaint. This is now resolved.

Mrs Hill advised we have recruited a new nurse Mrs Laura Hughes who predominantly does diabetes and asthma. She has settled in extremely well to the practice.

We had a presentation from Lyn Vassey (Care Navigator) for the over 55's. KCC want her post to be 'out there' but do not want to employ someone themselves. They put it out to tender and companies 'bid' for it. She is currently employed through Family Mosaics. The care navigator role has been going for 8 years as a pilot, with the last 3 years permanent in Kent. Each of the 3 main hospitals also have care navigators who can liaise with Lyn and visa versa. She is a qualified Nurse/Midwife and Health Visitor, so she stated she has gone full circle from young to old. If people are having issues she has all the contacts to get them the help that they need. She prefers to do home visits rather than consultations over the phone, as she gets a better handle on what the patient needs so she can let them know what is available for them. Lyn completes a contact form with the patient who signs to give consent for Lyn to deal with things on their behalf. She helps with what benefits they can get so they can purchase equipment etc that they might need. If they need a care package she can advise patients of what companies are out there to suit their needs, or whether they may qualify for a

social services care package. If they need a blue badge she can complete these forms. She works side by side with social services and the nurses. She gave an example of one patient who has recently had help. The lady hadn't been seen for a few days which was unusual, so the neighbour called the community warden who she called Lyn who went to see the patient. Lyn organised GP input, ordered a lifeline and arranged meals on wheels. The GP arranged blood tests. The community warden is now going in weekly to check on her. She is vulnerable, but isn't at the stage of needing social services input. Social services do like to keep people in their own homes when possible. She does triage patients to prioritise them depending on what the problem is. She is hopeful that the CCG will fund a health trainer to help alongside the care navigator role. Lyn is hoping to stay in the Deal area. Elderly patients need to be encouraged to call the paramedics after a fall. They won't necessarily be taken into hospital, but will get checked over by them. One patient present advised she has used the care navigator service in the past and it worked very well for her. Lyn gave us some leaflets about the service.

A patient questioned if Dr Tapping was here still. We explained she was only ever here as a locum, even though we hoped she would be more. She decided she needed to cut back her hours. Locums are free to go wherever they choose, and only work as many hours as they want to. She may still do locum work here in the future.

A patient explained that it can be very frustrating trying to get an appointment because of having to ring at 8am for same day appointments. We explained due to the influx of patients in recent years we have had to change the appointment book. There are still some appointments which can be booked up to 6 months in advance, some which are same day which are bookable from 8am and some urgent appointments on each clinic. This is being regularly monitored by Mrs Hill. Another patient stated he had often phoned at 8.30 and there were appointments available.

Dr Ford explained that she does a ward round once a week at Ami Lodge Rehabilitation Unit and that is getting extremely difficult to get locums to cover the surgery while she does this.

Action Plan

To get a new notice board for the surgery wall to enable all the posters from the foyer glass screens to be moved onto it.

Minutes of Patient Participation Group

Held at Manor Road Deal

On Wednesday 15th March 2017

Present: 7 ladies and 3 gentlemen.

Apologies: 1 lady.

On arrival patients were welcomed by Dr Ford and Mrs Angela Hill Practice Manager and offered refreshments. Introductions were made. Patients were given a pack containing anonymised minutes from the last meeting in October 16 and an agenda for the meeting tonight. Patients were given 10 minutes reading time.

Mrs Hill explained the history of the PPG. It started in 2011 and in that time we have invited patients from all of the age groups. This time the patients were invited by doing a random computerised search on a percentage of patients who had either attended the meeting before or who had been invited before. Mrs Hill explained that the meeting was advertised on our website and on the choices website and there was a notice on the surgery entrance door. Mrs Hill discussed the action plan from the last meeting for putting up a new notice board. After a lot of looking into, this was felt not to be suitable due to the location of the wall space available, as patients may feel uncomfortable if other patients were staring above their heads trying to read posters on this board.

Dr Ford talked about the Deal Collaborative Group. The Deal Group have had a Paramedic Practitioner (PP) assigned to them. This is a service where the doctor can ring the PP if there is a request for a visit in the middle of morning surgery that cannot wait until lunchtime or if the visit is a borderline 999 call. The PP will go and assess the patient and liaise back to the doctor. They now have computer access to the patients record while they are with them, which is very helpful to them and us as they record the consultation and it gets stored in the patients record. Some of these paramedics are now working in some of the bigger practices in Deal and Sandwich so there are days when this service is not available.

All Deal practices are now working together with Dover, Folkestone, Hythe and practices all the way to Romney Marsh. All these practices have formed a 'company' so that we can bid for services, and to make it easier to deal with the

CCG and other providers, as they will be dealing with one company instead of numerous individual practices. All practices have had to purchase shares for this company. The amount of shares purchased for each individual practice was decided by their list size, so all practices are equal. Some money was left over from the Over 75 project. This has also been put into this company, along with some money from the CCG. The company is looking at employing Paramedic Practitioners, Nurses and HCA's to assist the practices. Also, a Minor Illness Hub is likely to be created. This is where patients who have a minor illness (coughs, colds etc.) can be seen instead of coming to the surgery. It will be run by local GP's and will hopefully have a nurse, physio, and a mental health worker attached to it. Any patients who already have another chronic illness would still come to the surgery. An example of a service that could be bid for would be the District Nursing Teams. That way practices could have more input into how the nurses could support us.

The company is being helped to get up and running by BDO. BDO is an accounting and business advisory firm who help companies like ours get set up. They requested a survey to be carried out to check on the demand for appointments, and to see if any of these patients could have been seen at a minor illness hub instead. This has now been completed and showed there is often more demand for appointments than what the practices have available, and some of the patients could have been seen in the minor illness hub, instead of coming to the practice. This is now in the hands of BDO to process. There is still an awful lot to work out regarding this company, but everyone really needs to work together to survive.

One patient commented that this may actually take away patient choice. Dr Ford agreed with this, but the survey has shown that something else needs to be done to move forward.

Dr Ford advised she still does a ward round at Ami Lodge Rehabilitation Unit in Deal. There are often social workers present. It is getting harder to find placements for these patients, which in turn is causing bed blocking both at Ami Lodge and the hospitals trust. One patient and Dr Ford had a discussion regarding bed blocking. It is getting harder to get people back out of hospital and into the community as resources are not there.

We had a guest speaker from a local community interest company called Care Extra/Care Extra Plus. This is a 'not for profit' company serving local people. They had a lottery grant to help set the company up. They work in the

community and employ carer/companions to help lonely and vulnerable adults, partners of people with dementia etc. or to help with personal care. People pay for this service but less than other homecare services, but because they are not for profit they can afford to pay the carers more. A nurse assesses the clients initially to see what support they need. As this is a community interest company there is no involvement from CQC (but they do comply with CQC regulations) so the paperwork is greatly reduced, enabling the carers to spend quality time with the clients who need their help instead of filling in numerous forms.

Deal and Sandwich Age concern have also helped giving them office space to run this company. Their clients all receive attendance allowance which helps pay for this service. They currently have about 40 clients on their books and cannot meet the demand for their services. They have recently taken on 8 new staff, all local. They have some clients referred to them from carers support who get a 6 week package if they are in crisis. They also have some clients referred to them by Lyn Vassey our local Care Coordinator.

The guest speaker is also a trustee for Deal and District Stroke Charity who support local people and their carers who have had a stroke.

Angela Pointer stated that we are still working hard to get people signed up to Online Access. We have had a target set us this year of 10% of our patients using online access. The GP contract for 2017/18 has set a new target of 25%. We have recently had training for online access, and the trainer believes we are doing everything we can to get patients interested in using this service. If a patient wants a relative to use this service on their behalf, we can allow them just to have access to booking appointments and ordering medication. If a patient is going to use this service themselves then they can also have it set so that they can view some aspects of their medical record. If patients need help getting set up for this service they can contact Angela Pointer here at the surgery.

One patient asked if the ambulance services had improved recently, as she has had a couple of bad experiences with how long an ambulance has taken to get to a patient. Dr Ford advised we also had an issue here at the surgery where we called an emergency ambulance and it took a long time to get here. Even an emergency ambulance can take up to 2 hrs if the ambulances have got held up at the hospitals. Winter is always worse.

A couple of patients brought up the fact that the CCG have denied Deal/Dover a listening event like those that have been held in Folkestone and Canterbury. Most things that do get offered are normally morning meetings, which are hard

for people to get to due to work commitments. We will look at getting a letter sent to the CCG asking them to organise a meeting for the people of Deal/Dover.

Action Plan

To try to get the CCG to commit to meeting with the people of Deal/Dover.

To continue to invite a guest speaker to each meeting.

Angela Pointer to help three of the patients present to get signed up for online access.

Minutes of Patient Participation Group

Held at Manor Road Deal

On Wednesday 27th September 2017

Present: 2 ladies, 1 gentleman

Apologies: 3 ladies, 1 gentleman

On arrival patients were welcomed by Dr Ford and Mrs Angela Hill Practice Manager and offered refreshments. Introductions were made. Patients were given a pack containing anonymised minutes from the last meeting in March 17, an agenda for the meeting tonight and a copy of the survey results. Patients were given 5 minutes reading time.

Mrs Hill explained that this time the patients were invited by doing a random computerised search on a percentage of patients who had either attended the meeting before or who had been invited before. We also did a search on patients that had registered with the practice in the last year, and invited a random selection of those too. Unfortunately, the response was not very good from this new cohort.

Mrs Hill explained that the meeting was advertised on the choices website and there was a notice in the surgery advertising it.

Dr Ford and Mrs Hill discussed how busy the surgery has become. Even though Dr Tapping no longer works here, most of the patients that had followed her from her previous surgery have ended up staying with us. Our current list size is 2271 patients. Mrs Hill explained we now have a new locum Dr Tasou who helps us out on occasional Wednesdays and has recently worked for the full two weeks when Dr Ford was on holiday. This helps with keeping continuity for our patients. We still occasionally have Dr Thangavel helping us as well.

A patient asked about the salaried GP which was discussed at a previous meeting that was going to be a help for all of the Deal practices. Dr Ford explained that this has not happened. A patient mentioned he had read in the press that the government were trying to do away with practices that only had 1 GP. Dr Ford feels that we are safer now we are part of the Channel Health Alliance Company which is going to be running the hub. All 4 Deal practices are part of this company and will be involved in the Deal hub. We will all be working closely together to try and make the hub work for benefit the patients and us.

The hub is hopefully going to be run out of 4 rooms in Deal Hospital which CHA are currently trying to secure for the hub. This will be for minor illnesses which would normally be dealt with here at the surgery by the GP. It is not going to be a walk in centre. Patients will still have to telephone the practice to be triaged to see if they need to be seen at the hub, or if they still need to be seen by the GP here at the surgery. There have been discussions at CHA meetings about how patients are going to be notified about the changes with the hub starting up. Nothing has been decided about how this is going to be done yet. The new Home Visiting Service has already started. There is a paramedic and nurse already working with this service, and there may be a HCA joining them soon. Hopefully, this service is going to be run from the hub once it is up and running. We are allocated 2 visits a week and 2 follow up visits. These can be done by either the paramedic or the nurse. Any visits for these are always triaged by the GP first to see if they are appropriate for them. These visits potentially save the GP 1-2 hours a week where they can concentrate on other work. Hopefully, there is going to be a GP, Nurse Practitioner, Paramedic, Mental Health Worker, Physio and a HCA all located at the hub once it is up and running.

Mrs Hill explained that our administrator Angela Pointer has recently increased her hours. She is going on a training course to become a HCA which will help the practice as the nurses are extremely busy. Angela explained that the course takes 4 months to complete and there is a lot of coursework as well as online learning for her to do. Angela has to have an in-house mentor for this course. Our nurse Frances has taken on this role as Angela will have to do supervised procedures (e.g. BP's injections) as part of the course. We have been notified that the next course is going to be run at the end of October/November and Angela has been accepted for this one.

Dr Ford discussed complaints that had been received.

One was regarding a patient who had come out of hospital needing dressing changes, but the hospital had failed to tell her she needed to contact the practice to arrange to get the dressings. She attended the surgery for the dressing to be done and was not happy that she would have to pay for the dressings whether they were on a prescription or by buying them over the counter. The patient ended up leaving the practice.

The other one was where a patient had telephoned for a test result and had misheard the receptionist. The patient thought she had said something had been found, but on investigating this that wasn't the case. The receptionist had tried to explain that the Dr wanted to see them regarding the result to discuss it. The patient was then put on the correct medication for what the problem was.

One patient stated we have one receptionist here who can be very abrupt. Dr Ford stated in their defence that the receptionists are getting a lot of abuse lately by patients, especially when patients are telephoning to book appointments. Every one present was very shocked that this is happening to the receptionists and feel it is very unfair.

The action plans from the last meeting were discussed. Some of the patients who were going to get registered for online access have had medical issues, so have been unable to meet with Angela to get their registrations done. Appointments are being made for 3 of the patients to come and see Angela in the next couple of weeks to get them registered for online access.

Unfortunately, the guest speaker we had arranged to come to this meeting failed to attend.

Action Plan

To continue to invite a guest speaker to each meeting.

Angela Pointer to help three of the patients present to get signed up for online access.

For us to implement the receptionists to have a 10 minute break completely away from the reception area.

To look at maybe implementing more urgent appointments on a Monday.

To look at getting a poster for the waiting room to advise patients why the receptionists will need to ask what their appt is for. This will enable them to triage the patient to the relevant clinician once the hub is up and running.

Minutes of Patient Participation Group

Held at Manor Road Deal

7pm on Thursday 15th March 2018

Present: 5 ladies and 2 gentlemen.

Apologies: 3 ladies and 2 gentlemen.

On arrival patients were welcomed by Dr Ford and Mrs Angela Hill Practice Manager and offered refreshments. Introductions were made. Patients were given a pack containing anonymised minutes from the last meeting in September 17 and an agenda for the meeting tonight. Patients were given 5 minutes reading time.

Mrs Hill explained that this time the regular attendees of previous meetings were invited. We also did a search on patients aged 18-25 and invited a random selection of these. Unfortunately, the response was not very good from this new cohort.

Mrs Hill explained that the meeting was advertised on the choices website as well as our own, and there was a notice in the surgery advertising it.

Dr Ford discussed the regular monthly meetings she attends with our practice Manager Angela Hill regarding the HUB and CHA (Channel Health Alliance). CHA is a groups of GP's which came together so they can have more control over services to benefit the patients. Eventually CHA will be able to bid for services to improve what is available for patients. All practices from the SKCCCG are a member of CHA. During these monthly meetings what's happening in the CCG is discussed. At the moment Frailty in the Elderly is an area which is being looked at starting with those classed as severe, and their medication and their risk of falling is being closely monitored. The district nurses also assess people for this. There are falls groups that patients can attend. Care planning is discussed with these patients, and if necessary the doctors work with the patients and their families regarding getting DNAR's set up. MDT's are run in the area where local doctors, consultants, community nurses etc look at complex patients, but our complex patients have not consented to be included in these. Here at the surgery we do have quarterly MDT's with Dr Ford, district nurses and palliative care nurses to discuss our complex patients. Dr Ford also meets monthly with the district nurses to discuss any issues that have arisen with our patients. The home visiting service is now running across all of SKCCCG

and we have a paramedic practitioner, a nurse and they have now employed a HCA. This service does home visits to help alleviate the pressure on the doctors. What was intermediate care is now called rapid response service. This team helps to keep unwell patients in their own home if possible.

The Hub is due to open on 3rd April. This will be for minor illnesses. Patients will still need to telephone the surgery to get an appointment at the hub. We will be displaying a poster in the waiting room to advise patients why the receptionists will need to ask what their appointment is for. This will enable them to triage the patient to the relevant clinician at the hub. CHA have employed some GP's, nurses, paramedic practitioners and physio's ready for the opening of the hub. Some of the other local surgeries doctors may be working there as well. There will be a limited number of appointments which are allocated to each surgery. If you do not use all of these during the week there are hubs open in Dover and Folkestone at the weekends which you can send the patients to. One of the ideas behind the hub is so that it will free up time for the Doctors to see the frailty and complex patients in longer appointments. Funding has come mainly from the CCG from other services that used to be run that have now ended like the over 75 project. Although all the local surgeries are working together, we all still have autonomy over what happens in our own practices.

Angela Pointer spoke about the HCA training that she has now finished. She advised there was an awful lot of paperwork involved as well as practical sessions which covered things like working with people, record keeping, BP's, height, weight and infection control. She has now handed all her paperwork in. This has to be looked at by her course tutor, it then goes to a panel for reviewing. She finds out in May whether she's passed the course. This is now a recognised qualification that all HCA's have to complete to work in surgeries.

Dr Ford Explained how busy the surgery has been and that all the staff have been working extremely hard. Angela Hill discussed that a couple of staff have recently increased their hours to help with this.

Dr Ford explained that we have had no complaints since the last meeting.

Angela Pointer advised we have now updated the website which was a lot of work, but Dr Ford feels this now looks more professional. Angela is now going to be able to update this once she has had some training to save this being outsourced.

Angela Hill advised we are in the process of updating the alarm system here at the surgery. Although there are panic buttons that staff can activate which set off an alarm, this system has never been connected to the police. The new one will alert the police if the panic buttons are activated. This will increase the safety of the staff when they are here. One patient asked if this was the reason the door didn't open until 8.30 in the mornings at the moment. Angela Hill explained it that yes it was for safety, but also to allow the receptionists to deal with the phone calls which can be constant for the first half an hour of the day once the phones have switched over.

Dr Ford advised we are getting a new couch for the nurses room and we now use disposable curtains.

One patient advised that when he came in last week the waiting room was manic. There were a lot of children present and there were toys all over the floor which could be dangerous. This was discussed and it was decided that we would make the receptionists aware, so that when the waiting room is extremely busy like this in the future they can go and check whether the floor is covered with toys and clear it.

One patient stated that he liked the fact that the doctor rings through to reception to get the next patient sent down to her room. He felt that this must give her a few more minutes a day to do her paperwork. Angela Hill advised that this can be restrictive at times though as the receptionist can be on the phone or talking to other patients at the desk. This was discussed and it was decided we would look into getting some other way of Dr Ford indicating to reception that she was ready for the next patient.

One of the patients brought up the recent consultations regarding acute stroke services that have been happening in the area and the fact that Deal had been missed off being included in this. She advised there is now a public listening event being held on the 6th April at Deal Town Hall about this.

One of the patients advised there is a physiotherapist running an exercise class at the Landmark Centre at 6.30pm on a Tuesday evening. This isn't too strenuous and the cost is £5.50 and it's for anybody to attend.

The last action plan was discussed and one of the patients present stated that although they had come in and Angela had got her logged in to the online access service, it was now not working again. Angela offered for her and the other

patients present to come in and she would help them get set up again. We are now encouraging the receptionists to take a 10 minute break away from reception. There are now 12 urgent appointments on a Monday instead of 9.

It was explained that one of the locums we use Dr Thangavel has now retired, but we still have Dr Tasou that locums here regularly.

Action Plan

For the receptionists to note when the waiting room is extremely busy, especially with a lot of children present, to go and check whether the floor is covered with toys and clear it.

To look at getting some way of Dr Ford alerting reception that she is ready for her next patient, without her having to ring through to the staff.