

**Minutes of Patient Participation Group
Annual General Meeting
Held at Waterfield House on 16 May 2018**

Present: Trudy Donachie, Margaret Gannaway, June Crowhurst, Keith Jennings, David Hanes, Gill Cole, Colin Taylor, Allan Braham, Dr Justice, Pete Gonsalves

Apologies: David Coleman

Chairperson Report:

- Trudy Donachie outlined the reason for the PPG was to support the surgery in any way possible to the benefits of both patients and staff. It was also to highlight the role of the Clinical Commissioning Groups.
- Waterfield House faced a huge problem with the number of care homes that fell under its jurisdiction. .
- Trudy Donachie as chairperson attends the West Kent Chairs Meeting when ever possible for updates on West Kent. There have recently been consultations on Urgent Care and Stroke Services and a Transformation Plan for West Kent.

Pete Gonsalves, Practice Manager

- Peter introduced himself as the new Practice Manager and outlined the position regarding Care Homes. The average percentage of care home patients for the vast majority of GP surgeries is 0.5 % whereas Waterfield House had 2.5%. This was equivalent to one whole time doctor and putting a tremendous strain on the practice. At present, there is a planning application in to double the number of beds at Cornford House and still in the background the proposed Owls Nest development opposite the hospital. It is felt that the large number of care home residents does affect the service the surgery is able to offer to the general patients.
- The surgery is presently responsible for all residents at Cornford House, Hazeldene, Peppingbury and Seven Springs.
- He informed those present about the mobile phone facility to remind patients about their appointments in order to reduce the DNA levels. These had fallen from 2.48% to 2.12% since its recent introduction. An APP is available for patients (www.ilovemygp.com) to book appointments in addition to the present online facility. It is hoped the system will also be able to be used to request repeat prescriptions in due course.

- The surgery now had a phlebotomist for 2 mornings a week able to provide 36 appointments a week and free up nursing time.

- PG outlined the surgery staffing levels:
 - 3 full time GPs, 1 part time GP
 - 1 Paramedic
 - 1 Health Care Assistant
 - 3 Nurses
 - 12 Administration staff – 8 receptions, 3 general admin and 1 manager.

- PG informed the meeting that Dr Cameron would be retiring in early September. It was noted that it was going to be extremely challenging to recruit new GP owing to the national shortage and the Care Home situation. Dr Justice stated that they were looking at all options to see how this issue could be resolved.

- Dr Justice stated that the Practice may need to consider registration of new patients if recruitment of a new GP proved difficult and also because of the Nursing Home problems. This would mean existing households having new births would be accepted but anyone moving into the area would not be able to register with the practice, this would include new residents to the care homes.

- Both PG and Rhonda (prescription lead) described the prescription request service at the surgery:

- Rhonda spent 3 hours a day on prescription requests. The box in reception was emptied each day between 5.30-6.00 pm. Some prescriptions appeared in the post basket overnight and these were also collected each morning.

- Rhonda confirmed that anything not registered as a repeat product on the patients record had to be agreed by the GP.

- Requests on line
 - Paper requests in the box in reception
 - Electronic transfer of prescriptions to a chemist of patient's choice
 - The surgery asks for 3 working days in order to provide the prescription
 - It may be that the CCG will decide to enable prescriptions to be made up for a 3 month at a time period.
 - The surgery at all times ensures safeguards are in place for the elderly and their prescriptions are usually weekly if they have the Box System from the chemist (i.e the chemist makes up their daily tablets for them). There 100 of these "dossets" for the surgery.
 - Rhonda also deals with pharmacy queries, patient queries and anything else concerning prescriptions.

- The Maidstone and Tunbridge Wells Trust has now discontinued accepting Faxes with the new Data Protection that has come into force. At present the surgery is experiencing difficulties as the Trust has not yet issued all the appropriate email addresses to send referrals to etc. This is causing an enormous amount of work for the surgery as the administrative staff are having to act as appointment clerks for the hospital clinics at the moment. Referrals are being made by Choose and Book and some patients do need guidance from the surgery for this.
- West Kent is introducing a system whereby a cluster of surgeries will offer appointments outside the usual working day from 6.00 to 8.00 pm. Each surgery would offer this in a rotation and patients would need to attend the surgery on duty. The surgeries would have access to the patients' medical records. It is hoped to include some appointment availability on Saturdays and Sundays along with Bank Holidays.
- The Out Of Hours Centre at Tonbridge Cottage Hospital where patients can be referred if necessary after dialling 111 will be moving to the Tunbridge Wells Hospital site in June.
- The question of end of life choices was asked and Dr Justice stated that no GP would speed up a patients' death but it was the patients' personal decision as to what medication and treatment they wished to undertake.
- Advertising of the PPG more was raised. It was noted there had been articles in previous Pembury News but as yet there had not been a regular News Letter.
- It was asked what the television screen in the surgery waiting room was used for. It was explained that this was used for giving patients information regarding the surgery.
- The question was raised concerning deaf people not hearing when they were called for their appointment and feeling embarrassed about not responding. It was suggested that the person notified reception of their difficulty so this could be placed on the computer screen for the doctor or nurse so they knew they needed to locate the patient.