

King's Family Practice Patient Participation Group (PPG)

Date of Meeting: 6th July 2016

Time of Meeting: 13:00

Location of Meeting: Magpie Hall Road, Chatham

	Name	Position
Present	Paul Stephens (PS)	Chair
	Shiraz Hussain (SH)	Deputy Chair (Newly Elected)
	Susan Stephens (SS)	Member
	Jennifer Green (JG)	Member
	Paul McCarthy (PM)	Member
	Renee Coussens (RC)	Member
	Simone Breugem (SB)	Member
	Lakhwinder Anota (LA)	Practice Manager
	Tracey Maple (TM)	Office Manager (Minute taker)

	Name	Position
	John Smith	Member
Absent	Simidele Okuneye	Member
	Patricia Haviland	Member
	Louis Maybury	Member
	Anwar Khan	Member

ACTION	DUE	WHO
Patients to be notified of complaints procedure. Procedure to be published online and in the waiting area.	14/07/2016	LA
PPG and Surgery to review ways to educate patients on when to use A&E, Out of Hours providers, etc.	On going	PPG / LA

Amendment to minutes of meeting held 27.04.2016

5. Practice Report

Total number of appointments not attended for the period 1 January 2016 to 31 March 2016 was 457.

Meeting commenced at 13:02

1. Opening address, Introductions and apologies

- PS shared a brief overview of the Patient Participation Group (PPG) purpose for the new representatives. Apologies were read out from those representatives who were unable to attend.
- Consent form was passed around to share contact information with PPG Chair for ease of communication
- Each representative shared a brief introduction about themselves and their interest in joining the PPG.

2. Minutes of previous meeting

- Each representative was handed a copy of the previous meeting minutes to review and confirm at a later date. Any comments or amendments are to be passed to PS for review.

3. Action Plan Update

- **Item 1 - Review documentation posted on surgery website is in .pdf format.**
 - This has been completed by LA
- **Item 2 - Patients to be notified of complaints procedure. Procedure to be published online and in the waiting area.**
 - This is still pending. LA to finalise this by 14.07.2016
- **Item 3 - PPG and Surgery to review ways to educate patients on when to use A&E, Out of Hours providers, etc.**
 - This is still on going and will be discussed during the meeting. Agreed to be kept as an agenda item.
- **Item 4 - Telephone system to be reviewed with telecoms provider. Problem patients have with being in queue (hearing music) then being disconnected**
 - RC advised there has been no improvement. Patients remain on hold and the recorded message is slow. A suggestion was made to have a 'queuing system' whereby patients know where they are in the telephone queue.
 - LA advised that there are 10 telephone lines coming into the practice and there are some limitations on the telephone system. The surgery had to change service provider in order to minimise public spending. The telephone system has been randomly tested over the past six months and there has been no fault found.
 - PS advised that this seems to be a random occurrence and suggested for 'Option 1' to be the option to speak with a Receptionist.
 - SB noted that the appointment system seemed to work in favour of patients who were able to queue up in person for an appointment rather than telephoning the surgery.
 - PS suggested educating patients on the role of local Pharmacists being able to manage minor ailments and other minor conditions.
 - It was agreed by all present that although this additional service was vital to minimise the demand on GP appointments, it has not been widely publicised.
 - JG brought to everyone's attention that Pharmacists train for 5 years and although they are not able to issue prescriptions, they are able to deal with minor ailments and recommend over the counter medications, just as well as a GP.

4. Chair Person's Report

- PS suggested that the PPG representatives meet informally between PPG meetings to get to know each other and build a rapport.
- By December 2016 PS would like to step down as chair, so asked for representatives to consider whether they would like to take on the role of PPG Chair.
- CCG hold PPG Chair meetings and some key points raised at the most recent meeting were as follows:
 - CQC visits will now involve the PPG representatives directly. This will cause problems for surgeries without PPG's
 - CCG is primarily run by GP's and are responsible for funding secondary care services. In the future the CCG may have a more direct influence on delivering patient care in primary care. This raises concerns regarding how GP's could effectively manage themselves.
 - Patient's records are delayed when moving to a new surgery. This is a common problem for all surgeries in Kent. Local office functions were outsourced to a large national provider and an external courier service is also now utilised. LA advised that when attempts are made to track patient records, it is a labour intensive process with one department not always knowing the full workings of another department. Staff are often given the run around. TM confirmed that electronic records are, in most circumstances, transferred between GP practices by a GP to GP transfer system, however some systems are not compatible with the data transfer and therefore, no electronic record transfer occurs.
 - NHS deficit to be gone by 2020 - This cut to the NHS budget will most certainly impact on services. Only time will tell how great an impact it will have.
 - Recruitment crisis of Doctors and Nurses to Primary Care - PS discussed the lack of new doctors and nurses training for Primary Care. Those that do, tend to immigrate to other countries. LA advised that there were rumours about European GP's coming to the UK to bridge the gap, however, after the 'Brexit' vote, there have not been any further developments.
- Medway Maritime Hospitals (MMH) 'No Smoking' policy to extend to the entire site from 17 October 2016. There will be a meeting held on 14 July 2016 to discuss the impact of this on patients and visitors to the hospital. SB stated that MMH staff have been encouraged to log concerns on an internal forum. The general consensus is that there are concerns regarding what measures will be put in place to manage patient stress, if they are unable to smoke.

5. Practice Report

- Dr Najjar will be leaving the practice with effect from 10 August 2016, due to personal reasons. We do currently have advertisements out for a Salaried GP, GP Partner and Nurse Practitioner, however have not received any applications.
- Jai Gurung (Pharmacist from Well Pharmacy) is training to be a Clinical Pharmacist with a view to holding clinics in the surgery. His training will take between 12 and 18 months to complete. The surgery has investigated whether there are any Clinical Pharmacists available for clinics immediately; however, we have failed to secure one.
- Practice Nurse Naomi Huxham is currently on maternity leave. The surgery has employed two locum nurses who will work on a Tuesday, Wednesday and Thursday.
- LA was unable to provide PS with how many appointments, on average, the surgery facilitates per week, as GP clinics vary from day to day with Dr Anota sometimes holding an Open Clinic and increasing the number of Telephone Consultation appointments, based on patient demand for that day. Once Dr Najjar leaves, we will have one full time GP and one Part time GP. Dr Anota works 3 days whilst Dr Norwood works 2 days. The surgery is trying to secure locum GP's, however these resources are also limited.
- SP enquired whether there were guidelines for the maximum number of patients per GP, allowing effective management. LA confirmed historically the maximum number of patients per full time GP was 2600, however over time these guidelines have fallen by the wayside. The practice list size has decreased over the past few months; however we are still over capacity. The GP partners took the decision to freeze new patient registrations; however as part of our contractual obligation, we will need to re-open registrations at some point in the future. The situation has been brought to the attention of the local NHS England office. The surgery is unable to officially close its books because this would mean not offering some enhanced services to our patients.
- PS advised that this increasing demand on GP appointments, directly impacts on the number of patients attending A&E. JG confirmed that she had previously attended A&E, due to a lack of appointments and was then admitted to hospital. A suggestion was made as to whether patients could first be 'triaged' by a nurse before being offered an appointment. LA confirmed that this had already been trialled at the practice and agreed by a previous PPG representative to be ineffective. It also isolated those patients who had no access to a telephone or were unable to take time off of work.
- SB enquired as to whether there were safe operating guidelines for staff vs. patients? LA confirmed that the surgery submits data regularly, however historically; the surgery has always encountered difficulty when recruiting and retaining clinical staff. Reasons given to the surgery by clinical staff members have predominantly centred on unrealistic patient demand and the rudeness of some patients. The location of the surgery does not appear attract clinicians, other challenges faced may also relate to language barriers, a high demand for services and deprivation. PS echoed this by claiming that it may be easier to obtain an appointment if your surgery was located in Hempstead rather than Chatham.
- RC raised a concern regarding how many days the surgery would be short of a GP when Dr Najjar leaves. LA advised that we will be losing out on 3 days; however the surgery will endeavour to fill these sessions with a locum GP where possible.
- JG harkened back to the origin of the surgery, where patient's and clinical staff were on first name terms and patients were never refused an appointment. LA echoed that the surgery was started by clinicians who had a vision to provide outstanding health care to this community, however, over the years, the NHS has changed and 'improvements' have been made.
- In relation to current GP crisis, SB and LA agreed that not all of the practice population may have access to the internet or know how to use it. LA added that some patients are unable to read so reaching these patients may at times be quite challenging when trying to inform patient of changes.

- SB asked whether it would be possible to place a television screen in the reception area, which could be utilised as another tool for informing patients. LA advised that the surgery did previously use this method, however it was removed.
- PS asked how many patients did not attend their appointments in the past three months. TM advised there had been 364 Did Not Attend (DNA) letters issued. Three patients had been removed for repeated DNA's and 3 patients had been removed due to abusive behaviour.

6. Representatives Update

- SH enquired regarding pre-bookable advance appointments. LA reassured everyone present that pre-bookable appointments are available; however they are limited and booked up to 4 weeks in advance.
- RC requested whether the surgery had any plans to extend their site to Gillingham. LA advised that we are currently unable to fully staff Magpie Hall Road surgery and therefore would be unable to staff another branch surgery.
- SS enquired as to whether the surgery could utilise a telephone interpreting service called 'Big Word'. LA confirmed that we are aware of this service and would utilise it, if it were necessary.
- PS informed the representatives that there would be a PPG Newsletter. Once it has been approved it will be published.
- LA advised at present, the newsletter requires editing because it is too text heavy.
- SB advised that there were quite a few repetitions which could be removed therefore making it shorter.

6. Representatives Update (cont.)

- PC suggested that the newsletter take the format of a newspaper with columns for ease of reading.
- LA suggested perhaps to stick to 'key points'
- PS suggested for all representatives to provide feedback by e-mail so that they may be approved and the newsletter amended.

7. Any Other Business

- There was no other business

Meeting ended at 14:15

**The next meeting will be held at The Kings Family Practice, Magpie Hall Road
On 12 October 2016 at 13:00**