

Minutes of the Patient Participation Group Held on 20th November 2019 at Bridge Health Centre



Attendees:

Name	Representative from:	Initials
Michael Stewart (Chairman)	Rural Hub (Bridge & Littlebourne)	MS
Peggy Pryer	Rural Hub (Bridge & Littlebourne)	PP
William Pettit	Rural Hub (Bridge & Littlebourne)	WP
Elizabeth Kirkwood	Rural Hub (Bridge & Littlebourne)	EK
Peter Holwell	Rural Hub (Bridge & Littlebourne)	PH
Dr Kim Gardner	GP Partner	KG
Vicki Cook	Administrator	VC
Carol Hitchcock	Dispensary Manager	CH
Sharon Ashmore	HR & Facilities Manager	SA

01/12	<p>Welcome and Introductions</p> <p>MS welcomed members to the meeting and passed on apologies from DS who was unable to attend.</p>	MS
02/12	<p>Minutes of previous meeting / matters arising –</p> <p>Minutes of the previous meeting were discussed with an amendment to the previous attendees list to add CH – VC to action.</p>	KG/VC
03/12	<p>Practice – General Updates</p> <p>Staffing news and update</p> <p>New Joiners to CMP:</p> <p>KG reported there hasn't been much change since the last meeting however there will be a new addition to the clinical team. Dr Adrian North will be joining the practice on April 1 2020 and will be based in the City Hub. Dr North has 18 years' experience working as a GP and the plan is for him to be working for 6month's as a salaried GP with a view to becoming a partner.</p> <p>Staff leaving CMP</p> <p>KG stated that from 1 February 2020 she will be stepping down as a partner but will continue to work at the practice as a salaried GP.</p> <p>Gina Jones will be retiring as of December 2019 and CMP are currently evaluating nursing hours to determine what is required before recruitment proceedings begin.</p> <p>ACTION: VC to count up total number of staff to bring to next meeting.</p> <p>Complaints overview and themes</p> <p>KG updated the group with a summary of recent complaints recorded and themes which included:</p> <p>4 – Staff Attitude 2- Appointments 4 - Misc</p>	<p>KG</p> <p>KG</p> <p>KG</p>

04/12	<p>Primary Care Network (PCN) & Social Prescribing</p> <p>KG explained what the PCN is in the Canterbury area: The PCN is made up of the South Canterbury Hub which consists of Canterbury Medical Practice; New Dover Road and the University Medical Centre which has over 45,000 patients in total. The PCN provides services across Canterbury and works closely with the North Canterbury PCN (Dr Lindsay is the clinical director) which consists of surgery's such as Northgate Medical Practice.</p> <ul style="list-style-type: none"> • What does this mean for our patients: <p>NHS England has published two documents answering a number of questions to support the publication of the GP contracting documents and the development of primary care networks. Click on this link for frequently asked questions https://www.england.nhs.uk/wp-content/uploads/2019/04/pcn-faqs-000429.pdf</p> <ul style="list-style-type: none"> • What changes can patients expect to see? <p>PCNs should cover the whole country. What are PCNs really for? Listen to this PCN briefcast https://pcc-cic.org.uk/article/pcn-briefcast-we%e2%80%99ve-got-our-bid-so-what-now to hear more about the process and the importance of keeping patients involved.</p> <p>Questions were raised about how a patient could benefit from the social prescribing service provided by the PCN. KG explained that a patient could be referred into the service by several different channels, such as:</p> <ul style="list-style-type: none"> • The patient could see a GP; Advanced Nurse Practitioner or Practice Nurse who could refer the patient to the service. • A Community Practice Nurse could refer the patient into the service. • The patient tracker system, which is an IT system that triggers when frail, vulnerable patients attend hospital A&E could highlight the patient and alert would the community MDT, who can then refer them onto the social prescribers or other services. <p>Questions were also raised about vulnerable patients who have been discharged from hospital with minimal support provided by the hospital. KG mentioned that communication has been improving between the hospital and the GP Surgery especially with consent to share medical records through the SCR (Summary Care Record). This allows hospital staff to view care plans and medical records with the patient's consent. KG also mentioned that a new project is currently under development which is a Health & Social Care Record for the population of Kent.</p>	KG
05/12	<p>Clinical Pharmacist – Martin Rayner</p> <p>KG explained the role of the clinical pharmacist who has been employed to work within the PCN. Martin will be working across the South Canterbury Hub and alongside the North Canterbury Hub. Martin will hope to be the interface between patients and hospitals and provide support to patients (especially vulnerable/frail) with aligning their medications. A question was raised about if a patient could see the clinical pharmacist in a clinic at the surgery. KG explained that a patient would be referred to Martin via their GP and he would see them at home, however his role is still being assessed.</p> <p>A question was raised about whether this would impact on local pharmacies & dispensaries and KG specified that the role of the clinical pharmacist is to work alongside these agencies to provide more support for the patient. Lastly a question was raised about Dossett boxes which were explained by CH and the role of medicine management.</p>	KG
06/12	<p>Improved Access (IA) – New NHS App (Emma Halliday –ETP Implementation Lead NHS England)</p> <p>The new app was briefly discussed about its purpose of allowing patients the ability to book appointments; view medical records and prescriptions; Organ donation preferences; National Data preferences and lastly a Symptom checker. SA showed some members of the PPG the app but it was decided to bring this to the agenda for the next PPG meeting for further clarification. ACTION: VC to add to next agenda.</p>	KG/ SA

07/12	<p>Appointment Booking Update</p> <p>KG updated the group with the changes to improve the current system. The new changes provide the surgery with 80- 100 on the day appointments and patients who require urgent on the day care to be added to the triage list when all of the on the day appointments have gone. The triage system will be set up in the City Hub and will consist of a triage team who will work closely with the on call clinician. There will also be designated call handlers; reception staff focusing on face to face contacts. In addition to the call handlers there will also be a care navigator working opposite the triaging clinician and a prescription clerk managing prescription queries.</p> <p>There has been mainly positive feedback from staff and patients with regards to increased patient access via the telephone call back system. There was some robust discussion regarding the pre-bookable appointments availability which KG gave an assurance that this should improve over the next few weeks. We will continue to respond to staff and patient feedback providing additional training for staff and tweaking the system as necessary in line with comments received. ACTION: VC to liaise with PH & DS regarding newsletter announcement.</p>	KG
08/12	<p>New Site(s) update</p> <p>Littlebourne Surgery – on Friday 18th October Littlebourne Surgery had its official opening ceremony. Despite the weather it was a great turn out with sixty or more attending this special occasion. Thank-you to all those that attended, making this a wonderful evening. Dr Hinksman & Dr Peter Sykes made wonderful speeches so a special thank-you to them as well. Concerns were raised with regards to the lack of notice given in terms of the opening ceremony which was noted and apologies were made for any lack of communication. Lastly concerns were raised with regards to the lighting at the premises which SA stated has now been resolved.</p> <p>New Premises at K&C – In July building work officially commenced on the new premises at Kent and Canterbury Hospital. A silver spade ceremony was held to mark the occasion. The new building will provide space for additional services and will include a patient carpark, twelve consulting rooms and four treatment rooms. Completion is scheduled for Autumn 2020. A question was raised in relation to parking for patients and KG explained that there will be a free carpark for patients to use and there will be some form of security system in place (e.g. Tokens) to ensure it does not get exploited. Concerns were raised with regards to patients from London Road who used to be able to walk to their previous practice. KG stated that the practice were aware of this issue. Unfortunately the London Road premises is not fit for purpose and was limiting provision of services to patients as well as having poor access, and this was the only piece of land that the practice were able to acquire for the development. The practice acknowledged the difficulties it will pose to some patients and accept that there may be an increase in home visiting. The public transport links, due to the hospital site location were good and helped to mitigate this.</p>	KG/SA
09/12	<p>CQC Annual Regulatory Review- Tuesday 26th November 2019</p> <p>An annual regulatory review is intended to formalise the CQCs monitoring activity with practices rated good or outstanding and to bring more consistency to the CQCs decisions about when and what they inspect. The lead inspector, in this case Sandra Meadows will telephone the Practice Manager to discuss and record the responses to the 19 standard questions. Judith Marsh and Francesca Blackburn are joint CQC leads with Dee for the Practice.</p>	KG
10/12	<p>Any other business</p> <ul style="list-style-type: none"> • Transport: Discussions were had in relation to patient transport for the new build and for patients to be referred to services closer to home. • Newsletter: VC to discuss with DS/PH for ideas of content for future newsletters. Such as reassuring patients about Doctors viewing their medical records and confidentiality; IT services such as patient access & the new NHS app. • CCG: WP raised concern regarding patient engagement in the future reconfiguration of the CCG, with the formation of a large single CCG. At the last meeting he attended there was no clear information on how patients would be represented in the new 	All

	<p>structure. KG did not know but was aware that PCNs would be having some for of PPG and would ask JM to update the next meeting</p> <ul style="list-style-type: none"> • PP mentioned that at the Red Lion there is a computer club at 10:30 on Thursday 21st November. 	
11/12	<p>Date and time of next meeting:</p> <p>Wednesday 18th March 2020</p>	All

LIST OF ACTIONS:

Action 1	VC to make an amendment to the previous attendees list to add CH.	Completed 28/11/2019
Action 2	VC to count up total number of staff to bring to next meeting.	In process 28/11/2019
Action 3	VC to liaise with PH & DS regarding newsletter announcements and content.	In process 28/11/2019