

Patient Forum Minutes

3rd October 2017

Attendees: Alan Wright, Kathleen King, Patricia Thomsett-Jones, Sheila Harris, Wallace Murray, Maureen and Ewart Graham, David Burton, Marion Vause, Iris Connaughton, Cynthia Rosser, Steve Mahoney, Alan Prior, John Surridge, Jenny King, Colin Hartley, Judith Hardy, Rosemary Holmes, Moyra Carey, Patricia Binsted and Edwina Russell

Dr T Eastbrook – GP Partner

Mrs L Betts – Practice Manager

Mrs R Seaman – Assistant Practice Manager

Apologies: Mike Rose, Bill & Mary Venables, Susan Falconer, Linda Ridgeway, Debbie Revell, Colin Hampson-Evans, Christine Hampson-Evans, Joyce Lambert, Brenda Donald and Rosie Rechter

1. Matters arising from the minutes of the last meeting

None

2. Feedback from members of the Deal Health Patient Forum

Cynthia informed the group that there was not anything to report from the last meeting as both the Chair and the Secretary of the group have resigned, so the meeting was held by Clive from the CCG.

3. Update regarding the future at Balmoral from Dr Tracey Eastbrook

Dr Eastbrook spoke to the group about the future at Balmoral Surgery. She started by informing the group that Dr Mah has decided to leave Balmoral Surgery at the end of November. Dr Mah is leaving Balmoral Surgery to lead a practice in Folkestone that would otherwise be without any doctors as three of their partners had resigned. Dr Eastbrook wished him well in his new challenge and he will be missed. Initially, after Dr Mah leaves he will be covered by locum GPs. The Practice is currently recruiting for a GP Partner to replace Dr Mah but the Practice is not hopeful that we will be able to recruit one, as at the time of the meeting we had received no applications. The Partners have been looking at potential alternatives. We have recently recruited a Paramedic Practitioner who is a great help within the practice and if we are unsuccessful in recruiting a GP then an additional Paramedic Practitioner or Nurse Practitioner may be an option. In addition Dr Newens will be increasing her sessions from six to eight once Dr Mah has left the practice. One of the members of the group wanted to thank Dr Mah, on behalf of the patients in the group, for all that he has done for the patients at Balmoral Surgery and for the Practice. She said that he would be missed by patients and wished him well for the future. This was supported by everyone present.

Dr Eastbrook told the group that we are also currently in the process of recruiting a Pharmacy Technician. We are not the first Practice to do this, and there are some incentives to employ a pharmacist but we recently piloted having a Pharmacy Technician who was a huge help to the GPs and therefore we have chosen to go down this route. The Pharmacy Technician will try and filter out things that do not need to be actioned by a GP. They will also look at letters about medication

changes and update records on behalf of the doctor. Although they will be employed by Balmoral Surgery they will also spend time with the CCG to encourage both organisations to share ideas and feedback.

Dr Eastbrook then discussed Deal as a whole. She discussed “The Hub” with the group. The Hub is a new group of health professionals who will support General Practices in Deal. The aim is for there to be a Minor Illness Centre based at Deal Hospital where patients with acute minor illnesses could be seen. At the moment the plans are for there to be a salaried GP based at The Hub, however there is no guarantee that recruitment for this post will be successful. Some of the group asked about how this service would be triaged, and Dr Eastbrook explained that patients will still call their own GP Practice and the team at the Practice will book appointments at The Hub for patients for which it is appropriate. One of the group was concerned that some patients with memory loss may be confused about where they need to be seen, however Dr Eastbrook told the group that someone with memory loss or a chronic condition is unlikely to be referred to The Hub and that the aim of The Hub is to reduce GP workload to enable them to offer 15 minute appointments to patients with chronic conditions.

In addition to The Hub, practices in Deal now have access to a Home Visiting Service. The Home Visiting Service Team currently consists of a Paramedic Practitioner and Nurse Practitioner. Balmoral Surgery are able to access two home visits per day and five follow ups. The aim of this service is to assist GPs and to try to reduce hospital admissions by providing more follow up visits to patients who need this to prevent an admission.

The receptionists at the surgery are currently undergoing signposting training. They will be trained to say what options patients have when they contact the surgery. Lesley told the group that the training is for “active signposting” not care navigation which has currently been in the media. The receptionists will not be making a judgement about where the patient needs to be seen, they will just be telling patients about local services and liaising with GPs on behalf of patients. In addition to the signposting training, our receptionists are currently being trained to channel incoming letters in a more effective way so that GPs only see important documents, not trivial information. The receptionists who are involved in scanning are not medically trained, but they are being trained to process things more efficiently.

Questions asked to Dr Eastbrook by the group

Which GPs, other than Dr Mah perform minor surgery?

Dr Sparrow, Dr Hoffmann and Dr Newens have appointments for minor surgery.

Will the appointments for the Paramedic Practitioner be available online?

Not yet. We have only been employing a Paramedic Practitioner since April, so we are still finding out what sort of patients she can see and getting patients used to the role. The Paramedic Practitioner is extremely competent and managing complex cases, but we don't want to overwhelm her at the moment. However this is certainly something that we will look at in the future.

How are appointments for the Paramedic Practitioner booked?

When a patient rings for an appointment, the receptionist explains that we have a Paramedic Practitioner that they can see and they explain the sort of problems that she can deal with. It is then up to the patient to decide if she is an appropriate clinician for their problem. Helen, the Paramedic Practitioner, will not send patients away if she cannot deal with their problem. She is always covered by one of the GPs in the practice and if she needs assistance she calls them in to help her.

Will we recruit an additional GP in the near future to help cope with demand, in addition to replacing Dr Mah?

No, there has been no investment in General Practice for several years now and in fact income into General Practice is declining, therefore there is no money to fund an extra GP. Dr Eastbrook added that when you look at the number of doctors we have in relation to patient numbers, we are actually over staffed for our size. If you are a patient in Dover or Folkestone waiting times to see a GP are actually much longer. One of the group asked whether or not we felt that our appointment system is working efficiently and the Practice believes that our appointment system is the best that it can be, with a variety of appointments which are released at different times. Dr Eastbrook added that the partners see extras on a daily basis, and explained that patients who need to be seen are seen. She felt that if the practice were to offer 200 extra appointments a day, these would always be filled.

Do we still have a problem with unattended appointments?

We do still have appointments which are unattended, but since the introduction of text message reminders, which patients can reply to cancel their appointments, this seems to have improved.

Do patients have to be seen when their prescriptions have expired?

Dr Eastbrook explained to the group that it depends on the drug. Some drugs require a face to face review and other drugs can just be updated. Dr Eastbrook told the group that patients would be informed if they need to see the doctor for a prescription review, and that drugs are actually reviewed several times a year as medications tend not to be in synch and doctors will always check the patient's other drugs when they doing a review of the drug which has expired. Electronic prescribing highlights to patients when their drug is about to expire, but an appointment is not always needed.

Has communication between primary and secondary care improved?

Dr Eastbrook thought that it had. She said that there is now an email address that GPs can contact if they are having any issues with communication with secondary care and she feels that things do seem better.

Can patients email their GP?

There are no plans for patients to be able to email their own GP as they could not cope this additional stream of communication and they are unlikely to be covered from an indemnity point of view, for using email as a communication method. The practice has looked at setting up a general email that patients can use, but again we will need to liaise with our indemnity provider to see if this is possible and there would need to be robust protocols in place to ensure that clinical information is not missed. Dr Eastbrook told the group that email is the way forward, but admits that at the

moment she does not think that she could personally cope with one more channel of communication as she is already working to capacity.

Following the general discussions about the pressures that General Practices currently face, one of the ladies from the group spoke about a group that she was a member of called "Fair Deal for Deal". She explained that this is a non-political group which is raising the point that the NHS is becoming dangerous and is at capacity. She informed the group that should anyone wish to find out more about this group, there is a photographic exhibition which they can attend of NHS Services throughout the years and this exhibition takes place on the 24th and 25th October between 10.30am and 5pm at The Astor Theatre in Deal.

4. Annual survey questionnaire

Lesley told the group that it is time to conduct our annual patient survey. The group were each given a copy of a suggested questionnaire to look at and if the group thought that any changes should be made to the questionnaire they were asked to speak to Becky or Lesley. The questionnaire is not hugely different from previous years as the majority of questions are still applicable, but there is additional section in the questionnaire asking questions about new models of care.

We will be handing out the questionnaires during the first two weeks in November, and if anyone from the group would like to help distribute the questionnaires, the surgery would be very grateful as this leads to a greater response rate.

Although not discussed at the meeting, last year's action plan included a point on questionnaire distribution;

Action plan

- *To improve numbers taking part in the annual Patient Satisfaction Survey. We will email everyone with a recorded email address directing them to the Practice website. We will have fliers advertising the survey in the Doctors' rooms for them to hand out to patients they have seen. If the Doctor suggests a patient should fill in the survey, perhaps this will get a better response.*

So we will ensure that this is done when conducting this year's survey.

5. Topics for future meetings

Lesley asked the group to think about any future speakers that they would like and contact either herself or Becky with ideas.

6. Any other business

i) Childhood Immunisations

Dr Eastbrook informed the group that we have noticed that a number of appointments for childhood immunisations are not being attended. We have never had this problem before and to try and address the problem we have stopped sending out letters with booked appointments and instead we

send out letters asking patients to book their own appointment at a convenient time; however we are noticing a reduction in the number of appointments booked. Dr Eastbrook asked the group to spread the word about the importance of children being vaccinated.

ii) Weight Management

We have been commissioned for a number of years to provide a weight management service with a dietician and a Health Care Assistant. However Kent County Council have now withdrawn this service from Balmoral Surgery as they have pulled all of the local prevention services into one service. There will be an interim service until Christmas and then the service will be run out of local pharmacies. The Practice has contacted all of our patients who usually attend this service to inform them of the change.

iii) Is our list still open?

Yes, we have no plans to close it in the foreseeable future.

Date of next meeting: 6th February at @6pm