



Agenda Item:	Discussion Item:	Action Required:
	<p>Partnership Trust (KMPT), focusing on MH in one or two surgeries Dashwood and Westgate and Bethesda Medical Practice. This is seen as a core piece of work to see how it can spread across the practices across Thanet. There will be 5 workers in total in 2018/19. The CCG want to build this team to have some health care support workers and bringing some community services back in to primary care.</p> <p>Tracy said that Dr Malassi (MH clinical lead) will start to build Multi-Disciplinary Team's (MDT) which will include mental health. Looked at CHOCs (similar initiative to Primary Care Homes in Thanet) in Canterbury and this is working well. They have looked at the support in the community and how services can wrap around the patients in the community, which the Margate Taskforce works in a similar way</p> <p>The PPG Rep from Garlinge said that she understood that GP's can't access a MH computer system 'RIO' and so, where and how do the GP's get the information about a patient? There is a pilot trial of a triage nurse in KMPT who might finish in March/April who has access to the RIO system and the rep felt that GP's should have access to this system too.</p> <p>Tracy says that there have been discussions with GP's about the RIO system and the challenge is sharing patient details. Some of the RIO information is very sensitive and some patients may not want GP's or others know about what's on their record.</p> <p>There are discussions going on for GP's to access the RIO system</p> <ul style="list-style-type: none"> <li>• The other major topic at the February HRG Meeting was the East Kent STP Stroke Discussion, which provoked a lot of (mainly negative) discussion by all the PPG reps. As "Stroke Discussion" is an item on the Northdown PPG Meeting agenda, Neil said he would give an update on this topic later in the meeting.</li> <li>• Suggested topics in February, for future HRG meetings include "Local Care" and</li> </ul>	

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	<p>“Dementia” – Jan’s report refers to both items.</p> <p>Jan commended Practice Nurse Julie Sharp who broke her own marathon running record whilst raising money for Clic Sargent Cancer Charity, by running the Brighton Marathon on 15 April 2018</p> <p>In response to the HRG notes in Jan’s report (and Neil’s Stroke Services update), mentioning public consultations and views of patients being sought by the CCG, LS said that she felt that surveys like Patients’ Questionnaires are generally ignored by the majority of patients and that surveys are only completed by patients who take an active interest in what happens in our local health care region and as a result, survey results are skewed, a view sympathised with by several of the meeting participants.</p>	
<p><b>Practice Manager’s Report</b></p>	<p>Wendy presented her report, <a href="#">which is attached</a> to these minutes.</p> <p>Wendy told us of two staff leavers and welcomed the return of Becky Adams – HCA, to the Practice.</p> <p>GP recruitment is still a problem, Northdown is now working with Bethesda endeavouring to recruit a GP to work at both locations with the possibility of also working at the Limes. Northdown continues to employ excellent Locum GPs in the meantime.</p> <p>The telephone triage system introduced a few months ago is working well, however the implementation of iPads has been delayed due to problems with the app.</p> <p>About 42% of our patients are registered to use the Patient Access system, allowing them to book appointments and request repeat prescriptions online as well as enabling patients to see letters concerning them both to and from the surgery. 828 patients are members of the PPG; although we still tend to only see around 14 of them at the quarterly meetings.</p> <p>In March the number of missed appointments (Did Not Attend – DNA) rose to a disappointing 218 out of 4241 appointments that were available to patients.</p> <p>The Northdown/Bethesda merger is still in its early</p>	

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	<p>stages, a planning application has been submitted to Thanet District Council and if approved, building work to extend the existing Bethesda site is expected to start in July 2018, The latest news on the proposed merger can be found on the Northdown Surgery website  <a href="http://www.northdownsurgery.org.uk/info.aspx?p=8">http://www.northdownsurgery.org.uk/info.aspx?p=8</a></p> <p>A “Health Pod”, supplied by the CCG will provide additional facilities to the existing self-service blood pressure monitor in the waiting room. Other measurements, e.g. weight and height can also be taken with the results fed electronically into your patient record. Installation is expected to start soon.</p> <p>In answer to a question from one of the PPG members, Wendy said that online appointments are released at 0800 or 0900 daily.</p> <p>DNAs were discussed at some length, the rise to 218 in March is disappointing and a waste of both precious appointments and clinicians’ time. Neil informed the meeting that DNA is a regular topic at the CCG-HRG meetings and that all PPG reps have provided statistics to the CCG; there is no consistent method across Thanet of dealing with patients who repeatedly fail to attend their appointment although the most common action taken is “three strikes and you’re out”. The HRG and CCG hope to arrive at a recommended common course of action on DNA in the coming months.</p> <p>We had some discussion from our meeting attendees as to potentially charging for missed appointments, however this would not achieve anything as it would require somebody to administer the scheme and the type of people who regularly DNA appointments would not take notice of a letter or pay any charges.</p>	
<p><b>Update on Stroke Services Hospital Services</b></p>	<p>Neil gave an update on the Kent and Medway Stroke Services Review.</p> <p>A public consultation on changes to the way that Stroke Services are provided in Kent was implemented on 2 February 2018 and would run for ten weeks until 13 April; but the closing date has been extended by a week until midnight on 20 April 2018.</p> <p>Broadly the proposal is to establish three “Hyper Acute Stroke Units” (HASU) in Kent and Medway staffed by 24/7 stroke specialists; the proposed locations from which three will be chosen are William Harvey Hospital in Ashford and others in</p>	

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	<p>Medway, Maidstone, Tunbridge Wells and Dartford. QEQM and K&amp;C are not on the medium list of proposed sites.</p> <p>A 40-page paper document and an online version were made available to the public and readers were asked to complete a questionnaire and to add their comments to pre-set questions and to respond within the consultation period. Several PPG meeting participants said that they were unaware of the documentation until seeing the booklets at the 18 April meeting; Neil provided pre-printed slips with the website addresses on them so that members who hadn't done so, could read the proposal online and respond before 20 April. The apparent lack of publicity is something highlighted by the SONIK (Save Our NHS In Kent) Group in a letter to the Stoke Consultation Committee dated 23 March 2018. You can see their letter and the response by following this link <a href="https://kentandmedway.nhs.uk/stp-workstreams/stroke/our-response-to-sonik-challenge-to-the-joint-committee/">https://kentandmedway.nhs.uk/stp-workstreams/stroke/our-response-to-sonik-challenge-to-the-joint-committee/</a></p> <p>PM expressed a view that the consultation is a waste of time and the decision (on where to site the HASU had already been made.</p> <p>HK read out a letter that she has written to the Stroke Consultation Group in which she objected to the proposal to send stroke patients to Ashford rather than to improve the facilities that already exist at QEQM – a view shared by many of the participants and one which has been expressed strongly at the HRG Meetings.</p> <p>Neil took this opportunity to urge all PPG members to sign up to the Thanet Clinic Commissioning Group by following this link <a href="https://www.thanetccg.nhs.uk/health-network/join-us/">https://www.thanetccg.nhs.uk/health-network/join-us/</a> after registering, you will receive emails from Thanet CCG about proposed changes to services and other newsletters on or before the date they are released to the press – you'll never miss a questionnaire again!</p> <p>If you don't want to sign up, this link takes you to the TCCG homepage where you can see the same information on an ad-hoc basis <a href="https://www.thanetccg.nhs.uk/home/">https://www.thanetccg.nhs.uk/home/</a></p> <p>As and when we have them, Northdown PPG committee members will provide updates on the Stroke Review at future PPG meetings.</p>	

Agenda Item:	Discussion Item:	Action Required:
<p><b>“A Day In The Life Of Northdown Reception”</b></p>	<p>Lawrence Grant gave a very well prepared, interesting and informative presentation on “A Day In The Life Of Northdown Reception” in which he told us of the many varied tasks carried out each day by his reception team, who work on a shift pattern from 0745 until closing down and locking up the surgery at 1830.</p> <p>It was with some dismay that he told us about a minority of patients who shout at receptionists rather than talk politely and calmly; of obscene messages and drawings left for reception staff in the prescriptions request box; of threats of violence and on one recent occasion when the police had to be called to escort Lawrence safely home from work. LS told Lawrence that she appreciates the Reception Team and their professionalism – a view echoed and supported by the committee and other meeting participants.</p> <p>A copy of Lawrence’s presentation can be found <a href="#">here</a> and by going to the Northdown website “About our Patient Group” tab and searching under the “Minutes” heading.</p>	
<p><b>AOB</b></p>	<p>The meeting had received one completed “Topic For Discussion” form, from FK &amp; HK, in which they asked “We would like to know why we are being sent to Ashford and Canterbury Hospitals when there is our local hospital – QEQM in our area? The journeys to these other hospitals are time and stress causing to all patients who find where they have to go for whatever reason. Not so long ago we did have a choice, when did it change?”. Jan and Wendy jointly responded that as more and more demand was being placed on NHS services and with the shortage of staff, that hospital departments were being amalgamated with the result that a clinic that may have been available in the past at QEQM had been merged with another at (for instance) K&amp;C or vice versa: it was thought that further amalgamations will come and that there is little if anything that our PPG can do to stop it.</p> <p>PM was also annoyed at an ultrasound examination for her husband that was originally booked at K&amp;C , was cancelled and rebooked at QEQM and wondered why he was expected to travel in the first place? Toni referred to the “Choose and Book” option that is sometimes available with some outpatients’ appointments, whereby a patient receives a letter from the surgery asking them to go online and select an outpatient clinic of their choice from a selection offered. There was a mixed reaction within the participants over how often Choose and</p>	

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	<p>Book was available and for which clinics.</p> <p>LS suggested that a database of volunteers could be created, to provide transport from Thanet to hospital clinics, like “Blood Runners” – volunteer motorcyclists who receive additional driving skills and ferry blood from blood bank to hospitals when needed. Toni responded that there is already a list of volunteer groups who provide transportation for patients. This link shows details of Red Cross, Patient Transport, Travel Volunteer Bureau and others <a href="http://www.housingcare.org/service/list/s-85-transport-services/l-155-thanet.aspx">http://www.housingcare.org/service/list/s-85-transport-services/l-155-thanet.aspx</a></p> <p>Wendy told the meeting that when we merge with and are relocated at Bethesda, that she would like to introduce “Tea &amp; Chat” sessions.</p> <p>Jan said that she would make ad-hoc visits to the waiting room to speak with patients with the aim of attracting new members, especially younger ones to the PPG and to encourage more people to attend our meetings.</p> <p>Jan suggested that the surgery could host some sort of fund raising events in the summer months, perhaps stalls in the car park, where stall holders would donate some of their proceeds to local charities to be nominated by the PPG. Wendy cautioned that the car park is not exclusively used by the surgery, Toni said that consideration would have to be given to toilet facilities and that would mean someone opening and then securing the surgery each time a visitor wanted to use the toilet. The matter has been left open, with a request for suggestions from all, for fund raising ideas to be passed to Jan.</p> <p>LSw asked, based upon a personal experience, if GPs were no longer able to refer patients for MRI scans. Wendy will investigate.</p> <p>Neil reminded everyone that the next meeting will be the AGM and that it is coming up to two years since he took on the role of Secretary and that as per the PPG Constitution, he will be standing down. Any member who is interested in applying for the position of Secretary can do so by completing a nomination form – some of which were available at the meeting, by asking at Reception or find one <a href="#">here</a>.</p> <p>If anyone wants to know more about what the role</p>	<p><b>ALL</b></p> <p><b>Wendy</b></p>

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	<p>entails, please contact Neil by emailing <a href="mailto:secretarynorthdownppg@outlook.com">secretarynorthdownppg@outlook.com</a></p> <p>Once again, attached to these minutes is the "<a href="#">Topic For Discussion</a>" form; you can also find the form on the Northdown Surgery website, Patient Group Section, then, click on the "<a href="#">Next Meeting Date</a>" tab. If you have an AOB question, please submit it ahead of the PPG Meeting, so that if the question needs research to be carried out, then submitting it some days in advance will give the Committee a chance to respond more fully. Similarly, if a member is unable to attend a meeting and wants to ask a question, submitting it in writing on the form is one way to achieve this.</p> <p>If anyone would like a PDF or PowerPoint copy of Lawrence Grant's slide presentation or of Oena Windibank's "Thanet Local Care – The Thanet Way" slides please send an email request to <a href="mailto:secretarynorthdownppg@outlook.com">secretarynorthdownppg@outlook.com</a> .</p> <p>There being no other points arising, the meeting closed at 2000hrs.</p>	
<b>Next Meeting</b>	<b>The next PPG meeting which is also the AGM, will be held at the Surgery on Wednesday 11 July 2018 at 6:30pm</b>	
<b>Future Meeting Dates</b>	<b>The subsequent scheduled meetings are on:</b> Wednesday 10 October 2018 Wednesday 9 January 2019 Wednesday 10 April 2019 Wednesday 10 July 2019	

## **Report and Chatter from the Chair 18 April 2018**

Hello everyone!

It has been a somewhat quieter time for me and there are only two meetings I have to report on.

There was a T.C.C.G. meeting on 7th February 2018 which unfortunately I was unable to attend, but a copy of the minutes in full is attached to the end of my report. Luckily Neil was able to go and represent the surgery and no doubt he will also report on the meeting, filling in any gaps the minutes expose.

To summarise the meeting the following discussions took place:-

Mental health in Thanet which I am sure Neil will be able to fully report to you about, as it appears from the minutes there are several issues and plans affecting health care workers, and their progressive work with different surgeries in Thanet

The ESTHER cafe discussed referral routes, all to go via a G.P.

Dementia in East Kent was also discussed, and channelling existing services to those who need it most.

Counselling for people closely caring or associated with those having mental health issues was also talked about, and how they could be best or better supported, and a full resume can be found in the draft minutes (copies of which are on the table). (These were ratified at the meeting on 11th April)

A somewhat lengthy discussion took place on Strokes and to which hospital patients should be taken to, and how patients should be dealt with. Comments were made about the traffic conditions if ambulances, although updated with traffic reports, had to travel to Canterbury. A ten week consultation on this closes on 13th April, and no doubt more will be discussed at the next meeting on 11th April 2018.

Various PPG Initiatives were discussed and can be seen in full in the attached report.

On Wednesday 11th April I attended the Thanet Clinical Commissioning Group meeting at the Thanet Council Offices.

Oena Windibank gave a presentation on Thanet local Care. She advised us of two events in Thanet at the end of May and beginning of June. She also said that more Esther cafes were needed and the aim was to hold them every 6 to 8 weeks. Also there are plans to get into colleges and schools to speak to young people. Also she said there would, in the future be an outreach programme for those not attending the events for various reasons such as mobility, social reasons or ill health.

Oena also showed us three slides she wished to share which covered the vision of the future for the different areas of Thanet. (*The [Thanet Local Care slides](#) were received on 19 April 2018 and are attached to the PPG Meeting Minutes*)

An update of the current situations included the facts that planning had been submitted for the new Bethesda Centre.

A proposal was on the table to develop a new medical centre at Westwood Cross

In very early stages was a plan for an Urgent treatment Centre at the Q.E.Q.M.

This would be to stream patients. They would initially attend the Urgent Treatment Centre for initial assessment then be directed to the best place to get help for their problem be it A and E or admission to hospital.

Suggestions are also requested for a name for our new Centres presently called Hubs. it was thought this was not a good name, something like Health and Wellbeing Centres would be better as it would encompass all aspects of what was offered be it treatment, fitness classes rehabilitation etc.

thought was also being given in the case of Northdown surgery as to how people, such as those without transport or the disabled would travel to the new Bethesda Centre

Oena also told us the 8 to 8 primary care 7 days a week was under discussion and it did not mean that for example our surgery would be open all those hours - it maybe split between different surgeries, and there was a proposal that the Q.E.Q.M may be used for week-ends. Again transport issues were raised, and among the suggestions were the use of voluntary services, community providers and maybe shuttle buses but these were still being looked at.

Generally the Oena`s presentation and ideas well received and it was felt it was a move in the right direction. Receptionists were discussed along with patient confidentiality and it was noted they are all signed up to the data protection laws, and the idea of badges was put forward which would let patients the level of training and knowledge that particular receptionist had attained so that it would be known whether or not advice and to what level could be given, and it was thought this system would instil more confidence in patients. Phones - also it was suggested they should be taken out of the reception area to give more confidentiality to patients calling the surgery. Also a room could be set aside to talk to patients as at present the reception areas are open and the remaining patients in the surgery waiting room could hear everything that was being said if questions needed to be asked and advice given.

After Oena`s report the meeting discussed the reasons why the Q.E.Q.M had not been listed as a possible venue for stroke patients. It was felt that to travel to Ashford from Thanet was not desirable bearing in mind not only the time involved but traffic conditions also, depending upon the time of day. Canterbury was also an unpopular choice at the meeting again due to traffic in the City. The consultation has been extended until 20th April when the results of the questionnaire will be looked at and this can be found on the website for those who have not yet submitted their views. If people have no computer access there is a form at the rear of the booklet "Improving urgent stroke services in Kent and Medway" or at the end of my report. Clive Hart, the Chair of our meeting, is putting out constant reminders on Twitter asking people to submit their opinions because he felt if enough people from Thanet stood up for the Q.E.Q.M to be a stroke centre our voices could surely not be ignored.

At future meetings the issues of D.N.A and Orthopaedic services are to be discussed.

PPG Initiatives and Best Practice sharing was the next item on the agenda. Bethesda obviously stated that planning had been submitted for **the** new centre.

### **Mockets Wood**

They stated that large posters had been put up in the surgery for new members to attend their PPG meetings and was aimed at younger people. They had also placed smaller fliers in the chemists

locally and asked if, when prescriptions were dispensed, a flier could be included with the medication. Also they have introduced meet and greet to try and find ideas for improvement of their service. Lastly they have a working group looking at loneliness and much discussion took place on this but it was generally well received by the meeting.

### **Minster**

They had previously done Walks for Life and the attendance at first was good but then the bad weather came and since it appears to have fizzled out.

Some members went to the 111 Centre at Ashford for a tour and although the building was difficult to find and parking was restricted it was felt by those attending a very informative visit on the operating procedures of 111.

**Garlinge** surgery told the meeting they were in the process of merging with the **Limes**

At the Beacon Centre there is a room for carers or mental health patients and every two weeks carers can sit and chat and have tea and discuss new ideas without breaking any confidences.

Thanet now has a room near A.& E that is used for liaison services for mental health issues.

### **Westgate**

Stated they had also undertaken health walks. On 24th May they are having a community Day talking about nutrition and it would be to benefit all ages, talking about different foods for different issues

### **AOB from meeting**

Ken brought up the fact that with the new centres the PPG would surely in the long run have to undergo a complete re-structure.

Kate BLISSETT then asked the meeting for ideas of what we would want on this point and how we could move forward. As it is a legal requirement for all surgeries to have a PPG, discussions on moving forward were just starting.

Finally I raised the point of Northdown's raffle for click Sergeant, which is being held at Northdown Surgery. Julie, one of the practice nurses is running in the Brighton Marathon to raise funds for this.

There being no further business the meeting concluded, the next meeting being Wednesday 6th June at the Council Offices.

Jan Dell  
Chair.

## Practice Manager's Report – April 2018

We continue to monitor and improve processes to ensure that our practice runs as smoothly as it can, given the clinician staffing levels we currently have.

### STAFF

We have said goodbye to:

Natalie Rouse – our nurse associate has now left to join Westgate Surgery  
Dr Kayzia Ballantyne has now left us to continue with her rotation.

We have welcomed:

Becky Adams who has returned to us in her HCA role

### GP Recruitment

We have still not been able to employ any GPs, we are at the moment working with Bethesda to recruit a GP to work across both sites and also maybe The Limes. However, we continue to employ our excellent Locum GPs to try to alleviate the shortage.

### Other Recruitment

We have put our first joint advert in for a Health care assistant to share with Bethesda. We only need to cover 16 hours and this fitted in with them. Interviews will be held at the end of the month. We are also advertising for a replacement for Natalie Rouse (Nurse Associate).

## APPOINTMENTS

The Telephone Triage system is still proving the best way to utilise our precious appointments. Our new i-pads for the PP's and GP's to take out on home visits, have not yet been put to use due to problems with the App – this has now been fixed and will they will shortly be updated with the new update. A bug within the clinical system has now also been fixed.

### PPG Members

828 patients are members of the PPG

### Patient Access System

4297 patients are registered for this system which enables them to book appointments and/or request repeat prescriptions and to view results, letters etc.

## Appointment availability for next 2 weeks (as of this morning at 11.00

**General pre-bookable appointments** - there are 7 pre-bookable appointments available over the next 2 weeks.

**Online pre-bookable appointments** – there are 4 online pre-bookable appointments available

**Blood Tests** – there are 15 blood test appointments available still for this week and more online

**Dressing Appointments** – there are 15 dressing appointments available over the next two weeks.

*At 11.15 today there were still 4 urgent appointments available for this afternoon.*

### **Missed Appointments (DNA's)**

In March, numbers have risen to 218 missed appointments out of a possible 4241 appointments.

## **OTHER NEWS**

### **Fund Raising**

We are currently fund raising for Clic Sargent (children's cancer charity) to support our Practice Nurse, Julie Sharp, who is successfully ran the Brighton marathon last Sunday in support of this charity. Julie has managed to obtain some incredible prizes from local business. Raffle to be drawn tomorrow (Thursday)

### **Telephone System**

This seems to be working well and patients will also eventually be able to tell their position in the queue and give appropriate messages depending on the time of year and day. It will also eventually tell patients when there are no appointments left so it then gives them the option to hang up if they do not wish to ask anything else.

### **Bethesda/Northdown Surgery merger**

Plans for an expansion to its existing building have been submitted. Nothing further to report until decision on plans is made. The build is still due to start in July 2018 and will be completed hopefully by the end of the year but definitely by March 2020. The new build will give us a better opportunity to expand our services and hopefully attract more GP's which we know is what we lack most. We will not move into the new building until April or May 2020 as work will need to be done on the older part of the building to bring it up to standard with the new extension.

We will become one practice so you will have more choice of GP but at the same time you will still be able to see your registered GP if this is who you want to see.

### **Arrival Health Pod**

This is a pod, being supplied to all surgeries by the TCCG, that will allow patients to not only check their blood pressure, but whilst sitting at them, can also take other measurements e.g. weight and height. This information will then automatically be sent to the patient's medical record on our clinical system. This will be placed in the waiting room behind the screen (probably where the current blood pressure machine is now situated). Data/power points will be installed soon

### **Patient Information Kiosk**

Again, this is something being supplied by the TCCG to all surgeries for patient use. Data/power points will be installed soon.

# A Day in Reception

Lawrence Grant



Double click the image below to run the presentation - you may need Microsoft PowerPoint installed on your laptop to see the slideshow



**NORTHDOWN SURGERY  
PATIENT PARTICIPATION GROUP MEETING  
ANNUAL GENERAL MEETING  
11 July 2018**



**PPG Officer Nomination Slip**

I wish to be put forward for the role of **Secretary**

Reason or background for applying can be outlined here or if printed out, on the back of this sheet or on a separate page.

Name: .....

Contact Telephone number: .....

Email address: .....

Please hand this form in by **6<sup>th</sup> July 2018** to Reception or email to [chairnorthdownprg@outlook.com](mailto:chairnorthdownprg@outlook.com)



## **Some Useful Web Site Addresses:**

Northdown Surgery

<http://www.northdownsurgery.org.uk/>

NHS Choices (to leave a review of Northdown Surgery and general NHS information)

<http://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=36062>

Thanet Health Network (everything you wanted to know about NHS health in Thanet and more)

<http://www.thanetccg.nhs.uk/home/>

Thanet Clinic Commissioning Group (sign-up page)

<https://www.thanetccg.nhs.uk/health-network/join-us/>

The east Kent Joint Committee of Clinical Commissioning Groups – Latest updates from the Committee

<http://kentandmedway.nhs.uk/where-you-live/plans-east-kent/ekjcccg/>

East Kent Better Health leaflet (17 pages)

<http://eastkent.nhs.uk/wp-content/uploads/2016/08/East-Kent-Better-health-and-care-online-leaflet.pdf>

East Kent a “top level” overview of health groups in east Kent

<http://eastkent.nhs.uk/>

Healthwatch Kent is an independent organisation set up to champion the views of patients and social care users across Kent

<http://www.healthwatchkent.co.uk/>

2017 GP Patient Survey Results

<https://gp-patient.co.uk/report?practicecode=G82066> An overview for Northdown Surgery

<https://gp-patient.co.uk/Slidepacks2017#T> The full results - click on NHS Thanet CCG and the PowerPoint slide deck will download to your PC