**Patient Forum Minutes**

**20th October 2015**

**Attendees:** John Clapson, Sheila Harris, Alan Wright, Patricia Thomsett-Jones, Debbie Revell, Jenny King, Colin Hampson-Evans, David Burton, Mary Venables, Bill Venables, Gordon Senicle, Barbara Parkins, Alan Prior, Iris Connaughton, Linda Chapman, Sue Falconer, Carol Barker, Cynthia Rosser, Adam Murray, Roisin Murray, Marion Vause, Steve Mahoney, John Surridge, Edward Goldring, Beatrice Stroud, Laurence Stroud, Maureen Graham, William Graham,Patricia Binsted & Karen Fairclough

Dr C Mah – GP Partner

Mrs L Betts – Practice Manager

Mrs R Seaman – Assistant Practice Manager

Mrs Sue Baldwin – South Kent Coast CCG

**Apologies**: Linda Ridgeway, Christine Brownridge, Linda Shaw, Judith Hardy, Alan Grinsted, Michael Hopper, Moyra Carey, Brenda Donald, Stephen Chapman, Margaret Hartley and Colin Hartley

1. **Matters arising from the minutes of the last meeting**

Jennifer King asked for something to be added to the minutes of the last Patient Forum Meeting regarding District Nursing. The following statement has been added to the minutes dated 16th June 2015.

*“A member of the forum group spoke to the group about her recently encounter with the District Nursing Service. She explained that whilst she was happy with the staffing personnel when they visited her mother, she felt that the communication within the team and the team’s administration was terrible and caused a great deal of upset to the family, at an already distressing time.”*

Jennifer King asked Lesley why the minutes from the meetings are not verified by a forum member. Lesley explained that this is not something the group had previous felt was necessary, but if the majority view of the group is that this is necessary, the practice will send the minutes to a representative to be verified before they are circulated.

1. **Feedback from members of the Deal Health Patient Forum**

Ms Rosser was unable to attend the previous Deal Health Patient Forum meeting, but she had liaised with Brenda Donald who had given her a summary of the recent meeting.

At the previous Deal Health Patient Forum meeting, the group received a talk from Sue Baldwin about services at Deal Hospital. Sue was also talking to the Patient Forum Group that evening; therefore it was not necessary for Ms Rosser to summarise this talk.

Ms Rosser informed the group that at the last meeting the new lay member of the CCG, Clive Davision, was introduced to the group. He spoke to the group about patients in the CCG accessing healthcare in France. Ms Rosser said that a Q&A sheet was given to the group and she asked Sue Baldwin if this could also be circulated to the Balmoral Group and this is enclosed with the minutes.

1. **Deal Hospital Update – From Sue Baldwin, South Kent Coast CCG**

Sue Baldwin gave an extremely interesting talk to the patient forum group. Sue discussed the CCG’s plan for more integrated care within the local area, following the five year plan which has been published for the NHS. She explained that the NHS and Social Services are still not integrated, however the CCG wants change this and make sure that no door is the wrong door for patients. She added that Deal Hospital is vital in the CCG’s plans to achieve this. The CCG aim for Deal Hospital to become a “hub” of NHS and Social Services, to make it easier for patients for access services under one roof, and for health professionals to get know one, learn from one another and work more collaboratively. She informed the group that recent events that have been held within the area have shown that a lot of services are being duplicated within the local area as people do not know what is being done by other local providers and charities.

She said that the CCG aim to include the voluntary sector in a lot of their plans, particularly the Deal hub as they recognise the importance of this sector moving forward. At previous Patient Forum meetings we have discussed the Medical Interoperability Gateway (MIG) , a viewer which allows clinicians to have access to patient’s medical records from a variety of healthcare settings (with the patient’s consent at the point of access) and Sue explained how the MIG is vital to the success of the CCG’s plans. Sue told the group that the MIG had recently been accessed for an unconscious patient, and this enabled the clinician to see that the patient was on blood thinning medication, which changed the clinician’s treatment plan. The MIG is already being accessed by doctors within East Kent Hospital Trust, this was phase one of the MIG plan. Phase two involves rolling the MIG out to services within Kent Community Health Trust (including Mental Health, Physiotherapy, District Nursing), IC24 (Out of Hour’s Provider) and the Pilgrims Hospice. Phase two will commence when 80% of local practices have agreed to the MIG, and it is looking like this will be achieved by the end of October.

Sue said that the CCG’s plans for healthcare in Deal have acknowledged that there is not an acute hospital in the town, and therefore we need to try to provide healthcare locally, outside of the acute hospital setting. She confirmed to the group the services that are remaining at Deal Hospital. This includes, the inpatient beds which can be used as step up beds (for patients who need a bit more care than they can access at home, but do not need a bed in an acute hospital) and step down beds (for patients who have been in an acute hospital and no longer need this care, but are not quite ready to go home), physiotherapy, x-ray, pathology and Minor Injuries (the CCG have increased the opening hours of this department so they are now open from 8am-8pm).

In addition to the existing services within Deal Hospital, several new ones will be added to create the Deal Hub. These include;

Carer’s Support - who will liaise with patients whose are inpatients to see if they require any help at home when discharged,

Age UK – Providing an advocacy service for patients

Social Services - Patients will be able to trial equipment at Deal and have any required assessments,

Turning Point – Who focus on improving the lives of people with mental health problems, learning difficulties and substance misuse

She continued to talk to the group about outpatient clinics within Deal Hospital. She informed the group that only 26% of consultants previously offered appointments in Deal and being seen at Deal Hospital very much depended on which consultant you were referred to. She said that two of the specialities that were offered at Deal Hospital were Ophthalmology and Trauma and Orthopaedics. She said that although these services have now moved to Buckland Hospital, work is being done to provide some aspects of these services at Deal Hospital. In particular work is being done to develop a glaucoma service based in Deal, provided by a local optician. For Trauma and Orthopaedics, the CCG are looking at starting a virtual fracture clinic where patients can be seen and X-rayed locally and their scans are looked at by a consultant in an acute hospital, if it shows a fracture, local nurses are being trained in splinter management to prevent the need to patients to have to travel to an acute hospital.

Rheumatology is a speciality that is also no longer based at Deal Hospital, however the CGG are looking at changing the way that this service is run and are working towards local Nurse led clinics which have consultant support. Previously this service has been run the other way round, but it has been found that patients are seen more often by the Nurses, who have a lot of specialist skills and they do not always need consultant input. Sue added that the CCG want to encourage career progression within the local workforce and see Nurse led clinics as a way of doing this and hopefully a way of sustaining a good workforce.

The group discussed the lack of parking at Buckland Hospital and wanted to know if there is any plans to increase the amount of parking available at the hospital. After the meeting Sue Baldwin contacted Lesley to inform her that the old hospital building is currently being demolished and this site will then become a car park with 116 car parking spaces.

She explained that there are three tiers within healthcare, tier one is General Practice, tier 3 is the acute hospital and tier 2 is services outside of these settings. She said that the CCG are working extensively on developing services in this tier as until recently not a lot of emphasis has been placed on these services and the CCG are trying to use Deal Hospital for services in this tier, where possible.

Sue also spoke to the group about urgent care. She informed the group that the CCG are looking at paramedic and integrated care pathways to ensure that patents get the right care, at the right time when urgent care is required. They are working towards a model where all referrals for urgent care go to one central point and they are then triaged and the most appropriate person is sent out to the patient to try and keep the patient in their own home. She explained that in Folkestone there is an urgent care team which comprises of paramedics and nurse practitioners, and the most appropriate clinician is sent to the patient. She added that voluntary services such as Carer’s Support and Crossroads will be included in the urgent care team so that patients may be referred to their services if appropriate. The CCG recognise that continual education of staff will be needed for this to be a success and this is something that is being also being developed.

Sue emphasised the importance on Patient Forum Groups in developing healthcare in the local area and explained that patient feedback is paramount for the CCG to successfully deliver these services.

1. **Action Plan for this year’s Patient Satisfaction Survey**

In July the surgery conducted their annual Patient Satisfaction Survey. Several of the forum members handed out questionnaires in the waiting room during this time, and Becky informed the group that this led to a greater response rate than in years where the questionnaires were only handed out by the receptionists, and she thanked everyone that helped with this.

The group were given a copy of the questionnaire results to look at and Becky explained to the group that overall, the questionnaires responses did not differ greatly from previous years and that the Practice was pleased with the results.

Lesley informed the group that the Practice is required to produce an Action Plan based on the survey results. Lesley added that this year the Practice feels that the Action Plan should be based on the comments from the survey as these showed some recurring themes that need to be addressed. Lesley said that although the comments had not be circulated to the group at the meeting, they would be happy to send them to members if they would like a copy.

Lesley suggested to the group that the Action Plan should be based around;

**Referral delays**

**Telephone Access at 8am**

**Extended Hours promotion**

**Continuity of Care**

If the patient forum group agree with these areas, then the practice will make a plan to try and address these issues. If any patient forum members disagree with the plan, they were encouraged to contact Becky or Lesley.

1. **Drop in clinics in the waiting room**

Becky spoke to the group about drop in sessions that Patient Forum Members have been providing in the waiting area. At the last meeting Lesley and Becky asked the group if anyone would be interested in volunteering in the waiting area to speak to patients about services that are on offer in the practice and speak to patients to find out if there is anything that they think should be discussed at Patient Forum Meetings.

The Practice feels that the drop in sessions have been extremely beneficial and are very grateful to the members who have volunteered their time. The practice has seen an increase in the number of patients registering for services such as online services, and our electronic patient newsletter. The patient forum volunteers have also been promoting a new drop in dementia clinic that is being held quarterly at the surgery, and the first event that was held in September was extremely well attended. The volunteers who were present at the meeting explained that most of the time patients did not approach the information desk in the waiting area, but rather they had to approach patients, and they asked if something could be put on the desk to explain who they were and what their role was in the waiting area. Becky said that she will organise this.

As a result of the success of these drop in sessions, the practice has made contact with several local charities/organisations to see if they would be interested in holding a drop in session in the waiting room. Carer’s Support and Age UK have both agreed to this, and will be each holding a session once a month, and patients from any surgery can speak to someone from these services when they are here. The practice will also be providing a room for patients to speak confidentially if this is required.

Becky asked the group to think of any charities/organisations that they think patients may benefit from knowing more about the service they provide, and to let her know if they have any suggestions.

1. **AOB**

One of the forum members mentioned that he thought our phone line was crackly. No other members of the group had experienced this issue. Lesley said that she would check it. Another member of the group had recently phoned the surgery and said that when she pressed “option 6”, she was cut off, Lesley also agreed that she would check this.

Since the meeting Lesley has checked the phones, and at the time she checked them she could not find any issues with “option 6” nor did the phone line crackle.

**Date of next meeting: 9th February 2016 – Attended by Nicola Osborne to talk about District Nursing**