# **Patient Forum Minutes - 14/03/2022**

**Attendees: Iris Connaughton, Judith Hardy, Pat Thomsett-Jones, Moyra Carey, William Venables, Jackie Carey , Marion Vause, Sheila Harris, Linda Chapman, Adrian Rudge, Susan Falconer, Maureen Graham, William Graham, Alan Prior, Cynthia Rosser , John Surridge, Colin Hartley, Hugh Axton & Patricia Binsted**

**Lesley Betts – Practice Manager**

**Rebecca Seaman – Assistant Practice Manager**

**Apologies: Alan Wright, Edwina Russell, Steve Mahoney, & Mr & Mrs Parsons**

Our last meeting was held back in 2020 at the start of the pandemic, and due to this it had to be held using “whypay”, a telephone conferencing solution. The solution was not ideal, and therefore we refrained from holding another meeting until we could do so face to face. Becky and Lesley were not expecting so many people to attend the meeting today, but were extremely grateful that the members could give up their time and attend. It was lovely to be able to meet again.

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

None.

1. **Covid – 19 – How we have responded and our current appointment system**

Even though restrictions have been lifted in England, there are still rules in place for Health Care Settings. This includes wearing masks, social distancing in the waiting room, regular lateral flow testing for staff and home working if a staff member tests positive for Covid-19.

At the start of the pandemic, our PCN had a designated site (Golf Road Surgery) which was for patients to be seen who were suspected to have Covid-19. This site was staffed, on a rota, by staff from all of the local practices. This site is no longer in operation, instead all local practices have their own designated “hot room” which would be used if a patient needed to be seen and they had Covid-19. This room would be accessed from the garden rather than the main waiting room, it has very minimal furniture and it has an easy to clean floor.

The majority of our appointments are still same day. This is to ease disruption to patients if a staff member is unwell, which has been the case several times in the past few weeks. We do also offer a limited amount of next day, and next week appointments, as we are aware that not everyone can ring in the morning for an appointment. The appointments that are available are a variety of face to face and telephone appointments. As we still have to maintain social distancing in our waiting room, we need to ensure that the face to face appointments are scattered and not all at once, as the waiting room would become too full. Each clinician has slots available that they can book, if a patient that they speak to on the telephone needs to come in that day.

Some of our GPs have recently reduced the number of sessions that they work each week, as several of them are approaching retirement age. Therefore, there may be a longer wait for certain clinicians. Whilst some clinicians have reduced their sessions, this has not reduced the overall available appointments as these have been picked up by other clinical staff. The practice is still using eConsult and if a patient submits one of these, they will get a response within 48 working hours. If the response of the eConsult is that a patient needs to be seen, the patient will be booked in by a receptionist, they will not be asked to call back to access an appointment.

Becky talked about our online booking system, and explained that unfortunately we are not able to put the majority of our appointments online at the moment, as we do not give a fixed time for the telephone consultations. Patients are either told that their appointment is going to be in the morning or afternoon, however if there is a time that is not suitable for the patient, the receptionist can add a comment to say this. Several of our GPs have noted that since the end of the lockdowns, patients present with more than one problem and therefore it is very hard to give a time, as appointments often over run. If a patient has a face to face appointment, they are given a fixed time.

One of the members asked how we will be fulfilling the government requirement of publishing 25% of our appointment slots online. Lesley responded to this question and explained that this requirement has been revoked, and it is now looking like the requirement will be for a certain amount of appointments to be published which do not need triage. Currently this would apply mainly to nursing appointments, such as blood tests, injections etc, and so it likely that it will be these sorts of appointments which are published online.

Becky spoke about chronic disease reviews, and in line with government advice, these reviews were temporarily suspended during the course of the pandemic. If a patient had concerns about their chronic disease, they were encouraged to speak to their usual Dr instead. As soon as we could, we resumed these reviews, but there is still a backlog of patients who need a review. At the start of the pandemic, we had a meeting with our clinicians and we decided which groups of patients would need a review more urgently, as their diagnostic tests indicated their disease was less well controlled and we then invited these patients in first. Since then we have been able to see more patients, and therefore this year, we have called patients in using our usual recall system. However, during the course of the year there have been issues which have delayed some appointments. This includes the national shortage of blood test bottles and the closure of the blood test service at Deal Hospital.

Becky said that we are aware that whilst we try our best, the appointment system is not perfect. However we believe that this is the case everywhere. Like us, a lot of other practices are reporting that demand constantly outweighs capacity.

Becky explained that throughout the pandemic Lesley has received multiple bulletins a week from NHS England and our local Clinical Commissioning Group, many of which necessitate changes to the way we work. Therefore our appointment system has been ever changing since the pandemic began. We hope that in time our appointment system will look more like it did at the start of the pandemic, but for now we are still working in line with advice from NHS England. Becky also added that our practice has not closed it door throughout the pandemic, and we were the only practice in Deal not to do so.

1. **PCN Developments**

Since our last meeting the Deal & Sandwich PCN workforce has expanded significantly. The PCN are able to recruit clinicians from a list of additional roles that have been pre-defined. In our PCN we now have the following;

Care Home Coordinator –Jenny Howe

MDT Coordinator - Mandy Revell

Social Prescribers – Katherine Manser, Kat Shonk & Sarah Ebden

Clinical Pharmacists – Stephanie Aldridge, Sam Annal, Mark Stamp

Paramedic Practitioner – Paul Caldwell

Advanced Nurse Practitioner – Jessica Payne

Occupational Therapist (Seconded) - Emma Smith

Pharmacy Technician – Katie Hailey

Administrative Assistant – Angela Hill

The PCN has to work towards specific targets, which are mainly aimed at patients in care homes. Therefore the PCN staff have primarily been working with this group of patients. As time goes on, the clinicians will start to see other groups of patients as well. The Clinical Pharmacists have been reviewing the medications for care home residents, but they will soon start reviewing patients with polypharmacy as well.

The MDT co-ordinator is responsible for arranging multidisciplinary meetings for patients who require them. If a patient has multiple clinicians and agencies involved in their care, it is extremely useful to hold a meeting to ensure that everyone is aware who is responsible for what parts of the patient’s care and to work with a more joined up approach.

Social prescribing is a tool GPs now have which includes referring patients to a range of non-clinical services. It enables patients to play an active role focusing on the wider aspects that affect their own health and wellbeing and support them to stay healthy both physically and mental. They can help patients with housing, access to benefits, lifestyle changes, help with daily living, they can help people access groups and if needed create groups to support patients. If patients are interested in finding out more about what they do, they have a Facebook page and this can be found by searching for “Deal & Sandwich PCN Social Prescribing”.

The PCN has also recruited a Business Manager called Megan Hare and Megan will be responsible for creating a limited company for the PCN. At the moment the PCN cannot employ staff directly, so each practice has to employ a few members of staff each. When a limited company has been created, the PCN will be able to do this.

Megan is hoping to setup a PCN Patient Forum Group and she would be grateful for one or two volunteers from the Balmoral Patient Forum Group. If anyone would like to take part in this, please let Becky or Lesley know.

1. **Partnership changes**

Sadly Dr Ian Sparrow will be retiring in May after working at Balmoral Surgery for 32 years. We will be very sad to see him go. In addition to his clinical work, he has taken the lead for a number of practice responsibilities, and some of the younger partners will now be responsible for this work. He will also be retiring from his position as Clinical Director for the PCN. Dr Prem Pal, from Balmoral, has been recruited as his replacement, and we are very pleased that Balmoral Surgery will still have a very active involvement in PCN work.

Dr Frank Hoffmann has also reduced his sessions recently.

Due to these changes, Lesley informed the group that we have advertised to replace these sessions and we have had four applications so far. We will be interviewing soon, and will inform the group on the outcome of this at the next meeting.

1. **Premises development**

Several years ago, a company called Assura brought a portfolio of GP premises which included our building. Our building has three floors. The practice only uses two, so the third floor is currently vacant and undeveloped. Assura has recently decided that they are going to build six flats in the third floor of the building. Lesley informed the group that the practice is not in support of this decision. We have concerns about sound radiation, despite a survey being carried out which says that this would not be an issue, and we also have huge concerns about parking. Lesley explained to the group, that the flats would not be able to use the existing parking spaces in the car park. When the practice was built the parking spaces were put there based on the number of consulting rooms that we had, and therefore are all allocated for NHS use and are paid for by the rent reimbursement from NHS England. Becky explained that GP practices get reimbursed for their rent, but only for the space that NHS England deems to be necessary. Therefore we could not just choose to develop the third floor for our use, because unless there was a clinical need for this expansion, the increased cost of the rent for using it, would not be reimbursed.

Lesley told the group that she has registered for planning notifications, and when we see that this has been put in, we will be opposing the development and making sure that our neighbours are aware of these plans, and that the flats would have no parking. One of the members of the group told everyone that it was very important to object, as only with a certain number of objections will the proposal be reviewed by the local council.

One of the members asked whether, due to number of new houses in the area, there would be any new GP practices in Deal. Lesley explained that this would not be the case. She added that in our local area, when new developments are built, a certain amount of money is paid to the local Clinical Commissioning Group and this money has been being collected over the years, with the eventual plan that if needed, it would be used to develop our third floor to increase the provision of GP services. Due to this, Lesley is not sure how the flats can be built, but she has been told by the landlord, that these flats are for rent only, and therefore if needed we can reacquire the space at any time. We have also been told that they aiming to advertise these flats to NHS workers.

The company are also planning to put flats in the third floor of St Richard’s Road surgery, but not as many. The planning application for these flats has already been published.

1. **Deal Hospital – Blood Tests**

Lesley informed the group that at the end of October, Deal Hospital withdrew their phlebotomy service. We were given very little notice that this was going to happen, and there was no public consultation about this. The service was provided as a good will gesture when Kent Community Hospital Trust took over the Hospital from East Kent Hospital University Foundation Trust (EKHUFT), and as it was never formally part of their contract, no consultation or formal notice period was necessary.

As we already hold a contract for phlebotomy we were asked if we could increase the number of tests that we offered. The service was also offered to other providers, but the only other ones who were willing to take this on, were out of the area and therefore patients would have to travel. We agreed to increase the number of tests that we offered, but as we were given so little notice about the withdrawal of this service, we already had booked clinics for up to four weeks. In addition to this, we were also in the middle of administering the flu vaccines which takes a lot of our HCA time. As soon as we were able to offer additional appointments we did, but we were also limited by the time that the bloods were collected. Our bloods used to be collected at 2pm, and therefore we are unable to offer afternoon clinics as the samples cannot be stored overnight. Lesley spoke to the CCG, and they arranged for a taxi to collect our blood samples on three afternoons per week and therefore we have been able to increase the number of blood test appointments that we now can offer. Lesley told the group that the next urgent blood test was the same day, and the next routine appointment was on 16th March. One of the group had booked an appointment that day, and had been offered the 16th March, so he verified that this was the case.

Lesley told the group that she was aware that a lot of patients in the town were unhappy about this withdrawal, but added that she felt that this decision was unlikely to now be changed as we have been able to employ additional staff for this service on a permanent basis.

We discussed Deal Hospital, as some of the group were worried that the withdrawal of this service may mean that further services will be withdrawn. Whilst Balmoral Surgery is not privy to any future plans that KCHFT have for Deal Hospital, the practice would strongly oppose Deal Hospital closing as we agree that it has a very important role in our community. Lesley added that recently our social prescriber team have been able to setup a weekly service at the hospital, so she was hopeful that there are no current plans to close the hospital. Lesley added that the reimbursement fee for taking blood tests is not very profitable and therefore she suspects that this was a business decision, rather than part of a future plan to withdraw all services.

1. **Any Other Business**
2. **Flu Vaccinations**

Lesley told the group that we have received notification this week that patients aged 50-64 years old will not be eligible for an NHS influenza vaccination next year, and therefore we have had to reduce our order for next year.

1. **Covid Vaccination Boosters for patients > 75yrs**

A group member asked whether we knew when patients were going to be able to book their Covid-19 Vaccination Booster. We do not know anything yet, but we will update our website with this information when we do. We suspect that patients will be able to book using the National Booking System as before.

1. **Surgery Opening Times**

It was asked whether our opening times are still the same. Lesley told the group that they are. We open the phone lines at 8.00am and the practice building opens at 8.30am each day. On Wednesday and Friday we open slightly earlier for extended hours, but this time is only for patients with a booked appointment, as we only have one receptionist working at this time.

1. **Opening on Saturday**

The group asked whether or not we would be opening on a Saturday following the government’s recent announcement. Lesley explained what had been announced by the government in more detail. She told the group that there are currently two services which already provide appointments outside of our core working hours. There is the extended hours scheme, which is provided by our clinicians at the surgery and these appointments are available Wednesday and Friday mornings, and also Monday evening. Then there is the improved access scheme. Our PCN decided to subcontract this service and this is therefore provided by a GP Federation Company called Channel Health Alliance and this is provided at Deal Hospital during the week and on a Saturday.

The scheme that the government have recently published is an amalgamation of the two existing services. We are awaiting further details about this, but it is likely that we would continue subcontracting this service, and therefore it would not be provided by our clinicians. Becky added that if this service was to be provided by our clinicians, this would reduce their availability in the week, as they would not be able to work six days a week. Lesley explained that all staff do however have a clause in their contract which says that they may have to work on a Saturday if needed.

Date of next meeting – 18th July @ 1.15pm