**Patient Forum Minutes**

**7th October 2014**

**Attendees:** Cynthia Rosser, Brenda Donald, Alan Wright, Peter Cross, J. Gordon Sencicle, Michael Felicien, Colin Hampson-Evans, Patricia Thomsett-Jones, Judith Hardy, John Clapson, Moyra Carey, Steven Mahoney, John Surridge, Maureen Graham, Susan Falconer, Christine Brownridge, Marion Vause, Beatrice & Laurence Stroud, Linda Chapman, David Burton, Alan Prior, Adam Murray and Hugh Axton

Dr J Sharvill – GP Partner

Mrs L Betts – Practice Manager

Miss R Halpin – Assistant Practice Manager

**Apologies:** Mr & Mrs Venables, Liz Mott, Barbara Parkins, Mike Rose, Michael Hopper, Terence Cook, Edward Goldring, Roisin Murray, Joyce Lambert, Iris Connaughton, Eira Martin, Linda Ridgeway and Steven Chapman

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

At the last meeting a virtual patient forum was proposed. Becky is still looking into this and will feed back about this to the group at the next meeting.

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

Mrs Donald, who is one of the representatives who attends the Deal Health Patient Forum on behalf of the Balmoral Patient Forum, spoke to the group about the recent meeting that she attended. At this meeting Sue Baldwin was the speaker (Sue Baldwin is Head of Planning and Delivery for the South Kent Coast CCG). Sue Baldwin spoke to the group about the future plans for Deal Hospital, in particular what the CCG are trying to keep at the hospital. She also informed the Deal Health group about two new roles in the Deal area, a Care Co-coordinator and a Dementia Co-ordinator. These two roles will be working closely with practices to ensure that patients have the adequate support that they need within the community, to try and prevent unnecessary hospital admissions. Mrs Donald felt that the plans for Deal Hospital seemed more positive than at previous meetings she has attended. Mrs Donald also told the Balmoral Group about a telephone number they had been given for any mental health concerns that patients may have. This number is 08001070160, and the Freephone number for mobiles is 03003305486. The charity that runs the telephone line is called Mental Health Matters.

1. **Outcome of this year’s survey and formulation of action plan**

Becky informed the group that the practice has recently undertaken their annual patient survey. The practice was hoping that this questionnaire would take place predominantly online this year, but actually not many responses were received online, so the practice extended their survey period and handed out paper questionnaires as well. All of the members of the group at the meeting were given a copy of the results from the questionnaires. Becky explained that on the whole the results had improved in comparison to last year but there was confusion about the two questions where there was not an improvement. These two questions focused on the ease of speaking to a GP, and since the introduction of the triage system where all patients are phoned back by a GP within an hour, we thought that this would improve. There was an option in the questionnaire for patients to write comments on how they think the surgery could improve. Lesley and Becky have gone through all of the comments which showed;

**Positive comments - 29%**

**Comments re telephones = 19%**

**Comments re difficulty with appts - 9.8%**

**Comments re receptionist = 3.9%**

**Other comments = 38.3%**

Lesley and Becky have come up with the following action plan based on this year’s results;

1. **Telephones - will look at new telephone system options**
2. **Appointments - currently experimenting with triage and handling calls differently to manage demand appropriately**
3. **Email contact for patients with 24 hours response time Mon - Fri**
4. **Test results available on line soon**

The group were asked if anyone disagreed with this action plan, and no one at the meeting did. Lesley will feed back on the action plan at the next patient forum meeting.

1. **Patient expectations Vs Capacity – Dr John Sharvill**

Dr Sharvill spoke to the group about several safety systems that the surgery has in place to ensure that drugs are being prescribed and taken safely. One of the safety systems is a project with Kent & Canterbury Hospital to monitor patients who have kidney disease. The project monitors the blood tests that this patient group have and if a patient’s kidney function deteriorates, the doctor will be sent an action plan from the renal team at Kent and Canterbury Hospital. The practice has also started a similar project for patients who are taking anticoagulant medication. Dr Sharvill informed the group that evidence has shown that practices who have taken part in the project which looks at patients with kidney disease, have a lower rate of hospital admissions for this group than practices who do not participate.

Dr Sharvill also discussed Aspirin medication with the group. He explained that this drug has historically been given to patients who are at risk of a stroke. However, research has shown that over 10 years this drug has actually also shown a reduction in several forms of cancers for patients who take this drug who are over 50 years old. He also added that for patients who have had cancer, aspirin may prevent a recurrence. He explained that the evidence has come from studies monitoring people taking the drug to prevent strokes. Dr Sharvill felt that patients over 50 years old could consider taking 75mg of this drug as standard practice, providing that it does not interfere with other drugs and they do not have side effects from the drug. However if patients have any concerns about this, they should speak to their usual doctor before taking it.

Dr Sharvill told the group that in order to get the required about of Vitamin D that a person needs, you need to have 20 minutes in the sun everyday throughout the summer. However he said that many people do not get this and subsequently certain groups of patients should take a vitamin D supplement as it increases bone strength and a lack of vitamin D is associated with lots of conditions. He shared NHS advice that the groups who should take a supplement are patients under 5 years old, pregnant ladies, patients over 65 years. He informed the group that the dose needed for patients over 65 years is 10mcg tablets or 400 units, and this can be brought from most health food shops. Patients in the other groups which could benefit from the drug should speak to the pharmacist about an appropriate dosage for their age/condition. *(Some more information about the benefits of Vitamin D is attached/enclosed with these minutes)*

Dr Sharvill then spoke to the group about recent political party talks about the NHS. He spoke about the recent statement by one of the parties saying that they will provide more GPs. Dr Sharvill has reservations about how realistic this proposal is based on the current lack of qualified GPs and the number of years it would take to train new GPs. He explained to the group that a GP’s workload has increased by 68%. Patients have far more complex problems and GPs are now working 10 to 12 hour days. He emphasised that in the current system, there is no more capacity. At the last meeting Dr Mah spoke to the group about a triage system that the practice is now running on two days a week. This has been introduced as a way to try and manage the increasing demand in General Practice. The triage system is a way that all patients receive the appropriate attention that they need, on the day that they call. Dr Sharvill however told the group that the negative aspects of the new triage system are that there are less appointments available in advance with GPs now. He added that there are lots of different appointment systems in place in General Practices. Some offer a sit and wait service, and in some surgeries they have a triage system in place every day, however there is no perfect solution which will cater for the increased demand in General Practice at the moment.

Dr Sharvill spoke about the problems that local practices are having recruiting GPs. He told the group that Dr Wismayer will be leaving the practice in December, and at the moment there are concerns over whether we will have any applicants to replace her role, as other local surgeries have not been able to recruit GPs. He added that a lot of qualified GPs are going to work abroad, and GPs that have trained in the South East rarely stay and work in the area.

The political parties have also been speaking about practices opening 7 days a week. Dr Sharvill discussed this with the group, He said that if all the Deal Practices were to merge together this may be possible to provide. However the negative side of this would be that you would be unlikely to see your doctor, and your doctor would be less available during normal working hours. One of the members of the group asked whether the practice is able to close their practice list. Lesley explained that this is not an easy thing to do, and if one practice closes their list, the other local practices may also do this and then the Health Authority will start allocating patients to practices so it would not really achieve anything. Becky explained to the group that our patient list size has stayed static for several years, and despite having two new partners in recent years, the practice is still extremely stretched in terms of capacity. Dr Sharvill discussed the new developments in the Deal area, he informed the group that when new developments are agreed no discussion is held with local general Practices about whether they have the capacity to take on the additional patients moving to these developments. In particular is discussed the plans for a new residential nursing home in the area. He told the group that local GPs would become responsible for these patients and a large nursing home is likely to require a GP to visit every day , which would then reduce the appointments available.

Dr Sharvill apologised to the group for seeming negative, but felt it was important that he was honest with the group about the current situation in General Practice. He emphasised that the practice will always see urgent problems, but non urgent problems are going to need to be managed more intelligently and the practice is always looking at new ways of working and new systems to try and improve patient care.

1. **AOB**
2. **East Kent Hospitals – Recent CQC Report**

This was discussed briefly. Dr Sharvill informed the group that although all three local hospitals have received criticism from the CQC recently, they are actually all part of the same Hospital Trust and therefore are likely to have similar management processes in place. Dr Sharvill did not have the report, so was unable to give any more insight into the recent findings.

1. **Cardiology Service**

Dr Sharvill told the group about work that was currently taking place to develop the cardiology service in the area. This includes working more closely with the specialist cardiology nurses who are highly skilled in this specialist. The service will hopefully become more integrated with the airways service as patients often suffer from both of these chronic diseases. This work is currently planned to take place out of Deal Hospital.

**Date of next meeting: 10th February 2015**