
**Ashford Medical Partnership (AMP)
Patients Participation Group
Minutes of face to face meeting Willesborough Health Centre
Held Tuesday 5th March 2024 18:30**

Attendees:

AMP:

Jo Shepherd
Dr Navin Kumta
Tim Pethick

PPG:

Melany Sandor-Klinyec (MSK) Chair
Martin Bennett
Robert Carr
Melonie Pentecost
Liz Wright
David Pieris
Colin Van Chppell
Chailean Dottin-John
Jean Riley
Cyrus Keeka

Apologies:

Yolanda Barker
Helen Brown
Desmond Hepley
Aftab Khan
Gina English

Welcome:

Melany Sandor welcomed everyone to the PPG meeting and reminded everyone the importance of confirming attendance in advance in order to manage attendee numbers given space constraint.

Minutes of meeting 12th December 2023

The minutes are agreed by all those in attendance

Matters arising from meeting 12th December 2023

(Action 1 Melany Sandor to reach out to wider PPG network) PPGs at Sydenham House currently have no chair and once settled happy to engage. However, through them due to a geographical error I was put in touch with Heather Eardley who is a freelance Project Manager from the Patients Association engaged by ICB for Herts and W.Essex. She has sent resources, toolkit and videos which I will work through and present in later meetings.

I have also contacted New Hayesbank and the wider PAN PPG (includes Ivy Ct, Woodchurch, Kingsnorth, Wye, Charing, Sellinge and Hamstreet) I have also engaged with on joint approaches and assistance we can draw on. David Burrell, PPG Chair from NHB has also shared communications, new letters produced etc and I have attended their PPG meeting as a guest.

ICB for Kent and Medway I have approached with no responses received

(Action 2) Tim has provided demographic segmentation information. This shows a clear breakdown and where efforts should be targeted. I suggest this information should be utilised as key areas in which to focus efforts.

(Action 3) Tim has provided the list of all patients and their email addresses for communication purposes. 236 names on the list. From this I emailed all with the previous meeting minutes resulting in:

1 no longer wants updates

1 moved 2 years ago from the practice

1 was confused although a patient thought it was part of an interview purpose for a job and didn't know what the PPG was or why he had received this communication

6 were undelivered as emails not valid.

These names will be passed to Tim to update the master list.

(Action 4) Tutorials for KLINIK system on hold pending latest updates to the website and system.

PPG Update

It is clear communication is essential and have offered that the routes need to be authorised and an official communication posted on the practice groups web page or Facebook. These should include the current focus issued by the NHS and health professional campaigns that are run from time to time such as measles outbreaks and symptoms or breast cancer awareness/checking etc.

Target group actions around demographic again web site videos etc. Example of this is New Hayesbank surgery have included some videos in Nepalese on breast cancer screening which they are happy to share.

AMP response is that there is no capacity of existing staff to update any Facebook postings even if assisted by PPG and agrees that any such communication should be through AMP as approved by them . Web site has been designed around NHS guidelines of what patients want to see centred around how to make an appointment and telephone number for the practice. Whilst the new site is live key priorities on the system is for the staff utilising functions but any comments on the web site or errors/issues we will collate and forward to Jo.

Note that the web providers are servicing many customers as an approved NHS chosen supplier and whilst the surgery runs as an independent business they are limited to these approved suppliers that have been tendered and awarded centrally by the NHS and cabinet office. For any capex spend a business case must be raised and approved

PPG suggested walk in sessions for children and over 75s. Based on current trials could AMP be ahead, once appraised and found successful, be in a position to move forward ahead of others. Practice response is that PCN trials are in phase 1 with a soft launch trial running. Phase 2 AMP are looking at how this could work and discussing with other PCNs within East Kent. Reality is that this would be more than just a walk in service and to avoid long queues slots would be available and appointments can be booked. Once data is available the assessment on reduced capacity versus walk ins will be considered.

Musgrove same day access is not an alternative hub for treatment as this was part of the winter funding. AMP 2022/23 East Kent access fund has been diverted to hospital this covered 5 areas including Ashford.

Further information given worth note is that the ICB do not have budget and their role to coordinate and facilitate within the care system. Communication is an issue and a much bigger issue to be driven at a higher level. As an example of one process

Step 1 KLINIK triage is reviewed. If there is a requirement to be seen on the same day or urgent treatment needed the patient is directed to 111

Step 2 111 triage all patients and will often direct back to the GP as a first step

In this instance the ICB who commission both the GP and 111 should be joined up and address gaps in their commissioning.

Both are contracted as independent business entities under NHS contracts.

PPG confirm to AMP that whilst there is a requirement to have PPGs, we do want to add value and assist where we can in escalating issues as another voice in support and communicate where we can to the wider patient group. It is agreed Martin/Melany will meet with Tim on some coordinated communications.

PPG minutes need to be updated in the surgery and online.

Having reviewed the new website it was also raised that in order to look at PPG information it is not obvious on the main page and it was eventually found buried within new patient section.

AMP update

The ICS are a partnership of organisations that set the strategic plan to deliver health and care systems. This then is flowed down to the ICBs who are responsible for developing the plan and managing the NHS budget and arranging the provision of health services in a geographical area. GP contracts are awarded for a 5-year period however no agreement was reached and a 1-year extension was imposed with a further year also imposed.

The capitation model based on the weighted demographic gives an average of £94 per year per patient registered within the practice.

This has resulted in a decline of income for AMP with only a 1.9% capitation increase and with an increase in national living wage of 10% that staff must be paid the additional funding doesn't cover the additional cost. Many GPs are moving from NHS practice to relocate abroad or to private practice. There certainly is no incentive for employing new GPs into the NHS with the south East being even less attractive capacity is not possible to meet demand.

With a £350M spend in order to reduce the 8 million people on waiting lists hospitals have been given funding available and not to GPs

KLINIK latest data shows patient numbers requiring appointments from 312 to 562 It is key that as many patients use KLINIK as possible to ensure data on demand over capacity is collected.

AOB

Chailean would like the PPG and AMP to explore accessibility and diversity this will be addressed with AMP and discuss further gaps

Digitally excluded patients can use the phone or reception desk for assistance as such it is key that KLINIK is utilised fully for those able to ensure this group can be. The general opinion of the group is that communication between AMP and patient needs addressing and therefore the discussion centres around this issue and the approach.

Patients have commented when receiving SMS message, it doesn't state which surgery to collect from – AMP to review

Patients have commented prescriptions have been removed from repeat with no reason given. Examples are required for AMP to investigate.

Patients have advised with prescriptions direct to chemist, in some instances if the medicine is not available it is difficult to change chemist outlet. This is not something that can be remedied, however if there is a specific shortage of a particular medicine this should be highlighted by the prescribing GP and ensure they are up to date with any specific shortages. If it is a repeat issue by a particular chemist then maybe the patient could consider a change of outlet if possible.

Date of next meeting Tuesday 4th June 2024