

Minutes of the Twelfth Annual General Meeting (AGM) of the Bearsted
Patient Participation Group at Bearsted Medical Practice
5th September 2024 at 1900hrs
Draft for approval at the 2025 AGM

1. Welcome and introductions.

Chris Dobson opened the meeting by noting that the PPG Committee was still without a chair and that he would run the AGM. The committee members present introduced themselves: Chris Dobson, Sue Jackson, Goff Norrington, Christine Shade, Tony Spice, Derek Stevenson. Dr Lisa Dolman and Ms Sarah Harrison were present to represent the practice. Twenty eight members of the patient population had signed the attendance sheet. Sue Henderson from the committee joined the meeting after the introductions had been made.

2. Apologies for absence.

Bill Shepherd, Fiona Brown from the committee and Christine and Victor Pursgrove who had originally intended to attend.

3. Minutes of the last AGM on 21st September 2023.

The minutes of the previous AGM had been circulated to those who had responded by email to the notice of the AGM. One member noted that he had been reported as receiving an email asking him to book a blood test whereas he stated that he had actually received a telephone call. However this does not really align with the recorded response of the doctor which was that the surgery would never communicate via email only using voice, letter or text.

4. Terms of reference for the PPG Committee.

The Terms of Reference had also been circulated but had not changed from last year.

5. PPG report.

Chris Dobson provided the PPG Committee update:

We do try to focus on the four Aims of the PPG within the Terms of Reference. In brief, to represent the views of the patients back to the practice, to provide a communication route from the practice to the patients and the community, to work with the practice to improve the overall patient experience and to promote the general health and well-being of practice patients.

In the earlier part of the previous PPG year we were having to update the practice on considerable concerns from patients about access. However at the time of the last AGM the AccuRx on line triage system had been in use for 3 months and for the vast majority the situation was much better.

In November our video star Dr Mortimer produced a second video updating us on progress with AccuRx. He noted more patient contacts and shorter wait times for non urgent appointments. If you go back to that video on the practice Facebook page you will see 42 comments with all but a couple extremely positive. With experience and improvements I think those few negatives will have been resolved. As an aside some of the comments stated how useful the two video updates had been so it must be time for another.

From my understanding the number of patient contacts have continued to increase and the wait times continued to fall but I think Sarah will update you on that.

Christine does continue to monitor the community Facebook pages but I'm pleased to say that we are once again in a position to state that the majority of comments are favourable.

One issue raised by Dr Mortimer in his video was the problem of appointment no-shows - 66 GP and Paramedic and 166 nurse and healthcare appointments in one month. So we submitted an article to the Bearsted Community Ad magazine reminding patients of the importance of attending or cancelling and some of you may have

seen that. In discussions with the practice we learned that of course there is a range of different reasons for missed appointments and so it is difficult to have a targeted campaign to address them but I hope the magazine article was of some value.

As a committee we are conscious that a number of things were suspended due to COVID but never returned. So we are hoping that the screen within the waiting room will soon be reactivated, we have reintroduced the PPG table and there will soon be a replacement suggestion box in place. We are also in the process of updating two of the leaflets we produced, one designed to support young people's mental health and one including more general signposting that the GPs can use to help patients needing non-clinical support.

In line with data protection, the PPG can only contact patients who have given their consent, so in the past our newsletters have had a very limited audience electronically. Therefore it was agreed the practice would take over the newsletter so that it could be sent to a wider audience and the PPG would contribute to it. However for the practice management it hasn't achieved a high enough priority amongst all the other things they have to do and so at our last committee meeting we decided we would once more take ownership of the newsletter and we shall produce a new one in due course.

We only have joint meetings on a quarterly basis but Sue Jackson also has more frequent monthly meetings with Sarah Harrison and she then briefs the committee on any issues. Also on behalf of the PPG, Goff attends the area PPG Chairs meeting to keep up to date on developments across the county. A major area of attention in that forum is the continued roll out and hopefully integration of the various IT systems such as Patient Access and the NHS App plus a simplification of access to make it easier for all. However just to note Dr Mortimer made clear in his video that patients who cannot access these systems will not be disadvantaged. Goff also attends meetings with the PCN team whose Clinical Lead is Dr Hannah

Warren from this practice.

6. Healthy Walking Group.

Over the past year we have managed to recruit a couple of additional leaders so we now have 10 with a potential reserve in Jeanette our erstwhile chair - quite healthy position. We continue to offer two walks every Tuesday at 1015 for 1030 from the church. A short - about 1.5 miles and a longer - about 3 miles. We typically have 30 to 35 each week, a little bit down on last year and have just under 70 registered walkers. We have been going since 2016 and now that quite a lot of our clients have aged with us, we are finding the short walk is the more popular. Because we now have plenty of leaders we have also been able to offer 1:1 attention for one or two much less able walkers.

One of the attendees noted that she was unable to access the walk because she couldn't get to the church. Another stated he believed that we ought to offer an additional walk starting at Madginford library. Unfortunately the logistics of this make it impractical and it would have to be for the Madginford Community to start a walk if there was demand.

7. Treasurer's Report.

Goff presented the Treasurer's report:

Balance carried forward from last year £657.63.

Main income was from a quiz night at the Memorial Hall in March. Eighty two people attended (slightly down on last year) but from the £5 entry fee and the raffle, we raised a total of £644. Deducting costs for the night - hire of hall, quizmaster & prizes, our net income was £525.38.

Other income was a reimbursement of £164.40, the cost of our public liability insurance. (Further detail in expenditure).

Expenditure:

Quiz night, hire of hall, quizmaster & prizes - £158.62
Heart of Kent Hospice donation - £300.00. (See special note)
Public liability Insurance (Healthy walking group, quizzes etc.) - £164.40

(This cost reimbursed from PCN funds by Bearsted surgery)

Coffee Machine for surgery staff room - £189.

In discussion with the practice manager & doctors, there being no medical equipment the surgery needed financial help with and in recognition of all the hard work of practice staff in turning the patient experience around since the pandemic, it was agreed we would purchase a coffee machine for all staff to enjoy.

Special Note – Net income from the quiz night was £525.38 and this, together with the PPG bank balance at the time, meant we had over £1,180 in our account, allowing for the staff coffee machine we still had almost £1,000 in our account and so once again, the committee agreed that in line with our 'community ethos' we would make a donation of £300 to the Heart of Kent Hospice. Over two years & with your support, proceeds from our quiz nights have now enabled us to donate £650 to the hospice.

Projected Expenditure/Fundraising Plans:

Reprints of two patient information leaflets – Self Help for Better Health and Young Persons Mental Health, will cost between £300 and £400

There will be a Quiz night in March 2025 as a fun/community fund raising evening.

8. Surgery Report. Information from the practice.

Sarah Harrison presented an update from the practice.

Since starting AccuRx Triage last year we have triaged over 36,800 patient requests. Our current patient population is 15,658 so in the course of the year it would average more than 2 contacts per patient capita which is no mean feat! Mondays are still the busiest days with triage requests normally around the 300 mark but it gets less

throughout the week to an average of around 200 per day. Data from the triage have meant we can anticipate busy days such as due to winter pressure or bank holidays and plan for them. On a Monday there are more "on the day" appointments and more routine appointments on the less demanding days. By looking at appointments dynamically like this we are able to keep our routine appointments to under 3 week waiting times.

RSV (Dr Dolman to give more information about RSV) and flu/covid clinics are now up and running. Patients who are eligible will be contacted by text or letter (if they do not have a mobile number with us).

Talk in the media of doctors taking industrial action is not what it appears. GPs are unhappy with the new GMS contract that has come through and the British Medical Association (BMA) are speaking on their behalf to try and negotiate changes to it. There is no talk of any strike action. No action will be taken outside of the limitations of the GMS contract held and patient safety is paramount. Any actions taken are more from an administrative point with no impact to patients.

A number of attendees noted difficulties with the appointment system and Sarah apologised for these on behalf of the practice and stated she was happy to speak to them after the meeting. One attendee felt that the queue at reception could be dealt with more quickly if more than one of the receptionists was available to deal with it. However Sarah noted that all of the reception staff were extremely busy and fully occupied. Others amongst the audience noted their satisfaction with the process with one noting that society generally needs to be more patient.

9. Election of officers. Chair, Vice Chair, Secretary, Treasurer

Sue Jackson nominated Tony Spice as Vice Chair and this was seconded by Goff Norrington.

Tony Spice nominated Chris Dobson as secretary and this was seconded by Christine Shade.

Dr Dolman nominated Goff Norrington as Treasurer and this was seconded by Derek Stevenson.

There was no nomination for the post of Chair.

10. Talk by Dr Dolman.

Dr Dolman gave a talk about Respiratory Syncytial Virus (RSV) and the new vaccine.

She noted that most people get this virus at some point and for the vast majority it has little effect. However it is the second commonest cause of death amongst babies after malaria and results in 20,000 hospital admissions every year. Until now there have been unsuccessful attempts to develop a vaccine for over 60 years, In trials the new vaccine has been shown to reduce lung infections in babies by 70% and is expected to reduce hospital admissions by 5000 per year. The vaccine being used by the practice is Pfizer's Abrysvo.

It is available for women pregnant for 28 weeks or more and for those over 75 on 1st September up to the age of 79.

The vaccination programme is rolling out in this practice and those who are eligible should have received an invitation. There was a number of questions about this from the audience and Dr Dolman noted that a check would be made after the current campaign had been completed to find out who might have fallen through the net and a catch-up programme initiated. She noted that a single vial of the vaccine provided 8 injections and the catch-up programme would need to take account of this.

In answer to another question she noted that she had not personally seen many patients over 75 with confirmed RSV but all the literature did note a vulnerability to more severe disease amongst those above that age. The disease is not seasonal.

It is recommended that a gap of two weeks is maintained between RSV vaccination and vaccination for 'flu and COVID.

Dr Dolman then gave a brief talk about Social Prescribing. This is a process whereby patients who are in need of non-clinical interventions can be given support by a Social Prescriber. The Ridge PCN employs a Social Prescriber on behalf of all the member

practices. She recounted an example of an individual who was socially isolated as a consequence of becoming the sole carer for his wife. When she died he struggled to get back into society but with the help of the Social Prescriber working with him over a number of sessions, gradually worked his way back into social situations and eventually restarted some of his previous hobbies that involved other people.

Dr Dolman noted that a patient could be referred to the Social Prescriber by a clinician but they could also refer themselves via reception. Another route would be to contact the charity Involve which operates across Kent and has a base in Maidstone within The Mall.

11. Questions from the members.

The majority of questions had been dealt with during the various presentations.

However one lady noted that those attending the meeting were of a similar age and wondered if there was a way of attracting younger people to join the PPG. In response it was agreed that this was a less than satisfactory situation however several different attempts have been made to try to attract younger members without success. This included advertising at the Bearsted fair for several years, offering to go into schools to talk to parents and advertising on social media.

One attendee asked if, when the response to a triage request indicated the surgery would call back, it would be possible to specify a time for the call. Otherwise the patient was confined to their home until the call came. Dr Dolman responded that this was just not possible if the doctors were to operate as efficiently as possible and deal with the maximum number of patients. Such calls were often made in gaps between face-to-face appointments throughout the day. The best way to manage this remained the use of a mobile phone for those who have one.

12. Any other business.

In the absence of any other business the meeting was closed with

thanks to the contributors and attendees.

Attachments:

Terms of reference
Financial Statement



BEARSTED PATIENT PARTICIPATION GROUP

Income & Expenditure For Financial Year 2023/2024 - Yr End 31/07/24

[illegible]

NETT BALANCE

Accounts Submitted For Independent Verification

By PPG Treasurer - Goff Norrington

Date: 6th August 2024

INDEPENDENT EXAMINERS REPORT:

This is to confirm that the above represents a true and fair view of the Income and Expenditure of the Bearsted Medical Practice PPG and certify this in accordance with supporting documents available and from information and explanations provided.

Giles Steiger

Chartered Accountant

Date: 30th August 2024

TERMS OF REFERENCE OF THE PATIENT PARTICIPATION GROUP
(Reviewed July 2024 for submission to the AGM)

1. Title of the Group

The Group shall be called THE PATIENT PARTICIPATION GROUP (PPG) OF THE BEARSTED MEDICAL PRACTICE.

2 Aims of the Group

- To represent constructively the views of registered patients regarding the service provided by the surgery as a whole.
- To provide a pathway for communication and promote co-operation between the practice, patients and the wider community for the benefit of all.
- To work with practice staff and doctors to improve the overall patient experience.
- To promote the general health and wellbeing of practice patients.

3 Membership of the Group

Membership of the group shall be open and free to all registered patients and staff at the practice.

4. Activities of the Group

- To gather and provide feedback on patients' needs, interests and concerns regarding their experience of the service they receive.
- Work with the practice to communicate and consult on planned service changes for patients.
- To give patients a voice in the organisation of their care.
- To encourage health education activities within the practice.
- To liaise with other PPGs in the area, particularly those within the Ridge Primary Care Network (PCN) and the West Kent Health & Care Partnership (WKHCP)
- To raise funds where necessary in support of improving the patient experience.
- To undertake such tasks as appear necessary for the furtherance of the principal aims of the group as set out in (2) above.

N.B. – It is not the role of the PPG to handle formal complaints.

5. Communication

The deliberations and workings of the PPG will be communicated in a number of ways:

- Notes of the meetings of the PPG Committee, the Joint PPG/ Practice meetings and the PPG AGM will be included in the Patient Group section of the Practice website and also circulated by email to those who have joined the PPG.
- We will use the Newsletter format for general news items which will be sent to PPG members by email. This will be done on an ad hoc basis when deemed appropriate.
- We will post surgery information on Local Community FaceBook sites from time to time in order to share this more widely in the community.
- The display screen in the waiting area may also be used.

6 The Committee and Officers

- The Group's activities will be organised by a committee of volunteers and invited members. The committee shall consist of not more than 10 members including four officers (Chair, Vice Chair, Secretary and Treasurer). Other members may be co-opted as required but may not have a vote.
- The Committee will endeavour to meet not less than four times annually and is empowered by these Terms of Reference to manage the affairs of the Group and to take such actions as may be appropriate to further the aims of the Group. At the meetings of the committee, four members including one officer shall constitute a quorum.
- The Committee may form sub-groups to focus on particular projects, reporting back to the Committee.
- All Committee Members shall each have one vote at committee meetings and the Chair of the meeting shall have a second or casting vote. Decisions shall be by majority except with respect to proposed alteration of these Terms of Reference when the decision must be by two thirds of all committee members.
- Members of the PPG Committee who have been inactive in the Committee's activities for a period of 12 months and who have failed to attend three consecutive meetings should be considered as having withdrawn from the committee.

7 Annual General Meetings (AGM) and Extraordinary General Meetings (EGM)

- The officers shall be nominated and elected or re-elected annually at the Annual General Meeting which will normally be held in September each year. All PPG members attending the AGM will have a vote. If more than one nomination is received for an Officer position, then a vote must take place. In the event of a tie the Chair at the meeting has the casting vote.

- The Treasurer will present a report of the financial activities during the previous year with a statement of the accounts at the AGM. These annual accounts will be verified by an independent examiner.
- Extraordinary General Meetings can be called with a minimum of 21 days' notice. Notice of the day, time and place will be given via the Practice, website, email and advertised on the surgery monitor. A quorum of at least 5 Committee Members is required to enable a vote to take place. A vote would be carried on the basis of a simple majority of those attending with the Chair of the meeting having a casting vote in the event of a tie.

8. Finance

- The PPG will maintain a bank account to manage funds raised.
- Requests to withdraw funds will be made to the PPG Chair. In the absence of a Chair, requests should be made to the Vice Chair and Secretary jointly.
- To release funds, cheques must be signed by two officers of the committee. Nominated authorised signatories are as agreed with NatWest bank, the Chair, Treasurer, Secretary. and Vice Chair.
- The Treasurer shall have access to 'on line' banking facilities. Authorisation for the transfer/ movement of any funds must be given in writing by the Chair or Vice Chair.

9 Governance

- All new members of the Committee must sign a confidentiality agreement with the Practice.
- Terms of reference to be reviewed at least once a year.
- The Treasurer or a nominated Committee member will submit accounts at quarterly meetings.
- To ensure committee members are covered against possible negligence claims arising from accidents at any event organised by the PPG, the Treasurer shall be responsible, with agreement from the PPG committee, for arranging public liability insurance.
- The Medical Practice and the PPG collectively sponsor a Healthy Walking Group whose activities are reported upon at each quarterly meeting. This group also requires insurance to indemnify the volunteer walk leaders. The Secretary is currently the main contact for this group and is responsible for ensuring this insurance is in place. If appropriate this insurance could be combined with the above committee member liability insurance into a single policy.
- In the event of an officer of the committee resigning their position either during the year or at the AGM and there is no replacement nominee, the committee will agree amongst themselves the mechanism for temporary replacement until a permanent replacement can be found.

10 Dissolution

- In the event of the PPG being disbanded or dissolved for any reason, any remaining funds should be transferred to an appropriate organization with charitable status with aims similar to that of the PPG or primary aims to provide community services that promote or protect health and wellbeing to serve residents of the catchment area of this practice.
- If no EGM can be called with an appropriate quorum to formally approve dissolution, any period of inactivity for 12 months, with either no meetings, communications or activity on the bank accounts, will constitute a de facto dissolution of the Bearsted Medical Practice PPG.

Terms of reference approved 16th February 2017, re-approved without change on 22nd February 2018. Amended and approved August 2019. Amended and approved September 2020. Amended and approved October 2021. Amended August 2023 for submission to the AGM. Reviewed and unchanged July 2024 for submission to the AGM.