

Notes of the Eleventh Annual General Meeting of the Bearsted Patient Participation
Group at Bearsted Medical Practice
21st September 2023 at 1900hrs
DRAFT for approval at 2024 AGM

1. Welcome and introductions.

Jeannette welcomed all to the event and introduced the committee.

2. Present

Julia Allen (Len Valley PPG), Terry Armstrong, Richard Ash, Tricia Ashdown, Arlene Broadhurst, John Broadhurst, Carol Cunningham, Chris Dobson (secretary), Janet Dobson, John Gregory, Sue Gregory, Sarah Harrison (Practice Manager), Sue Henderson (Committee), Christine Hughes, Elaine Manwell, Pauline Meauey, Dr Andrew Mortimer, Sheila Murphy, Caroline Naylor, Goff Norrington (Treasurer), Barry Pick, Sue Pick, B Price, J Price, Jean Robinson, Christine Shade (Committee), Bill Shepherd, Rachel Shepherd, Tony Spice (Vice Chair), Derek Stevenson (Committee), Jo Tuck, Mr Waddams, Mrs Waddams, Jeannette Ward (Chair), Dr Hannah Warren, Anna Withnall.

3. Apologies for absence.

Apologies received from PPG Members Maureen Amass, David and Valerie Brindley, Susan Coffey, Adrian Lang, Sandra Wallace. Also Steve Hodgson and Dr Lisa Dolman from the practice and Sue Jackson from the PPG Committee.

4. Minutes of the last AGM on 15th September 2022.

The minutes from the previous AGM were reviewed, approved and signed by the chair.

5. Terms of reference for the PPG Committee.

With the knowledge that there would not be a chair of the Committee elected at this meeting, the Terms of Reference had been adjusted to reflect how the committee would function. This is included under item 9: Governance within the Terms of Reference. In this instance a number of Committee members have agreed to adopt the role of Chair for one quarter, each covering one meeting cycle.

There have also been some adjustments to the process for reviewing requests for funding to ensure adequate governance.

The amended Terms of Reference were approved.

6. Chair's report.

Our main task this year has been to encourage and facilitate the surgery to find new ways of communicating with patients. We wanted patients to have a better understanding of how the triage system works and why signposting, often done by Receptionists, had been introduced.

By the end of 2022 it was difficult to get face to face appointments, the surgery telephone line always seemed to be busy, the queue long, the call back system sometimes didn't work and sometimes you got cut off while waiting to speak to a Receptionist. Demand and capacity were out of balance.

In the absence of information as to what was happening combined with our natural aversion for change, patients were finding things difficult.

The PPG were aware of some considerable dissatisfaction with the surgery so we decided to visit local community groups in February and March to find out exactly what patients' concerns were about access. The groups included the Tea and Talk meeting at Madginford Library on a Tuesday morning which Terry had introduced us to and to the Methodist church group that meet at Madginford Hall.

Whilst the main issue at these meetings was the closure of the walk-in clinic, there was also considerable concern about how the triage system worked, who did it, who made the decisions, the difficulties of getting appointments with the doctors, the workings of the telephone system and not wanting to speak to anybody else except to a doctor. Whilst none of these concerns was new there was an increase in dissatisfaction with patients perceiving, perhaps incorrectly, that getting face-to-face appointments at other practices was considerably easier. That was a shock as in the past most people would say that Bearsted was top of the list when it came to the best local surgery. It started slipping down the population list.

Even the loyalist of surgery supporters were finding it hard not to feel frustrated. They also felt worried, I think for the first time, that they may not be able to get medical treatment when they needed it.

After the meetings we had with local groups, we fed their comments back to the practice managers and conveyed our concern about how the access problems were having a negative impact.

We sent the practice manager a video which had been produced by another surgery in West Kent. It was a useful example of a new way of communicating for Primary Care. The video wasn't about a new Triage system, more about patients accepting referrals to other health professionals but it was a professional and effective way of getting their message across to patients. Initially the surgery were a little reluctant to endorse our suggestion that they could produce one too but agreed to think about it.

The PPG thought that if the surgery were not confident producing a video, we would fund a videographer to do it for them. I made an appeal to Bearsted Parish Council to help us with the cost of this in April. The PC listened and was very supportive of our pitch and I think would have assisted us. In the meantime Chris put together a presentation package which would explain the demand and capacity challenges at the surgery with all the necessary facts and figures. Sarah Harrison helped us by sending the information we needed to do this. We planned to put the presentation on a lap top and use it as a basis for discussion with local clubs and community groups.

I'd spoken to a videographer who said that if we only wanted a short video it could be taken on a good iPhone for no cost and we conveyed that information to the surgery. Our persistence paid off and we had a constructive Joint meeting with the practice at the beginning of May.

The PPG had drafted a script as a suggestion for the video but after conversations with the doctors, they agreed to produce a video which they filmed and scripted themselves. The rest is history as they say. Congratulations in particular to Dr Mortimer who did a great job.

One of the most important messages that the video conveyed was that the doctors cared. It said that they were aware of how difficult things were for patients and they were trying to do something about it. That information is not so easy to convey by text.

Other ways of Communicating:

Bearsted Fayre

We decided that we wouldn't have a stall at the Bearsted Fayre this year as the event last year had cost us insurance and printing costs with not much benefit in terms of signing up new PPG members.

Newsletters

Sue Jackson and Sue Henderson produced a Newsletter in January. In that edition we introduced patients to the Clinical Pharmacists working at the practice and gave details of the medical and non medical staff who work at the surgery.

We are still working with the practice to see if the surgery website can post an online Newsletter with the hope that we would reach more patients than through the PPG email group. At present we have contact with 300 families which is not very representative of the registered patient population of over 15,000.

Posters/Leaflets

We have designed leaflets for the healthy walking group and we put together

a draft leaflet which explained the role of the Primary Care Network (PCN) Social Prescriber. For those of you who are unfamiliar with the PCN this is a group of 4 surgeries who work together on admin, staffing and clinical projects to support patients across this area.

A Social Prescriber is someone who is trained to link you with many of the support services available in the community.

These may include: healthy lifestyles and active lives, arts, music, outdoors and creativity befriending, counselling, housing, benefits, financial support and advice, employment, training and volunteering, getting involved in local groups or accessing specialist service.

Since drafting this leaflet the employed prescriber has left but the PCN is hoping to recruit a new one in the next couple of months.

Quiz Night

Our treasurer Goff will tell you more about the quiz night which he organised for us in March. Our thanks go to him for making it such a successful evening. We put on the quiz night to raise money for local charities but it is also a way of bringing the local community together, to have some fun and celebrate the surgery that serves us.

Social Media.

The PPG has used the local Community Facebook pages to inform patients of changes at the surgery. One of our committee members Christine Shade monitors any comments, good and bad and feeds this back to the committee. She sent us a good one this morning.

“Big thanks to the team at Bearsted Medical Practice for the children’s flu vaccine clinic they ran yesterday evening. It was really well organised and so helpful to be able to go outside of nursery and school hours!”

Other activities

The Ridge Primary Care Network has a new clinical Director, Dr Hannah Warren who started her role at the beginning of March.

The PPGs of Lenham, Sutton Valence and Bearsted had a meeting with Hannah in June to introduce ourselves. (Langley doesn’t have a PPG at the moment) and to hear how the PCN was developing. We discussed the challenge of accessing appointments across the area and she spoke about the new AccuRX online triage system which Bearsted was going to pilot. There was a follow-up meeting this week where she gave an update on the triage system to the other surgeries who might very well adopt the AccuRX Triage. This is also an opportunity to share ideas about how we can promote the PPG in each area.

Final Comments

Bearsted PPG's job is to represent all patients' views and concerns. Perhaps not everyone agrees with us but the committee think that the surgery staff are dedicated to helping their patients and work extremely hard to manage the high demand and workload. We are very grateful that the surgery takes the voice of the PPG seriously and supports our endeavours.

Our thanks go to Steve Hodgson and Sarah Harrison who are always willing to discuss issues and keep us informed. Thanks too to Dr Lisa Dolman who does her best to attend all our joint meetings with the PPG every quarter.

Lastly I'd like to thank the committee for all the work they do, their good nature and their support.

I will be sad to step down for a several reasons. Once you work for the NHS you get caught up with the desire to help people who are unwell and possibly disadvantaged, maybe it's something they put in the water. Following my retirement from Kent and Medway Mental Health Trust, it was a pleasure to have the opportunity to continue to try make a bit of a difference to people's health and well being.

However I think I've done my bit now and need to stand down, allowing new ideas and energy to appear. I will miss working alongside all of the PPG Committee members because it has been a pleasure to do so. They are willing and active committee members, good natured, fun and we have become firm friends. I hope that we will continue that friendship, meeting up from time to time. In the meantime, I wish you all the best for the future.

Healthy Walking Group

I will now ask Chris Dobson who is Secretary but who also leads the Bearsted Healthy Walking Group to tell you how the scheme has developed over the year.

7. Healthy Walking Group.

Chris noted that the walks, which have been going since March 2016, continue to thrive with a normal attendance of 30 to 50 walkers each week. We run a short walk of around 45 minutes centred around The Woodland Trust and a longer walk of 75 to 90 minutes which goes further afield north and south of Bearsted. All walks begin at Holy Cross Church on Tuesdays at 1015 for a 1030 start.

We usually do have enough walk leaders to cover each week but, as always, would welcome additional leaders. The training is straightforward and not onerous and I am sure all the leaders would agree that being part of the scheme is very rewarding.

In recent times quite a number of the erstwhile long walk participants have switched to the short walk. This is a little disappointing but maybe reflects that many of us are now 7 years older than when we started the walk. And finally we always look forward to referrals to our walking group from the surgery with the clue in the title of our group.

8. Treasurer's Report.

Goff presented the financial position to the meeting.

Balance carried forward from last year £537.53, balance end of this year (31st July) £657.63. Total income over the year £916.30, expenditure £796.20.

Income:

The main income this year was from a quiz night at the Memorial Hall in March. 102 people attended which, from the £5 entry fee & raffle, enabled us to raise the grand total of £713.10. Deducting our costs for the night - hire of hall, quizmaster & prizes, our net income was £575.10.

Other income was a reimbursement of £153.20, this being the cost of our public liability insurance. (Further detail in expenditure).

Expenditure:

Reprint of 500 Healthy Walking Leaflets plus 100 In Case of Emergency (ICE) cards for the healthy walking group - £95.00

Quiz night costs, hire of hall, quizmaster & prizes - £138.00.

Heart of Kent Hospice donation from quiz night proceeds - £350.00.

Public liability Insurance (Healthy walking group, quizzes etc.) -£153.20.

(This cost reimbursed from PCN funds by Bearsted surgery)

Special Note - Income from the quiz night was £713.10. There being nothing the surgery were looking to the PPG for support with, the committee & those in attendance at the quiz night unanimously agreed to make a donation of £350 to the Heart of Kent Hospice. This resulted in a total expenditure of £488 on the night with a net gain to PPG funds of £225.10

Projected Expenditure/Fundraising Plans

There is currently no specific projected expenditure for this financial year.

Although currently no need to raise funds for specific projects, a quiz night is planned for March 2024 as a fun/community fund raising evening.

9. Surgery Report. Information from the practice.

Sarah Harrison (Practice Manager) introduced the Surgery Report. She noted that previously she had been the Operations Manager supporting the Practice Business Manager looking after all aspects of the surgery's operations.

However this was too large a job for one person and we now have a Practice Manager looking after day-to-day operations and a Business Manager (Steve Hodgson) looking after Financial Operations and Business Planning.

Sarah noted a sense of pride in coping with the demands out on the surgery whilst being disappointed that they were unable to make all the referrals requested. The new telephone system introduced during the year had been

very successful in helping to manage the load but it was still overwhelmed at times with, for example, 90 calls in the queue by 0805 on a Monday morning. The introduction of the AccuRx triage system has been very successful so far and resulted in the first person seeing a patient request being a GP.

The Practice was also investing in specialist clinicians with two Paramedics, a Physiotherapist, and a Mental Health Practitioner. They were also investing in the Pharmacy with the employment of a Clinical Pharmacist and two Pharmacy technicians who are very knowledgeable about medications and can help with medicine reviews, freeing up GP time. An apprentice has also been introduced into the dispensary and they are considering having one in Admin as well.

Sarah also noted that the workload was placing enormous stress on the staff and that sometimes they were very down.

Dr Hannah Warren then provided more information about the AccuRx triage system. She began by thanking the PPG for helping with the communication about the system with the introduction appearing seamless.

Three months on from the introduction it is evident that it is working better from the perspective of the patients and it is certainly working better for the Practice. She noted that complaints about access have been virtually eliminated. She noted that the system allows the patient to give much more information about their condition and needs, much more so than the few words that the previous triage form allowed.

A GP will see the form first, probably within two hours, and because of the increased information can create a better and more reliable outcome. Dr Warren wanted to reassure everyone on a number of points.

Firstly if your need is urgent you will get a same-day appointment, secondly you have the opportunity to state your need on the form - if you state that you want a face-to-face appointment, you will get one. She also reassured everyone that if they do not have access to a computer the telephone system is still available and the receptionist will complete the form on your behalf.

But in that situation the more information you can give the receptionists the better the outcome. She noted that, as of the day of the meeting, the next available non-urgent face-to-face GP appointment was just 6 days ahead. The telephone system is still very busy but the number of calls has reduced by 35% and there has been a reduction in waiting time of 26%. The Practice has doubled the number of urgent appointments for Mondays. However she did note that winter is coming! Finally she noted that patients can help themselves and the Practice by giving as much information as they can and by ensuring that, when they are given appointments, they keep them or cancel them.

In August there were 66 GP appointment no-shows and 166 nurse appointments missed. The Practice is now sending text reminders. (From amongst the audience it was noted that some older patients only have mobile phones for emergencies and only turn them on in such cases. Thus they may not know that they have an appointment in the first place. This may account for some of the missed appointments and is potentially a serious issue which merits further communication. If a patient has registered a mobile phone number with the Practice it will be used for communicating appointments and other matters. The PPG would look into communicating something about this so that patients commit to have their phones turned on if they have contacted the surgery, or deregister their mobile phone, in which case they will be called on their landline. (It is possible to make clear on the triage form that you do not want text communications.)

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

Chris noted that, with the exception of Jeannette who was resigning her position as Chair, all the officers had agreed to stand again.

Vice Chair Tony Spice:

Nominated by Jeannette Ward, Seconded by: Chris Dobson

Treasurer:

Goff Norrington nominated by Tony Spice, Seconded by Chris Dobson:

Secretary:

Chris Dobson nominated by Goff Norrington, Seconded by Sue Henderson

11. Chronic Kidney Disease (CKD) - talk by Dr Mortimer.

Before Dr Mortimer gave his talk he took time on behalf of the surgery to thank Jeannette Ward for all the commitment she had given to the PPG over approximately 10 years. He noted that the working relationship between the practice and the PPG was both very good and very important. He presented Jeannette with a bouquet of flowers.

Turning to his presentation, Dr Mortimer noted that many people (around 38% of the population) have Chronic Kidney Disease (CKD) but are actually unaware of it, with it often only being detected through blood tests. There are five stages of CKD with the third stage split into 3a and 3b. These stages are defined by the ability of the kidney to filter blood using the Glomerular Filtration Rate (GFR). A GFR of 90 or above is defined as normal and anything above 60 represents very mild CKD. A result below 15 is consistent with kidney failure.

CKD goes hand-in-hand with other vascular diseases and recently NHS guidance has been updated to recommend that anyone with a GFR of less than 60 should be prescribed statins.

He noted that the blood tests of patients had been systematically reviewed and anyone with GFR of 59 or less had been sent a letter advising them they had CKD and that they should contact the surgery for a telephone

consultation. Dr Mortimer admitted this could have been handled better because it obviously created anxiety amongst patients with no apparent symptoms.

At an individual level the benefit of taking statins because of CKD when there were no other adverse health indicators such as high blood pressure or high cholesterol was very small, with 200 patients needing to take statins to avoid 1 adverse event. And indeed until recently only patients with a Cardiovascular Risk score of 20 or more would be prescribed statins, however this is now more conservatively set at 10.

Dr Mortimer noted that those who had now been identified with GFR levels below 60 would continue to be monitored by annual blood tests. He noted that there is no standard model for how CKD would or would not progress and many patients would see their GFR results oscillating without a significant downward trend. If patients do have access to their test results they may well see some of them flagged as “abnormal” but patients should be reassured that the GPs are looking at these results and assessing the need for action or otherwise based on the trends and other health indicators of the individual.

12. Questions from the members.

One member noted that he had received an email suggesting he needed to submit a sample to the surgery. He asked if the surgery knew anything about this.

This was clearly a scam and the member was advised that the surgery will not communicate via email and will only use either voice, letter or text.

Another member noted they had received a text with an embedded QR code but had decided to ignore it.

The comment about only using a mobile for emergencies was repeated and the advice given that it is possible on the triage form to make clear that the patient does not want a text. However from the surgery’s perspective texting is quicker and easier, thereby saving resource and if patients can keep their mobiles turned on around any potential medical appointment communication this would be preferred. That is if they have submitted a triage form and they have registered their mobile number, then they should keep the mobile on until they receive a response.

A member asked if the surgery is doing age-related health checks. The response is “no” in the current circumstances of extremely stretched resources. Dr Mortimer noted that it is predominantly the “worried well” who take up these opportunities rather than those who would probably benefit most. He also noted that patients with CKD were not yet being prioritised.

A member asked about Shingles vaccinations. There is currently no programme for rolling out a Shingles vaccine campaign because of the current focus on flu and COVID. However those who are eligible can still contact the surgery to make an appointment.

One member stated how much better it was to be able to make a triaged appointment for medical treatment rather than having to sit in a crowded

waiting room as part of the previously operating walk-in clinic. His comments were echoed by many in the room.

13. Any other business.

There being no other business and with the above final positive comment, Jeannette closed the meeting thanking all those who attended for coming along and contributing.

Attachments:

Audited accounts to year end July 2023
Amended Terms Reference for the PPG

**TERMS OF REFERENCE OF THE PATIENT PARTICIPATION GROUP
(Amended August 2023 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.