MINUTES OF THE MARDEN MEDICAL CENTRE
PATIENT PARTICIPATION GROUP MEETING

December 12th 2024 7.00pm at Marden Medical Centre

PRESENT: Dr. Julie Morgan, Mary-Jane Bournes, Julie West, Brian Arbuckle, Jenny Jones, Eunice Doswell, Grace Couch (Ward Councillor), Claire Courtley, Graham Tippen, Kate Tippen, Carroll Tayor, Judy Taylor, Cliff Collins, Jill Nichols **Guest speaker:** Phil Blake – Patient Safety Lead, IC24

APOLOGIES FOR ABSENCE: John Haddow, Chris and Lynn Childs, Nick Ferguson-Gow, Simon Douglass, Cllr. Claudine Russell, Gill Tarry, Julie Addison, Val Hesketh

Julie West began by welcoming everyone to the meeting and asking if there were any objections to recording the meeting, just for the purpose of the minutes, following which the recording would be deleted. **There were no objections to the meeting being recorded.**

QUORUM: It was confirmed that the requisite number of committee members were present to form a quorum for the meeting.

Julie West then politely reminded those present that when there is the opportunity for Q&As at the end of the meeting, this is not the forum to raise personal/clinical issues – those matters can always be raised via Mary-Jane Bournes.

PRESENTATION ON IC24 – Phil Blake

Phil explained that IC24 is the NHS 111 provider in our region – Kent and East Sussex. IC24 also provides the NHS 111 service in mid and south Essex, Norfolk and Gloucestershire – covering about 6 million people. Nationally there are about 13 NHS 111 service providers. Phil explained that IC24 is a social enterprise, non-profit organisation. He gave a very informative presentation on how IC24 provides the NHS 111service and
also provides some out of hours GP and home visiting services IC24 has recently taken on some small GP practices in Sussex.

IC24 evolved from being South East Health in the early 90s, subsequently became NHS Direct and then NHS 111.

Phil went through the process that takes place once an individual calls into NHS 111 – essentially working through a directory of services. He also provided some statistics on NHS 111 nationally.

Questions following the presentation:

1. **Have there been any patient satisfaction surveys?**

Yes, routinely there is a patient experience questionnaire – 10% of patients using the service are invited to complete the questionnaire anonymously. This includes the option to receive a response to anything they have raised. They also use an AI tool called 'sentiment analysis' which measures the tone and pitch of the call to ascertain whether the patient js happy with the call. Additionally, health advisers and clinicians are subject to routine audit.

2. **What does their patient satisfaction look like?**

General satisfaction is around 80-85%.

3. **What do they do about patients who are not satisfied?**

A complaints process is available if patients are not satisfied.

Some of the meeting attendees shared their experiences of NHS 111.

4. **Has NHS 111 relieved the pressure on A&E, 999, GPs etc?**

There was a small dip in use of these services, following a national TV campaign, pointing people to use NHS 111if possible, but after the campaign people tended to revert to the services they might have used previously.

5. **Is there much of a queue in getting through to NHS 111 by telephone?**
The average time to answer a call is 180 seconds. Queues tend to arise when someone needs a clinician call back following their assessment. There can be particular pressures during winter.

6. **How do they match capacity with that demand?**
   Try to match capacity by looking at previous demand. However, Phil made the point that most of their clinicians work elsewhere, although IC24 does employ some full-time clinicians.

7. **What training do the health advisers have?**

There is a nationally mandated training programme, delivered by health advisers who have gone through the accredited training programme.

8. **How many call centres do they have?**

There is one call centre in each of the regions IC24 is responsible for – 3 in total.

9. **Is the service provision of IC24 on a contract basis?**

Every provider has a 5-year contract, following which the contract has to be renewed.

10. **Is there a time when more calls come in?**

Tend to be busier at night when GP practices are closed and into the latter part of the afternoon into the evening when GP practices are full.

11. **Who are the clinicians?**

They are mostly GPs, but also nurse practitioners and advanced paramedics.

12. **What level of safeguarding training is provided?**

Safeguarding is included within the mandated training.

13. **Are there any barriers integrating with local services?**

There are challenges with dentistry services and sometimes with pharmacy. This can have regional variations.

14. **12% of patients receive ambulance contact – is there any audit of what happens with those patients?**
They do not tend to see the outcome of what happens when a patient is referred to another service. They do not see the end of the episode of care.

15. **Who mans the mental health line?**

It should go to a different branch but is variable according to region and what is available.

16. Do the clinicians have access to medical records.

They can access the summary care records.

Phil concluded by leaving behind some leaflets in case there was anyone who might be interested in helping them as a patient safety partner.

https://ic24.org.uk

SURGERY UPDATE – Dr. Julie Morgan presented the surgery report

The surgery has the usual winter pressures – viral infections, coughs, colds. Flu levels are at a national high, covid levels not so high. Julie noted that it was helpful having the pharmacy service particularly as we have an excellent village pharmacy seeing a lot of minor illnesses. The vaccination programme has gone well the surgery has vaccinated approximately 84% of the over 65 population with the flu vaccine. Better uptake than last year. The practice is pushing the under 65 at risk patients as the uptake is not as good. Focusing on all other vaccinations, such as shingles, pneumococcal, RSV – ongoing throughout the year.

New members of staff – Charlotte, new receptionist and Royan the new care coordinator.

BMA collective action mentioned at the last meeting – still campaigning through the BMA and local medical committees for general practice to have more of a voice nationally and a recognition that the general practice is significantly underfunded. Not currently receiving a lot of national press and will be interesting to see what comes out of the Health Secretary's 10- year NHS plan. So, currently working to a safe workload which means a maximum of 25 contacts a day, avoiding unnecessary form filling and pushing back at secondary care with inappropriate requests which could have been done by secondary care.

The National Insurance hike will significantly affect the practice and the hope is there will be some resolution of that.

The practice has been made aware by the local council that there is a pot of money (s.106 monies) to be used – the focus and hope is to make the portacabin into a permanent structure. They are trying to find a way to use the s.106 monies for that but still need to commission architects to develop a plan and put in a pre-app which is expensive, so the practice is trying to see if they can get funding just for that part of the process. Other thoughts for using the money is to get notes off-site – currently have a walk in sized room – if they could be digitalised of have them of-site, that would free up some space. Space is still very tight.

Q – What is the uptake for vaccination of children – uptake was not good for paediatric flu vaccine.

Q – Booking appointments on-line – wait could be 5 weeks. Does the practice foresee a time when that will improve? The problem with booking appointments on-line is that they cannot do any sort of triage or sign-posting, so whilst there is a percentage of appointments available to book on-line, they always get booked. Currently there are no plans to increase that percentage of on-line bookings. It was noted that on-line booking has the potential to create inequity so that people who have good on-line access are likely to get an appointment more readily. However, it was pointed out that some people who work/commute/long hours are trying to access the appointments. Dr. Morgan suggested people submit 'E-consults' – on-line as that platform enables patients to send in clinical queries and they are triaged every day.

Q - Possibility of e-consult going out to tender – Mary Jane said the practice has a choice of 3 possible providers although from a patient perspective, it will not make much difference.

Q - Phone data? Mary Jane did not have it to hand but can circulate it. Friends and family data for November out of 224 responses:

90.5% very good
8.4% good
0.7% neither good nor bad
0.3% poor
There were lots of positive comments.

Q - Feedback from one attendee about how superb the paramedics are - and everyone at the practice in general

Q - Relationship between the practice and the local pharmacy? They communicate every day and have a very good relationship.

Q - Is it standard practice to send a text reminder for an appointment?
Not every appointment has a text reminder

APPROVAL OF PREVIOUS COMMITTEE MEETING MINUTES
The meeting was asked to approve the 26th September 2024 meeting minutes. **Minutes agreed.**

PPG UPDATE

£100 charitable donation from the GPs. This was discussed and it was agreed that the donation should be made to Dandelion Time – a local charity which helps children with challenges, including mental health challenges.

All local councilllors have been added to the PPG mailing list to increase awareness of PPG issues and concerns.

Possibility of inviting Hospice in the Weald to the next meeting – this could become part of a wider village initiative to raise awareness of advanced care planning, so suggested we should tie this all together at that stage.

The Marden Community Forum – a general increase in mental health problems around the village was noted – particularly in the young plus an increase in drug and alcohol problems. Kate T commented that work is ongoing in this area.

Q and A

There was comment on the subject of assisted dying. Dr. Morgan mentioned a map of the world produced by the BMA, which indicated where in the world assisted dying is permitted. Dr. Morgan commented that the hospices provide an excellent service but maybe not as hands on in the community as previously, due to community services being more stretched. Also noted that assisted dying is a very emotive issue.

Further thanks to Marden Medical Centre for the excellent service they continue to provide was noted.

Next meeting: 27th March 2025 at the Marden Medical Centre

Future meetings:

26th June 2025 and AGM
25th September 2025
11th December 2025