MINUTES OF THE MARDEN MEDICAL CENTRE

PATIENT PARTICIPATION GROUP MEETING & AGM

June 27th 2024 7:00pm at Marden Medical Centre

PRESENT. John Haddow, Lyn Childs, Judy and Carroll Taylor, Kate and Graham Tippen, Dr Julie Morgan, Brian Arbuckle, Eunice Doswell, Gill Tarry, Julie Addison, Mary-Jayne Bournes, Valerie Hesketh, Angus Boucher, Nick Ferguson-Gow, Julie West, Cliff and Janice Collins, Mary Ashworth, Ron and Kathleen Stagg, Mark Graves, +2 patients (24)

APOLOGIES FOR ABSENCE. Jill Nichols, Claire Courtley, Anne Boswell, Chris Childs, Peter Kershaw, Sian Burr, Jenny Jones, Alison Fisher

HEALTHWATCH PRESENTATION. John Haddow presented the Healthwatch Kent slides provided by Bisi Dada from Healthwatch Kent who was unable to attend. Bisi has agreed to attend the next PPG meeting in September and answer any questions.

Healthwatch is a patient health and social care champion. Formed by the Health and Social Care Act 2012. If patients use health services or need care, Healthwatch wants to hear about experiences. As an independent statutory body, Healthwatch has the power to make sure NHS leaders and other decision makers listen to your feedback and improve standards of care. Additionally, they can help you find reliable and trustworthy advice and information. Their role includes understanding the needs, experiences, and concerns of people who use health and social care services and speaking out on their behalf.

Questions – John Haddow to share with Healthwatch Kent and obtain responses:

1. How are Healthwatch projects get allocated or assigned – who makes the decisions what work is completed?
2. How does Healthwatch work with GPs – does Healthwatch work with GPs?
3. Can you provide examples of recent Healthwatch published reports?

Presentation pdf attached to minutes.

PRACTICE ANNUAL REPORT. Dr Julie Morgan presented the Surgery Annual Report.

Welcome and thank you all very much for coming to support us. I gave a comprehensive summary at the last PPG meeting and for the Annual Parish meeting so to avoid repeating myself I thought I would focus on significant changes since we last met and our plans.

Significant developments

Dr Jonathan Wentzel retired a couple of weeks ago. In the 5 years that he was with us he has been a fantastic GP and was popular with staff and patients, he will be much missed.

With any significant change in staffing we always use this as an opportunity to review capacity, demand and access: we are fortunate to have some very clever bits of software which can give us accurate data on appointment availability and use, broken down by clinician.

Since the pandemic there has been a change in the way we work in GP, with more complex patients, who would once have been under hospital care, now being managed in primary care. This need still must be balanced with the requirement to provide good on the day access for patients presenting with acute undifferentiated illness.

As many of you know we have 2 excellent and experienced paramedic practitioners who are also non-medical prescribers and manage a large proportion of our acute on the day demand.

We have decided to expand our paramedic team and have successfully recruited a new PP, Shirley Bellhouse, who started today. Jonathan Wentzel's patients have been allocated to the remaining GPs. Each day, there will be duty team will consist of a duty doctor and 2 paramedics. The duty Dr should only be seeing those patients the paramedics cannot (mainly young children and the odd other exception like pregnancy, gynae or complex mental health). The duty Dr will however be supervising paramedics, nurses, clinical pharmacist, HCA and will have a larger admin burden including. When not the DD, a Dr's whole session template will be routine work. We have removed the embargo's on this so reception can book them at any time. Each Dr will be seeing fewer patients per session for 2 reasons. 1) Routine cases are becoming more complex and often overspill the 10m allocated time. Instead of increasing the slot length, we will accept an element of overspill with the time buffer provided for this being in the form of extra admin time. Importantly we are still aiming for 1 problem per consult. 2) Each Dr has an additional amount of admin work. In theory we are hoping that this will give better access and increased availability of appointments, but we will be reviewing the system in a few months' time.

The team has been stable with no other significant changes in staff, but several of the team are undertaking additional training to enhance and develop their roles:

2 PPs and a PN are undertaking their Advanced Clinical Practitioner Training.
Our HCA Yvonne is expanding her role to be a General Practice Assistant and is doing a university-based qualification to support this.

One of the reception team is doing an NVQ in Dispensing

We are hosting student nurses.

Despite the ongoing challenges of working in the NHS over last year we are proud of our team and the high levels of satisfaction and lovely comments that we receive on the monthly Friends and Family Test results. We also feel that we are part of the community we serve and have pleased to be involved with the Prescription for Nature in Marden project.

The new bench at the front of the surgery: generously supported by Friends of Marden Medical Centre, is a lovely addition and it is great to see it being so well used!

Unfortunately, I do also need to highlight the challenges that General Practice is facing. Some of you will be aware that earlier this year a new contract was imposed on GP. The terms of this contract mean that we are being offered a less than 2% uplift in our funding. The Government gives this each GP practice just £107.57 a year for each patient, whatever their health needs. That is less than the cost of a TV licence. This means we are only given 30p a day for every patient registered with us – less than the cost of an apple.

The BMA conducted a referendum in March and over 99% of members who responded, more than 19,000 GPs and GP trainees, rejected the Government and NHS England's 2024/25 GP contract changes. We are now in dispute with the NHS and the BMA is balloting all GPs on whether we will be taking industrial action.
Any actions will be carefully thought through and will not be resulting in us striking.

"GPs want the same things that you do. We believe nobody should struggle to see their family doctor. We believe general practice deserves a bigger slice of NHS funding so we can train and hire more GPs, deliver the services you require and make it easier to get appointments to see your GP and practice team. We know you deserve better than this. GPs Are On Your Side"

Actions may include:
*Limit daily patient contacts per clinician to the UEMO recommended safe maximum of 25. Divert patients to local urgent care settings once daily maximum capacity has been reached.
*Stop engaging with the e-Referral Advice & Guidance pathway.
*Serve notice on any voluntary services currently undertaken which plug local commissioning gaps.

The BMA describe this as a marathon and not a sprint.

Questions:

John Haddow thanked the GP's and staff on behalf of the patients for their continued excellent work and dedication.

GP Contract negotiations. What if the government does not back down with the BMA. Answer strike action will not take place but future unclear.

What is the approximate number of MMC patients? Answer 7500.

Questions about GP funding model. GMS funding every April. Carr-hill formula used for fixed GP funding. Based on the numbers of patients, patient age etc. Other GP payments can be achieved based on key patient metrics.

Patients on Dr Wentzel's list - will they be notified of their new GP? Answer all should have been notified of changed GP – if not the Practice will ensure they are given a new GP allocation. Apologies for any patients missed.

How is the new phone system? Answer fully integrated and working well. Callback enabled and working well.

Prescription 5 day wait. Can patients see on the NHS app when the prescription is ready? Answer 100 prescriptions per day from the Pharmacy Dispensary. Not enough capacity to inform all patients of prescription status.

Is there a problem with general drug supply? Answer many drugs currently unavailable requiring constant switching of drugs needed. Ongoing issue.

PPG BUSINESS.

Quoracy 10 committee members present.

ELECTION OF CHAIR AND 24/25 COMMITTEE MEMBERS

John Haddow offered to stand for re-election as chair. Proposed by Mary-Jayne Bournes seconded by Gill Tarry. **Agreed.**

Mary-Jayne Bournes agreed to continue as Secretary. Proposed by John Haddow seconded by Judy Taylor. **Agreed.**

Julie West offered to stand as vice chair. Proposed by John Haddow seconded by Kate Tippen. **Agreed.**

Re-election of Committee members 24/25 and previous meeting minutes (28th March 2024) approval. Geoff Bartram has decided to stand down from the committee. Thanks you to Geoff for his support. Due to an oversight these actions were omitted from the meeting. Post the meeting the re-election of 24/25 committee members was completed electronically via email. John Haddow proposed the following existing committee members seeking re-election. Seconded by Mary-Jayne Bournes. No objections were received. **Agreed**.

24/25 Committee members are: **Kate Tippen, Jenny Jones, Chris Childs, Lyn Childs, Judy Taylor, Carroll Taylor, Jill Nichols, Annabelle Blackmore, Peter Kershaw, Gill Tarry, Nick Ferguson Gow, Claire Courtley.**

John Haddow would like to thank all committee members for their continued meeting attendance and support.

PPG ANNUAL REPORT

Over the last year we have provided volunteers to support flu and covid-19 booster clinics. We held 8 NHS Digital Access Drop-in sessions @ the Surgery – thanks to Valerie, Claire and Kate for their kind help. We supported the development and launch of the Marden Nature on Prescription (NOP) programme. We continued to curate the monthly News Update to PPG members with the latest Surgery and other relevant health related information - thanks to MPC for distributing via their social media and website pages. We have spent around £150 in the year on web site hosting and printing – fully reimbursed by the GPs – thank you. We

continued to curate the 6 weekly Marden Community Forum MS Teams calls bringing together leaders from key village groups to share relevant information. These have proved invaluable. I have continued to attend the bi-monthly West Kent PPG Chairs meetings and quarterly Weald PCN PPG Chairs meetings – contributing to discussions that are relevant to Marden patients and trying to get a better understanding how our local NHS organisations work.

Questions:

How can PPG increase membership? Village groups membership on the PPG to be reviewed and encouraged. 300 PPG members – 50 or so active. MMC cascade information to 1000+ in the village. John Haddow to provide feedback on new member acquisition plans.

Attendance of Dementia meetings incl Sporting Memories are meetings restricted to patients or carers living with dementia. Answer yes but patients can visit meetings as guests. Patients should contact Rachel or Sue Eltringham if they wish to attend meetings.

Do all Practices have to have PPG's. Answer yes where they can. It is a GP contract requirement. Some Practices do not have PPGs.

Meeting closed

PROPOSED DATES FOR UPCOMING 2024/25 COMMITTEE MEETINGS:

26th September 2024

12th December 2024

27th March 2025

26th June 2025

25th September 2025