

# Westgate Surgery

## Patient Focus Group Meeting Minutes 23<sup>rd</sup> January 2020

### **Present:**

Mrs Nicky Macdougald – Practice Manager  
Mr Geoffrey Lafford - Chairperson  
Mrs D Devere  
Mrs D Gilson  
Mrs J Glover  
Mrs M Lafford  
Mrs M Makepeace  
Mr M Meaney  
Mr R Robinson  
Mrs B Sanders  
Mrs D Sewell  
Mrs C Taylor  
Mrs C Whitehead  
Mrs H Gillespie – Practice Secretary  
Mrs P Orpwood

### **Apologies:**

Mrs A Clark  
Mrs C Cleworth  
Mr D Cleworth  
Mr F Piggott  
Mrs P Piggott  
Mrs B Smith  
Mrs S Walsh  
Mr B Wells  
Mrs A Wells  
Mrs S Wells

Attendance taken from sign in sheet, if your name is missing please let us know.

### **1. Welcome & Introductions:**

Geoff welcomed everyone to the meeting. He explained he has taken over the Chair from Ros and reaffirmed the purpose of the group was to support the practice on its services and provide feedback.

### **2. Minutes of Last Meeting:**

No amendments. Minutes approved

### **3. Matters arising from the last meeting:-**

Nicky gave an update on the following items:

- a) Draft Document outlining Integrated Case Management Team (ICM)  
A copy of the document was given to all attendees of the meeting and will be appended to the minutes for information.

See Item 6 of the minutes for further information regarding the ICM.

- b) PFG involvement with Primary Care Network (PCN)

Dr Walton attended the meeting to explain the purpose of the PCN. He stated that it would be good practice to have representatives from patient groups involved but at this stage is unable to say what involvement this would entail. He stated it would be good for the patient groups to think about how it would work, maybe have a sub-committee and arrange a meeting for all patient groups within the PCN. It should then be for patient groups to decide how and who they wish to engage with the PCN and further meetings.

Nicky stated that it `was good to have patient involvement.

Dr Walton mentioned the shortage of primary care doctors and the role of the PCN in mitigating staffing problems. Nurse practitioners and “doctors” (not doctors) could be shared by the PCN practices. He also mentioned plans to recruit a social prescriber and a pharmacist for the PCN. Generally PCNs had 30 to 50 thousand patients altogether; ours has 47 thousand. Geoff stated that he can see the PCN has economy of scale and how a problem shared would help. However, he wondered if our good record of appointment availability might suffer as a result. Dr Walton reassured the meeting that our practice would only be helping others to be more efficient. He also asked the group if involvement with other patient groups with the PCN is something they would want and that we need to think about ways of looking at this.

Dr Walton informed the group that the PCN would now specify to providers the outcomes it required and that the PCN had already influenced new contracts.

Nicky said that the group needs to think about why they attend our patient group, and if they would like to be more involved with health care and giving feedback on service provision or just happy to attend meetings for the surgery.

It was stated that perhaps the PCN Manager could put together a group made up of patient group attendees, including some from each practice within our PCN.

Nicky also explained that our PCN manager works for us 3 days a week and 2 days with the Margate PCN.

c) **Westgate Collaborative**

Nicky told the group that she had met with the Town Council in November 2019 and that the Church are setting up a programme of work. This will be much easier once we have a social prescriber employed as this will be part of their role to liaise with these groups.

d) **Practice Aims and Objectives**

Geoff explained that back in May 2019 we discussed/received the aims and objectives during our May Meeting. It was asked what the surgery want to do this year. Nicky explained that we need to look at the coming year (2020/21) and set new aims and objectives. There are standard aims and objectives the surgery will keep but is there anything that the group would like to see as a practice objective. Nicky asked the group to think about this and let her know anything that they think of.

Nicky also stated that until the surgery gets a clearer idea of what is going to happen with the PCN it may be difficult to set these at the present time. We will keep this as a live action point for discussion again in the year, perhaps bring it back at the summer meeting.

e) **Kent Health Watch**

Geoff stated that back in May 2019 there was a request for Health Watch to come and talk to the group about mental health. Unfortunately they could not make any of our meetings but it is something that we should do as mental health is a important topic.

**Action: Nicky to invite Kent Health Watch to the next meeting**

#### **4. Incidents and Complaints**

This item has been deferred to the next meeting. Nicky explained that the review has been done, but the report is not ready to share with the group as it needs anonymising. It will be added to the agenda for the next meeting.

#### **5. Premises**

Nicky explained to the group that as a short term intervention on the current building we are looking to change the office space so that we can accommodate the new members of staff working for the ICM. This has involved looking at how we use the current space and make the best of the space we have available.

The extension of the surgery in 2013 has provided the surgery with enough space for the last 5-6 years and we are now looking at the local plan about the extra houses planned to be built and how we would cope with the extra patients that would create. There is currently a local plan for 300 houses and this is without the large plan. We currently have 10700 patients. If each home as an average of 2.2 people per home then 300 houses will generate about an additional 700 patients and the current surgery cannot provide sufficient space for these additional patients.

Nicky explained that she has been to the council to look for alternative sites and the surgery is continuing to do so. If the plan goes ahead for the large development there is scope for a health centre on it. However if we did move to this site it would be away from the town centre of Westgate.

Nicky stated that this is going to be lengthy process and could take at least 3 years.

Nicky also stated that if the development goes ahead the new site will push the surgery patient count to between 15,000 and 17,000 patients. There is some pressure from the CGG to increase our boundary list to include Garlinge, but the doctors are not keen to do that.

Nicky also stated that they surgery will meet the Town council to look at alternative sites.

#### **6. Integrated Case Management Team (ICM):**

Nicky stated that the ICM team is being funded by the Primary Care Network (PCN). The PCN was allocated funds and each PCN could decide how they would spend these funds. Our PCN opted to use the money on frailty and vulnerable patients to provide support in their own homes and the ICM will run along-side the support we already offer at Westgate Surgery.

The surgery has created a one page document to outline what the team will be doing and will hopefully be up and running within the next 4-6 weeks to help the frailty nurse teams based at each surgery. In the document, ART stands for Acute Response Team and at least one member has experience of this separate service.

Patients will be referred by their GP but also the reception team.

The team is made up of 2 skilled nurses and 1 Occupational Therapist who are employed by the Community Trust but working for the PCN.

The ICM team will not have a case load. They will be visiting patients, sorting out their problems and then discharging them. However we are aware that there will be some patients who are more complex and will need repeated visits periodically.

## **7. Surgery Charter**

This was discussed at the last meeting and the changes suggested have been made. Nicky stated she wanted to bring it back to the group to ensure this document was as discussed before we issue out to patients.

It was agreed that document read better.

## **8. Any Other Business**

Whilst Dr Walton was at the meeting the group was asked if they had anything else they would like to ask.

One member asked about the new Primary Care Mental Health Service. As there was concern over the care that may now be received. Dr Walton replied the old service which was provided by Jane Berwick and Tracey Simmonds was stopped and a new service has been set up which is being run by Invicta Health. All patients that had been under the old service will have been referred to the new service. The new service has only been up and running for a few weeks and they in the process of setting the service up and arranging to see patients.

One member stated that were worried about reports of poor morale within the NHS. They asked if this was something the surgery has a problem with. Nicky responded that staff turnover at the surgery was low which is a positive.

One member asked "what happened to the patient group members coming to the surgery during clinic times and speaking to patients". Nicky stated that this was something that would be good to start again but was not now needed for surveys as these are done by post.

## **9. Topics for future meetings**

Geoff asked the group if there were any topics they would like to be discussed at future meetings. The topics raised are listed below:

- Patient Group talking to other patients
- Alternative means of contacting your doctor
- Mental Health
- Another Health/Nutrition day
- Practice Website and other means of communication

The meeting was closed a 3.53pm.

Date for next meeting: - Tuesday 31<sup>st</sup> March 2020 at 2 pm.  
Wednesday 17<sup>th</sup> June 2020 at 4pm  
Thursday 22<sup>nd</sup> October 2020 at 4pm