

**THE WHITE HOUSE SURGERY**  
1 Cheriton High Street, Folkestone, Kent CT19 4PU  
Tel: 01303 275434

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Dr Chee Mah  
Dr Jonathan Bryant

Mrs L K Betts – Director of Operations  
Ms M Baker – Practice Manager

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**The White House Surgery, Patient Group**

**Notes of Meeting 11.4.18**

**Present:** Alan Vine, Pamela Shrubsole, Steve Shrewsbury, Leslie Bulman, Dr Chee Mah (GP Partner), Dr David Farrow (Salaried GP), Lesley Betts (Director of Operations).

1. **Apologies:** Coleen Kingston, Margaret Woolley.
2. **Matters Arising from last meeting:** All matters arising were covered by agenda.
3. **General update on clinical staffing and developments:** Dr Mah explained the cover that is in place currently and the new recruits that we have in the team.

**Jon Anderson, Paramedic Practitioner** – working with us three weeks out of four this month as an additional clinical pair of hands. He helps with triage and sees appropriate patients. He is working with us regularly and will do so more when he relocates to this area. Prescribing training for Paramedic Practitioners is becoming available and so Jon will apply for this.

**Natalie Hawes, Pharmacy Technician** – Natalie is now in post. She checks drug monitoring and safety. She relieves GP workload and frees up doctor time. She takes patient queries.

**Dr Josh Tuxford, GP Locum** – Dr Tuxford is no longer working with The White House Surgery.

**Nurse Practitioner** – We are currently advertising for an additional Nurse Practitioner to join our team.

**Practice Nurse** – We are currently supporting one of our existing practice nurses to train to become a Nurse Practitioner. **Liz Snowden** has retired and we have recruited a new Practice Nurse, **Ana Philpott**, who is working here and at New Lyminge Surgery.

**Health Care Assistant** – Tracy, one of our reception team, undertook basic training to become an HCA some time ago but didn't really get the opportunity to build on this. We are now undertaking in-house and external training with Tracy to support her development and enable her to perform some tasks herself. This will help release Practice Nurse time to deal with the more complex tasks in the longer term.

**Care Co-Ordinator** – We have created a new role for one of our reception team, Sam, which means that she has more time to deal with patients who have more complex questions or have care needs for which she can help to sort out some support.

**Physiotherapy** – We have arranged self-referral for Physiotherapy and reception can share more information on this.

**Counselling** – We have arranged self-referral for Counselling and reception can share more information on this.

**Electronic Batch Prescribing** – patients with less than 3 or 4 items on their repeat prescription who have been stable with their medications for at least 6 months, will be moved onto electronic batch prescribing. This means that a prescription is issued for one year and then sits with the Pharmacist who dispenses the medication appropriately. This cuts down the number of times a patient has to keep re-ordering and also cuts down the workload in the Practice.

Discussion took place re appointments/DNAs, same day slots etc. The triage system we use means the DNA rates have decreased noticeably. Although some patients are wary of this system because they don't like the fact that they can't book appointments ahead, it does mean that patients are guaranteed to be seen on the day they want to be seen on. There is no need to ring in at 8am when the 'phones are busiest because regardless of what time a patient rings, their need will be triaged by the Nurse Practitioner or the Paramedic Practitioner and they will be seen that day if appropriate.

Some of the patients present felt there needs to be better communication of this new system and Lesley agreed to prepare a leaflet explaining services and for this to be available at reception and on our website. When the new telephone system is installed at the end of May, there will be an opportunity to have some patient information announcements on there so the patients know what to expect. Receptionists have been trained on communicating the new system to patients but Dr Mah said that he will follow this up again and ensure the correct messages are getting to patients who contact the surgery.

A query was raised about patients presenting with more than one problem. In some Practices it is published that they will only see one problem in each appointment. That doesn't happen here because triage sorts out the right length of appointment for the presenting issues for individual patients.

A question was asked about how patients can book in to get the results of the tests the GP advises them to have if they can't pre-book appointments. Dr Mah explained that this is unnecessary because all abnormal results are acted on by the requesting GP. If a result comes back with an abnormal result the GP will contact the patient and make arrangements as to how this will be followed up. If a patient doesn't hear anything about the result of their test, they are welcome to ring the Practice during the afternoon about ten working days after the test has been done, and ask the receptionist for the result. The receptionist will be able to read out the doctor's comment regarding the result so the patient understands what the doctor thinks etc.

Patients are looked after by the Practice Team and not by a dedicated GP. This is happening everywhere now because a little while ago the Government changed it from a Registered named GP for each patient to being registered with a Practice.

As there is a national shortage of GPs all Practices have to adopt a new model of care to enable patients to receive the care they need. Unfortunately this means that patient expectations of how they want things to be can't always be met and we have to do the best we can to ensure our service meets the needs of our patients in the best way we can with the healthcare professionals we have available. Folkestone has recently had a crisis with one Practice closing altogether and the only way forward is to develop these new models of care.

Complaints numbers are down overall since the new triage system has been introduced. The previous system had more complaints in one month than the new system has had in the four months it has been running. This is because patients can always be seen on the day they contact the Practice for help.

We are currently in the process of looking for a new surgery building because the current building is so limited for space. We are exploring options for minor surgery and are hopeful we are going to be able to use some space in Folkestone Health Centre very soon for Dr Mah to carry out minor surgery sessions, probably once a month initially. There is a building for a surgery as part of the Shorncliffe Barracks site development by Taylor Wimpey but currently the space isn't really enough to support what we would need. We are working together with our Landlord (Paydens Ltd), the South Kent Coast Clinical Commissioning Group and the Council to see what can be done to facilitate more space.

**4. On-line Registrations:** The contractual obligations on GP Surgeries regarding on-line registrations are to have at least 20% of their practice population signed up. Unfortunately this isn't something that has ever really been encouraged previously at this Practice and is something that we are keen to change. We currently only have approximately 2% of our population signed up for online services which includes ordering repeat medication, making and cancelling appointments and gives patients access to their medical records. We have an online Champion – Sam, who will help patients who are struggling with the online enrolment. During week beginning 14.5.18 we will have a concentrated effort to get as many patients signed up for on-line services as possible. Sam will be available during the early PM to support patients who need her help. Lesley asked if any of the patient forum would be willing to come in for a couple of hours at any point during that week to spend time in the waiting area and to talk to fellow patients about signing up for online services. Please contact Sam if you can help. One of the patients present reported an issue with online repeat prescription ordering in that it states “contact your GP to ensure this request has been sent”. Lesley will ask Sam to investigate.

**5. Present DNA Rates:** These were noted to have decreased considerably with 111 in Feb and 113 in March this year compared with 157 and 159 in the corresponding months in 2017. The triage system and limited pre-booking should see these figures continue to fall and stabilise.

## **6. AOB**

- a. A query was raised as to why we now have one receptionist on reception most of the time. It had been noted by a couple of the patients that this meant there was a long queue at the desk and patients had to wait. Dr Mah explained that in order to develop the Care Co-Ordinator role time had needed to be freed up from elsewhere. As no telephones are answered on the desk, there should only need to be one receptionist on the desk. If there is a particularly busy period the receptionist downstairs calls upstairs for someone to come and help.
- b. Mr Bulman offered to try and recruit a member of the Nepalese community to join the Patient Forum. This was welcomed by all present. We would welcome new members of the forum in general.
- c. A question was raised with regard to the possible Shorncliffe development and whether or not there would be a bus route. This is not something we have any information on and is too early in the proceedings to know whether this is where we will be able to have a new build anyway, but we will keep that in mind for the future.
- d. Mr Bulman updated everyone on the new Folkestone Hub. This is now being run by Channel Health Alliance and once fully functional will have Nurse practitioners, Physiotherapists and mental health support workers as well as GPs initially. Folkestone is already working although some other hubs are not due to IT issues. Dr Mah explained that because of the way we function here using our own Nurse Practitioners and triage, we may not need to use the hub very often at all. Currently the Hub has no facility to order blood tests or x-rays and so it is better to treat our patients in-house when possible. 10 mins slots in the hub will be offset against provision of 15 min slots for patients with long term conditions in the Practices.
- e. There was a request to have these Patient Forum meetings every 2 months at the moment. Lesley and Dr Mah said that this would be very difficult to support from our point of view. At present, as well as dealing with all of the clinical work all day, Dr Mah has quite a lot of

evening meetings just to ensure all the business side of things is moving along. Mr Bulman stated that our Terms of Reference published on the website state that the meetings will be every 2 months. Lesley pointed out that these are not the new Partnership Terms of Reference and these will be provided in due course. At the moment it is very difficult to manage everything at once and so we have had to prioritise. We do value patient input but we cannot sustain two monthly meetings. The intention is to have the forum meetings quarterly this year and then to move to three times a year thereafter. In the interim we can have two-way communication with members of the Forum and welcome comments fed into us. We are planning a patient newsletter at some point soon.

**Date for next meeting: Weds 11.7.18**