

THE WHITE HOUSE SURGERY
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Dr Chee Mah
Dr Jonathan Bryant

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

The White House Surgery, Patient Group

Notes of Meeting 14.11.18

Attendees: Coleen Kingston, Margaret Woolley, Pam Shrubsole, Leslie Bulman, Stephen Shrewsbury, Alan Vine, Albert Ellender, Pamela Sullivan, Lance Cruse, Seth Cruse, Paul Hines, Dr Chee Mah, Lesley Betts

Apologies for absence: None

There was some confusion over the start time of the meeting because one agenda stated 6pm and another 6.30pm. Lesley apologised for this mistake. The meetings are always 6.30pm on Wednesdays.

1. Matters Arising from last meeting.

There were no matters arising that weren't being covered on this agenda. Some members noted they hadn't received copies of minutes of the last meeting so Lesley will ensure these are circulated with the minutes of this meeting.

2. Update on clinical staffing and premises development.

- Dr Ken Ivis has now accepted a contract as a salaried GP for one day a week.
- Dr Anju Thomas is working with us as a regular locum two days a week.

The national shortage of GPs was discussed and the Practice explained we are still advertising. Unfortunately because people are living longer, the nation has become sicker and this means that we need more GPs than in the past to be able to cope. As these GPs aren't forthcoming the White House has developed a new model of care with Advanced Nurse Practitioners, Paramedic Practitioners etc to provide the care our patients need.

- Following on from a Folkestone-wide meeting, the Practice has withdrawn interest in Bouverie Place building for the time being. The White House agreed to the proposal put forward by other Folkestone Practices to develop a larger surgery building on the current site of the Manor Clinic and the other Practices agreed to The White House seeking to develop the new surgery building on the Shorncliffe development. The Landlord of The White House has now made an offer for the Shorncliffe development and we await further news. The new Shorncliffe building is under a Section 106 development, which means that the developers are providing a surgery building to shell and core. This will be advertised for health use but if no offers are received after the specified time, the building can revert to housing. It was explained that the current design and the size is not really what the Practice need but our Landlord is hoping to purchase one or two residential flats in order to make the space more user-friendly and provide more floor space than originally suggested. A question was asked about why pressure wasn't being applied to try and increase the space to be what we really need. Explanation was given that the S106 took place many years ago and Primary Care has changed in the subsequent years. What we need now isn't what was predicted at the time the agreement was reached. It was suggested that campaigns and petitions could be set up but Dr Mah said that working with the system often achieves a better outcome and he explained that the Practice have met with Shepway Council, the CCG and Taylor Wimpey and have negotiated as far as

possible to achieve the most floor space possible. He thinks that a campaign now could actually slow things down more. A question was asked about collaborative working across Folkestone. Each Practice is an individual business but increasingly Practices are working collaboratively because the larger the patient cohort, the more impact localities can have. There will be some projects some Practices wish to collaborate for and others where Practices choose not to take part. It will be an individual choice.

3. Patient Survey/Friends and Family Test

Lesley explained that the Practice proposes doing a Patient Survey in the New Year. The survey will run between **18.2.19 – 1.3.19**. Lesley asked if any members of the Forum would be kind enough to come into the waiting room during the two weeks of the survey and assist fellow patients in completing the questions. Lesley said Michelle, the practice manager, will collate volunteers by sending out a timetable of sessions nearer to the time.

A draft questionnaire has been prepared and was shared with the forum members and Lesley asked that they feedback if they have any questions they think would be relevant and could be added. Any additional question suggestions should be emailed to Michelle.

4. Present Did Not Attend (DNA) rates

Information was shared on did not attend rates. These have been broken down into specialty (practice nurse, nurse practitioner, healthcare assistant and GP) this time and this has highlighted the majority of DNAs are with the Practice Nurses. This has led to the Practice changing their processes because currently patients are sent appointments in the post and now invitations to contact the Practice to book a convenient appointment will be sent instead. It is clear that patients aren't contacting the Practice to cancel appointments that have been made for them if the time is inconvenient. This is leading to a lot of wasted nurse time. A question was asked as to whether the Practice can fine patients who do not attend – we cannot fine patients. One of the members raised an issue they had encountered where their appointment with the nurse was cancelled but they weren't provided with an alternative appointment; instead they had to ring the Practice to re-arrange. Lesley explained that sadly one of the team had suffered a family bereavement and so we had to cancel some surgeries but couldn't re-appoint because we didn't know how long the absence would be. Unfortunately sometimes unexpected situations arise. Mr Bulman congratulated the Practice on the low number of DNAs. Dr Mah explained that our model of care allows us to make best use of the time of each team member. The forum members asked that they be provided with total number of appointments next time.

5. AOB

- a. Lesley offered to arrange speakers for the Forums if members would find this useful. It was agreed this would be very welcome. A request was made for a specialist in mental health to come and talk about provision of services and unmet needs in our locality.
- b. It was noted that some services can be provided out of a portakabin in the car park.
- c. Processing of forms by reception was raised. One member had encountered issues when asking for a letter to support convalescence because staff on the desk didn't seem to know how to arrange this. Dr Mah said that he will ensure further training takes place to fill any gaps in knowledge.
- d. It was pointed out that notices are stuck to the walls again. Lesley said that these are for the 'flu clinics. The Forum members are unhappy with notices stuck to walls. Lesley replied that there are a number of notices we have to display and the notice board isn't very big.
- e. A question was asked about what counter measures have been put in place for Brexit and continuity of supply of medications. Dr Mah explained this isn't really for the Practice to co-ordinate as the Department of Health will do this for the country, however Dr Mah will raise the question with the CCG.
- f. It was mentioned that no Nepalese representative was present. Lesley explained that Michelle had recently attended a meeting of Nepalese elders and the Practice had expected a

representative at tonight's meeting. As this sadly hadn't happened, the Practice will follow it up. Mr Bulman is also trying to encourage attendance through contacts he has. It was noted that previously there has been good attendance from the Nepalese community at the forum meetings but this was funded through a particular scheme and when the funding ceased, the representation also ceased.

- g. Patients are asked to note the consultation on hospital services. Leaflets regarding this consultation will be provided in the waiting room.
- h. It was mentioned that sometimes the recorded message on the telephone answering service is too quiet. Lesley explained that this is being looked into.
- i. One member noted her COPD review appointment is not being made so frequently. Dr Mah explained that we are now aligning our recalls for review to NICE (National Institute for Clinical Excellence) guidance. Outcomes are not improved the more times patients are seen.

Date for next meeting: 13.3.19

The white House Surgery

DNA Rates

Month	2016	month	2017	Month	2018
Jan	228	Jan	235	Jan	86
Feb	263	Feb	157	Feb	111
Mar	211	Mar	159	March	113
Apr	182	Apr	148	April	118
May	176	May	138	May	94
Jun	251	Jun	179	June	92
Jul	237	Jul	164	July	77
Aug	232	Aug	140	Aug	56
Sep	244	Sep	238	Sept	50
Oct	404	Oct	291	Oct	59
Nov	239	Nov	159		
Dec	202	Dec	111		

	Jul-18	Aug-18	Sep-18
GP	9	9	3
NP	2	4	4
PN	65	39	38
HCA	1	4	5

	Oct-18
GP	8
NP	3
PN	44
HCA	4