

**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**

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**The White House Surgery, Patient Group**

**Notes of Meeting 1.8.18**

Attendees: Alan Vine, Pamela Shrubsole, Pamela Sullivan, Albert Ellender, Steve Shrewsbury, Coleen Kingston, Dr Chee Mah (GP Partner), Dr David Farrow (Salaried GP), Lesley Betts (Director of Operations).

**1. Apologies:** Leslie Bulman, Margaret Woolley

**2. Matters Arising from last meeting**

- It was noted that there is still a perceived problem on reception at times when the queue gets quite long. This is felt to be because there is only one receptionist on reception. Lesley explained that although the receptionist on the desk can ring upstairs for help from a colleague if the queue becomes long, the team upstairs are already busy with their own work and will not necessarily just be able to come straight down to help. It is inevitable that a queue will build on some occasions but we have tried to use the staff time available to the best advantage and ensure patients get the service they need as quickly as we can. Some patients need more time than others and so we hope that understanding will be there if this is the case and a queue sometimes builds in reception. We have also been without the self-check in screen for a number of weeks whilst some computer upgrading took place. Now this is reinstated and working again, we hope this will alleviate queuing for patients who are attending appointments.
- Positive feedback was given on the guidance given regarding obtaining test results. A GP had contacted the patient and arranged the necessary follow up without the need for the patient to contact the Practice or book an appointment to come in to obtain the result.
- Feedback was given that we tell patients to ring in a fortnight after their test, but the hospital is telling patients the result will be available at the Practice 3 – 4 days after an x-ray/MRI was performed. Dr Mah explained that from experience, we know the hospital gives this guidance but in reality this is not the case. We therefore advise patients to ring a fortnight after their test because they then have realistic expectations and don't have to keep ringing time and again.
- Feedback was given that a patient couldn't get an appointment here. Dr Mah explained the triage system. Clinicians will elicit information as to whether a patient needs to be seen or can be dealt with in another way. This may mean that patient expectations aren't met and could cause dissatisfaction but in fact their problem has been addressed and managed appropriately. Dr Mah said that he would like to speak with any patient who experiences difficulty in getting an appointment. The system we have introduced will suit 95% of patients and we can work with the other 5% to try and address other needs if and when we understand any gaps that exist.

**3. Update on clinical staffing and premises developments**

- Lesley explained that the Practice have employed an additional Pharmacy Technician, Emily, who will start at the beginning of September. Emily will deal with overseeing prescription requests ensuring necessary blood tests for certain drugs are done before the request goes to the GP for signature. This ensures safety of prescribing. She works in the same way as Natalie, who already performs the Pharmacy Technician role for our team, but will expand the capacity to deal with more queries etc. Patients identified in the triage process who

have medication queries will be directed to Natalie and Emily rather than taking up a GP's time if it isn't necessary.

- Premises developments were discussed. Dr Mah explained that there is a national benchmark for square footage for Practices dependent upon their Practice list size. For a list size such as ours is currently we should have 800sqm. The White House existing building is 310sqm. We have therefore put in a three stage proposal which includes redeveloping the current building to make it fit for purpose for provision of 21<sup>st</sup> century healthcare services and will involve installing a lift amongst other changes. Alongside this our proposal includes developing the new build surgery on the Shorncliffe barracks site and also purchasing and adapting the four storey building in Bouverie Place (next door to MacDonald's) which was originally fitted out as a Dental Practice but never used.

The growth in population brought about by the housing developments planned for Folkestone will require expanded Primary Care services. We propose providing integrated health services to our patients and would expand our list to cover some of East Folkestone as well as maintaining our current list of patients in Folkestone West.

Our plan has received Stage 1 approval, which means approval in principle. This approval had the caveat that the proposal also had to be approved and agreed by the Folkestone locality. Dr Mah and Michelle attended the most recent Locality meeting and presented our plans. Unfortunately the other Folkestone Practices were not in agreement and so would not support us. The Practice is very disappointed with this outcome. Some of the other Folkestone Practices have recently applied to close their lists to new patients because they are struggling to cope with their workload. By having new premises in central Folkestone, we would be able to expand our boundary and therefore take more patients therefore relieving the pressure on the other Folkestone Practices.

The forum members were supportive of the idea of the new premises. They could see that by expanding our boundary and list size, we would be able to recruit more healthcare professionals and also expand the services we offer. They felt reassured that the plan includes retaining the current White House building because they were concerned that patients would find it difficult to get to either Shorncliffe or Bouverie Place. Dr Mah explained that this wouldn't be necessary because primary care consultations would continue at all three sites although specialised services for example minor surgery, might be based at one of the premises rather than carried out at all three.

Lesley mentioned that there might be a chance for Patient Forum members to express their views on the proposals as part of the wider plans for healthcare in Folkestone. Ms Kingston said that she would be very happy to be involved in this should the chance arise.

The new Model of Care the Practice has introduced was discussed and appreciation expressed by the forum in general. The feeling was that it addresses patient need appropriately and efficiently. They can see that widening this to cover more of Folkestone would have real benefits and allow demand to be managed well.

Dr Mah explained that as we move forward, more out of hospital services will be housed in the community. There needs to be space in the community to allow this to happen and the proposed closure of The Royal Victoria Hospital will limit this availability further.

A question was raised as to what would happen if the Practice increases the number of patients. Would there be capacity to see everyone? Dr Mah and Dr Farrow explained that currently we have different numbers of appointments available day to day depending upon the clinicians who are working eg we have more clinicians on Mondays to deal with the increased demand. Some days we have free appointments and others we add in additional appointments to address the need. Usually everyone who is triaged as needing to be seen will be seen that day but occasionally the GP will identify the patient can wait a day or two and with their agreement, an arrangement will be made for them to come in a day or two later (without the need for re-triaging).

#### 4. Present DNA rates

The DNA rates for April, May and June were shared with the attendees. The downward trend in numbers of DNAs (April 118, May 94 and June 92) continues and the Forum members were very pleased with this and noted that the reduction in DNAs allows time to be used more effectively. The group requested a breakdown of DNAs for the next meeting which would show the number of DNAs with GPs, Nurse Practitioners, PPs, PNs and HCA etc.

#### 5. Any Other Business

- A query was raised as to where we are with recruitment of a member of the Nepalese community to the Patient Forum. Lesley explained that at the last meeting, Mr Bulman offered to try and follow this up and as he has sent apologies for this meeting, we will request an update at our next meeting.
- One member raised an issue regarding a complaint that another patient had made. It was explained that whilst no details could be discussed in open forum, apparently Lifeline had called and was told that no GP could visit unless they could speak with the patient. As this wasn't possible, the visit wasn't made. Both Dr Mah and Dr Farrow felt this would be a very unusual response and if details can be shared outside of the meeting, further investigation will be carried out.
- A question was asked about how the language barrier is overcome for our Nepalese patients. It was explained that usually another family member who speaks English accompanies the patient but failing that, we have access to a translation service "The Big Word" and can be contacted via the telephone or a face to face translator can attend. It was recognised that as the health service in Nepal is private, different expectations can prove difficult to manage.
- Mr Shrewsbury wanted to make a vote of thanks to receptionist Lynn, Dr Farrow and the Practice Nurse for the efficient service provided to him recently.

Proposed date for next meeting: 14.11.18

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		
Aug	232	Aug	140		
Sep	244	Sep	238		
Oct	404	Oct	291		
Nov	239	Nov	159		
Dec	202	Dec	111		