

**Minutes of St Mary's Island Residents' Association Ltd (SMIRA) Residents' Meeting held at the
Community Centre on Tuesday 22nd October commencing at 7.30pm**

Chair: Mandy Samrai (MS)

Directors:

Attendees: Carmel Parker, Carole Stamp, Arthur Bush, Steve Quayle, Joan Adams, Barbara Cook, Beryl Turner, Alan Bennett, Geoff Birchall, Carol Curness de Witty, Paul Witty, Joy Shilleto, Len Shilleto, Janet Adkin, E Brown, N Love, J Whitehead, Edward Spree, Barry Woolford, Barry Benson, Gordon Blair, Timothy Spence, Jan Williamson, Sue Gilham, Mark Taylor, Beatrice Notarianni, Doreen Viney, Brian Viney, Stella Mountney, Geoff Mountney, Pauline Piper, Geraldine Greenway, John Wilson, Milla Onyiah, Richard Bavister, D Brown, NS Rai, Rosemary Goodson, Gary Page, L Benson, A Andrews, T Andrews, B Southworth, C Boyd, D Wareing, D Prizeman, Kim Hepburn, Kiran Dusanj, Parvinder Dusanj

CMT Representatives: No CMT Representatives were present since this was a single-issue meeting regarding the SMI Surgery.

Guests: Cllr. Habib Tejan (Medway Council), Sabina Grzeda-McArthur (Head of Quality, DMC Healthcare), Samantha Brooker (DMC Assistant Manager), Sarah Ince (DMC Assistant Manager)

Apologies for Absence: Glenn Rogers (Vice Chair, SMIRA), John Tower (Company Secretary, SMIRA), Chris Harrison (Community Warden), Yvonne Bishop (YB) – (Treasurer), Chris Reynolds (CR) - (Director SMIRA)

Abbreviations: CMT – Chatham Maritime Trust, CML – Countryside Maritime Ltd (developers), HCA – Homes and Communities Agency (SMI landowner), MDL – MDL Marinas, SMI – St Mary's Island

Secretary's Note:

Follow Ups from the meeting can be found in Appendix A.

Full information regarding all of the above is still recorded below.

Item A01: Opening of the meeting

MS outlined the running of the meeting with the usual requests to accord those speaking the respect to allow them to finish, along with the respect for views that may not be the same as your own. All the other usual rules also apply. Mandy also introduced the DMC guests for the meeting: Sabina Grzeda-McArthur (Head of Quality, DMC Healthcare), Samantha Brooker (DMC Assistant Manager) and Sarah Ince (DMC Assistant Manager).

Item A02: Apologies for Absence

Please see above

Item A03: Minutes of the Previous Meeting

MS requested a Proposer and Seconder for the minutes to be adopted.

Proposed by Barry Woolford

Seconded by Carol Curness de Witty

Item A04: Follow Up Actions from the Previous Meeting

There were no follow ups to be advised from the previous meeting.

Item A05: Ratification of new Sector Reps

Mark Taylor – Sector 10

Ranieri Notarianni – Sector 1

There were no objections to ratifying these nominations. MS also reminded the meeting that nominations for Sector Reps were always welcome.

Item A06: Presentation by DMC followed by Questions

MS said that at the last meeting Sabina and Samantha were in attendance but that there was not enough time for all questions to be asked. Therefore, Sabina and Sam agreed to attend this meeting with the entire time devoted to issues around the surgery. Sabina had said that there was an improvement plan in place and that it would run for 6 months. However, Sabina agreed to provide more information regarding what was happening. MS said that she wanted to limit the meeting to 1 hour in order to avoid repetition and there were no objections to this.

Sabina began by explaining the model of care and the contract. Sabina had a presentation but, unfortunately, no projector was available. [Secretary's Note: The presentation will be attached as a separate item when the minutes are distributed.] The contract was awarded to DMC on 1st April 2019 after a competitive tender process to run a combined practice covering five sites that were previously independent GP practices. These sites are SMI Surgery, Twydall Surgery, Sunlight Gillingham Surgery, Balmoral Gardens and the surgery in the Pentagon Chatham branch of Boots the Chemist. The whole idea is to change the model of care and this directive has come from a national level, not from DMC themselves. The idea is to provide choice through the use of different locations and a mix of skills within the workforce itself. The biggest area covered is SMI and it is also classed as the Hub practice. Overall administration and contact (such as taking phone calls) is dealt with centrally, not by the receptionists at the individual sites. The service is GP led with the supporting staff working under them. The supporting staff are all health professionals such as pharmacists and nurse practitioners. To support this, as much work as possible will be done digitally – such as the issuing of electronic prescriptions directly to the nominated pharmacy rather than paper ones, thus avoiding the need for patients to physically collect them from the surgery. Data will also be shared electronically between surgeries so that it is available to the GP regardless of which site is attended.

Sabina said that they do face a number of challenges. Firstly, there is a nationwide shortage of GPs and DMC have faced challenges in recruiting the number of required full time staff. This has been exacerbated recently and Kent is one of the worst areas affected. Recruiting people from a hospital environment means that they take a little time to adjust to a different model of care from the one that they are used to. Secondly, there has been a change of management at the SMI surgery and processes are changing at the same time to accommodate the new model of care. There is also the issue of patients adjusting to the new model in that they may not be seen by a GP but by another healthcare professional if that is more suitable. This change of practice is a challenge for the new administrators as they learn which healthcare professional is best suited to the patient's particular problem. This will include the recruitment of specialist staff such as Respiratory Nurses, Psychiatric Nurses etc. The model will also be tailored to the patient profile within the local area.

Having merged the five sites, there is work going on to ensure that the working methods across the different sites are standardised whereas before, when the sites were independent practices, each site had a different working method to the others. This is to cover over 50 staff and so is taking the

time. DMC are currently recruiting for administrators as they have identified a shortage of staff in that area. Due to the fact that they are in a status of 'Requires Improvements' with the CQC, they are working closely with the CQC and being closely monitored by both them and the Clinical Commissioning Group (CCG). Sabina said that she wants to see better engagement with their patients across all the sites. She is currently looking to set up a Patient Participation Group that will have representatives taking part from all of the sites. She has spoken to the CCG about this and will be contacting members of all of the previous Patient Participation Groups from the individual sites. Sabina would also like to do a wide ranging survey of patients and is currently looking at the best way to undertake this. Both Kent and Canterbury Christ Church universities are currently training Physician Associates as part of the drive to reduce the shortage of healthcare professionals and they would like to place students with DMC. Sabina said that the national guidelines are that 85% of appointments should be pre-bookable with only 15% being available to book on the day. Currently, only around 40% of appointments at the SMI Surgery are available to pre-book and they are working on this but it will take some time.

Sabina thanked everyone for listening and said that she was happy to take any questions.

A06/Q1. Resident at Meeting Question. SMI Surgery was designed to have one doctor to serve the SMI community. DMC have taken on 5 practices, which the resident believes to be a commercial decision, and the resident asked if this was too much and how one doctor could cover all the locations.

Answered by Sabina Grzeda-McArthur:

Sabina said that the contract for the five sites was not something that DMC did as a commercial decision. The contract was drawn up by the CCG and all companies in the tender process were bidding on the same contract with the 5 sites being combined. Whichever company had won the contract would have had the same challenges being faced by DMC but Sabina believes that the model is both achievable and deliverable. In terms of GPs, it is not the case that there is only one GP covering all five sites. Each site has at least one GP in the contract and a number of the sites have more than one GP included. MS asked how many GPs DMC had on their books. Sabina said that she was in the process of designing a leaflet giving the staff names for the surgery. MS clarified that she wanted to know, on any given day, what GPs were available at the sites. Samatha Brooker said that there was one GP & one Advanced Nurse Practitioner (ANP) at SMI, two GPs & one ANP at the Pentagon, two GPs at Sunlight, Twydall and Balmoral. Each of the surgeries has their own GPs and ANPs. MS asked if one GP was enough for 3000 people on SMI. Sabina said that the standard ratio was one GP per 3500 patients and that SMI fitted that but with the addition of the ANP and another, experienced, prescribing nurse.

A06/Q2. Resident at Meeting Question. The first contact between DMC and any patient is usually via the telephone and the current experience is very poor.

Answered by Sabina Grzeda-McArthur:

Sabina said that she was sorry about these experiences and that all staff will be trained to follow a standard procedure whilst appreciating that they are dealing with people who may not be in the best of health. Sabina said that she would be happy to look at specific examples if people contacted her.

A06/Q3. Resident at Meeting Question. Does the doctor at SMI work for the entire length of the time that the surgery is open?

Answered by Sabina Grzeda-McArthur:

Sabina confirmed that the doctor on site worked both the morning and afternoon sessions.

A06/Q4. Resident at Meeting Question. If SMI is the biggest of the sites, why does it only have 1 GP?

Answered by Sabina Grzeda-McArthur:

Sabina clarified that SMI was the biggest site in terms of administrative work and phone calls, but it was not the biggest site in terms of patient numbers.

A06/Q5. Resident at Meeting Question. A resident said that they had experienced behaviour from SMI practice staff that was extremely unprofessional and continual errors being made, including waiting 10 months for blood test results, phone calls not being made when promised, lack of consistency of answers between healthcare staff etc

Answered by Sabina Grzeda-McArthur:

Sabina said that she would be happy to take this outside the meeting, look at the individual circumstances concerned and review the whole situation.

A06/Q6. Resident at Meeting Question. Why is it not possible to book advance appointments beyond a few weeks when people have conditions that require assessing on specific dates?

Answered by Sabina Grzeda-McArthur:

Sabina said that the appointment system worked a maximum of eight weeks in advance so anything beyond that could not be booked. She was not certain whether this was a national thing or whether it was down to the systems used by DMC. When asked why it could not be done, even if it was a national guideline, Sabina said that she was uncertain why and that it could be reviewed. There was data that suggested that the longer in advance an appointment was booked, the more likely it was that the patient wouldn't turn up, but she appreciated that this was not the case where there was a specific clinical need for this to be done. Sabina agreed to look at this.

A06/Q7. Resident at Meeting Question. A further example of appointments not being available in advance was given where the maximum was stated at three weeks.

Answered by Sabina Grzeda-McArthur:

Sabina said that she could not comment on this as it did not fit in with their standard practice and wondered if this was during the change of management.

A06/Q8. Resident at Meeting Question. The resident felt that the biggest problem was getting an appointment and he had tried and failed on numerous occasions to contact the surgery by phone. The only way that he could get an appointment was to physically go onto the surgery – but that the personal experience was very good.

Answered by Sabina Grzeda-McArthur:

Sabina said that she appreciated the issues and she does try to look at all outstanding complaints where there is a record of what had happened. She said that she was gratified for the compliments about one of the receptionists and that the person in question was one of their newer recruits, so Sabina hoped that her training and working methods would be replicated across more staff in the future. Sabina confirmed that there was going to be standard training and methods for all receptionists and telephone staff to allow them to get patients to the right healthcare professional as efficiently as possible, ideally on the same day. MS asked how quickly these new processes would be in place. Sabina said that the speed would depend upon the exact nature of the process and also

the clinical criticality of the process but that the plan was to have everything in place within 6 months.

A resident then said that he had experienced a change in process in that, rather than having to wait on the phone, the automated system offered him the option of being called back when someone was free. He took this option and was contacted very shortly afterwards. He hoped that this was going to be an example of how things would be improving.

A06/Q9. Resident at Meeting Question. There was always a system in surgeries where three appointments each day were kept clear for emergencies, but it appears that this is no longer the case.

Answered by Sabina Grzeda-McArthur:

Sabina said that there were actually now six such appointments, but they were being done via the telephone. The doctor would call the patient and determine whether they needed to come into the surgery or whether a home visit was required.

A06/Q10. Resident at Meeting Question. A resident tried to get an appointment for his wife but was told that nothing was available and that he would have to go to the Walk-In Centre at Gravesend or Sheppey. Living on the Island, they wanted to see someone on the Island and not have to travel miles. In the end, they went to the A&E Department at Medway to get treatment. They felt that this was unacceptable.

Answered by Sabina Grzeda-McArthur:

Sabina said she appreciated this issue.

A06/Q11. Resident at Meeting Question. The resident understood that DMC was awarded the current contract because they had experience of running multi-site practices. Given the current issues with the procedures in place, why could existing procedures from other practices not be used or experienced staff recruited who would know what to do?

Answered by Sabina Grzeda-McArthur:

Sabina said that although DMC does run multiple sites, but that they were not configured in the same way as this contract. The current contract is the first of its kind anywhere and Sabina was recruited specifically to run this. She is looking to recruit the most experienced staff possible and that she is committed to making this a success.

At this point, MS said that Cllr Habib Tejan was present and asked if he wished to make any comments on behalf of Medway Council. Habib said that he wished to thank DMC for engaging with the residents and that this was a new model of healthcare that would take time to bed in. He felt that six months was a reasonable expectation for this to happen. He said that the healthcare professionals that he had spoken to were very positive about the new model and felt that it was the right way to go.

A06/Q11. Resident at Meeting Question. Were there any plans to close the Twydall surgery?

Answered by Sabina Grzeda-McArthur:

Sabina said that she was not aware of any such plans.

A06/Q12. Resident at Meeting Question. If procedures are going to be improved, will this mean an increased ability for SMI residents to use their own surgery rather than being asked to go elsewhere?

Answered by Sabina Grzeda-McArthur:

Sabina said that what they did was driven by clinical need and that they would try to accommodate patients where possible. Where specialist staff split their time between different sites, the patient would always be offered the option of an earlier appointment at a different site or waiting to be seen at their local surgery. There are only a certain number of appointments available at any one site. The resident said that she was concerned for those who did not drive and so may not have the ability to easily attend another site.

Another resident gave an example of an elderly man who could not get an appointment at SMI Surgery and was sent to Boots in the Pentagon. When he was seen there, he was told that he needed a blood test and would have to go to Hoo for that.

Sabina said that she sympathised, but could not comment on an individual case without knowing the full details.

A06/Q13. Resident at Meeting Question. How does electronic transmission of prescriptions work? The resident in question was often away and wanted to know if it was available anywhere?

Answered by Sabina Grzeda-McArthur:

Sabina said that there had to be a nominated pharmacy for the prescription to be sent to. If this changed, they could be informed and would change the records accordingly.

A06/Q14. Resident at Meeting Question. What is the situation if someone is told that they will have to go to another surgery for an appointment and doesn't know where it is?

Answered by Sabina Grzeda-McArthur:

Sabina said that patients would always be provided with the address of any of the surgeries and that they were looking to get a leaflet produced that would give this information and the methods of getting to them by various methods. All of the surgeries in the group are within a relatively small area.

A06/Q15. Resident at Meeting Question. Are all of the Advanced Nurse Practitioners able to prescribe?

Answered by Sabina Grzeda-McArthur:

Sabina confirmed that they were.

A06/Q16. Resident at Meeting Question. The surgery regularly closes for Staff Training, so how can the efficiency of the staff have gone down when there seems to be so much training going on that causes the surgery to be closed?

Answered by Sabina Grzeda-McArthur:

Sabina said that it is difficult for her to answer since the vast majority of this was done under the old management and before she took post. She can only comment on things that have occurred in the time that she has been in her position. All surgeries in Medway close for 1 afternoon a month for all GPs to have a meeting. It is on a different day each month.

A06/Q17. Resident at Meeting Question. What percentage of GP appointments at SMI Surgery are given to non-SMI Residents?

Answered by Sabina Grzeda-McArthur:

Sabina said that she could not answer this question as all patients are on a single list. However, it would be the case that appointments would be offered at SMI if they were available and other surgeries had no availability. This was the way that the contract was structured. The resident felt that this was unacceptable. She agreed that it was fair to offer SMI appointments to non-residents if they weren't being filled but not at the expense of residents being unable to get an appointment at their local surgery. Sabina said she understood the issue but that the contract covered all of the relevant areas. MS asked if appointments were allocated on the basis of clinical need. Sabina said that this was the case and that geographical location was not the basis.

A06/Q18. Resident at Meeting Question. Can it be explained what was meant by the contract being "3 plus 2"?

Answered by Sabina Grzeda-McArthur:

Sabina said that this referred to the fact that the current contract was for 3 years with the possibility of then extending it for a further two years. The resident then asked what recourse residents had to ask the CCG to end the contract early and make SMI Surgery independent again? Sabina said that the contract would go out to tender again, but that she felt that it was extremely unlikely that any practice would be split out and made independent again. The direction of travel for Primary Care in the NHS was to merge and make bigger networks, not the other way around. DMC were part of a Central Primary Care Network comprising seven practices run by different firms and their aim was to see how access to healthcare could be extended for all patients by providing more capacity.

A06/Q19. Resident at Meeting Question. Has this model of care been trialled anywhere?

Answered by Sabina Grzeda-McArthur:

Sabina said that merging groups of independent surgeries into one practice has been trialled but that merging all of the telephone and administrative functions, as has been done here, has not been done before. The resident asked if a review of this merging of surgeries and functions would be reviewed to ensure that it was working properly? Sabina said that she was sure that this would be done by the Department of Health.

A06/Q20. Resident at Meeting Question. Given that the main concern is around the availability of appointments, can it be clarified how this will be helped by reducing the number of appointments available to book on the day?

Answered by Sabina Grzeda-McArthur:

Sabina said the figures she was referring to earlier were around making more appointments available to book online and that it was still important that people should be seen on the same day that they wanted to book an appointment.

MS then asked Sabina if she could provide some reassurance that things were going to improve as there still seemed to be a lot to do. Sabina said that she understood why some people wanted to go back to the days when SMI Surgery was independent and for SMI residents only but that she could only deal with the situation that she has been recruited for and to run the contract that DMC have been given. She was grateful for being given the opportunity to talk to everyone and was sorry that she could not provide all the answers. MS asked Sabina if she was willing to return in early 2020 to provide a further update on the progress made and provide residents with an opportunity to give further feedback. Sabina said that she was happy to do this.

Item A07: Closing the Meeting

MS thanked everyone for attending and confirmed that the next Resident Drop-In would be on Saturday 16th November 2019 from 2pm – 4pm at the Atlas Café and that the SMIRA AGM would be on Friday 29th November 2019, starting at 7.30pm in the Large Hall of the Community Centre.

The meeting was formally closed at 8.40pm