**The Sunbury Health Centre**

**Patient Participation Group**

**Minutes of the Open Meeting held on**

**Monday 27 September 2014**

**At Sunbury Health Centre (SHC)**

**Neil Huntingford** (NH),chair of the Patient Participation Group (PPG), opened the meeting and warmly welcomed the patients (which numbered over 30) who were attending the meeting. NH introduced **Dr Dave Gill, Jackie Sheehan (**the Office Manager**)** and  **Diana Huntingford** (taking the minutes) who were supporting him during the meeting.

NH explained that the main aim of the PPG was for patients to work with the practitioners at SHC to help improve the service provided for all patients. NH stressed that all patients are members of the PPG but in reality a small core group was needed to take the work of the PPG forward. NH then introduced the other members of the PPG who were present in the audience**: Brian Catt (BC), Wendy Doyle, Polly Healy, Dorothy Linter** and **Paul Thompson**. It was noted that **Varsha Mandalia** (the Practice Manager)and **Elleke Carling** had both sent their apologies for not being able to attend this meeting.

NH stressed that the membership of core group should reflect the community SHC serves and therefore if patients wished to join the core group they were invited to make an application via the web-site.

NH summarised the role of the PPG, as being to :

* Provide support and challenge
* Be a voice in the local community
* Help disseminate information
* Develop a communication strategy
* Improve the physical environment.

He explained that the minutes of all PPG meetings are available on the PPG website (www.sunburyhealthcentre-ppg.com), which is also accessible via the SHC website. In addition, the website also contains the calendar of meetings, additional information and will soon contain a ‘Frequently asked questions’ section. It is hoped that these resources will help to disseminate information to the local community.

Dr Gill (DG) was then invited to update those present on the current situation at SHC. DG explained that he joined the practice in April 2013, replacing a doctor who retired, and that he is the GP with responsibility for the PPG (all of the GPs have additional roles). DG has previous experience of working with PPGs in other practices and he recognises the importance of these groups to share information, dismiss myths and get feedback.

DG explained the **current ownership and working practice of SHC**:

* SHC is owned by NHS England, not the doctors.
* 45% of the building is rented to the GPs and 55% is rented by Virgin Health Care (VHC). VHC are responsible for the Health Visitors, Midwives and District Nurses.
* The building was designed to support 6000 patients, SHC now has 18,590 patients and is therefore 84% undersized.
* SHC has more patients per doctor, but significantly less nurse consultations, than that of any practice in the area.
* SHC is the only surgery in the area that opens at 7.30am.
* SHC has seven partners –Dr Dave Gill, Dr Mark Jopling, Dr Canniff, Dr Bilagi, Dr Hodson, Dr Varma, Dr Chapman and four salaried doctors Dr Guppy, Dr Rogers, Dr Smith, Dr Perinparajah.

DG then shared some of the **changes that have taken place during the last year**:

* The addition of four new telephone lines, DG acknowledged that this is still a challenge and explained that the practice doesn’t always have enough staff and phones due to the limited space available.
* The appointment system has been adjusted so that now 50% of the appointments are released on the day and 50% are available to pre-book. Previously the ratio had been 66%:33%.
* An additional nurse has been recruited and she is currently ‘getting up to speed’ with the demands of her role.
* Three staff are being trained to provide increased support for patients with diabetes.

DG went on to describe the **challenges facing SHC**:

* The large number of patients who do not turn up to their appointments. In the previous week:
* 67 patients had failed to attend their appointment with a doctor
* 31 patients had failed to attend their appointment with a nurse
* 9 patients had failed to attend their appointment for a blood test.
* On *average* 60 patients fail to attend their appointment for a flu vaccination.
* The ever increasing number of new residential properties being built in the area. This is adding to the pressure on SHC since these developments are not being accompanied by increased health care services. This is accentuated by the fact that practice has not been consulted on the use of Section 106 funding. (This is funding provided by the developer for use locally, for further information see: <http://www.pas.gov.uk/3-community-infrastructure-levy-cil/-/journal_content/56/332612/4090701/ARTICLE>).
* If current trends in the growth of local population SHC will be 90% undersized within three years.
* The failure of VHC to release any further rooms in SHC that could be used by the practice. There appears to be a disagreement between VHC and the GPs with regard to utilisation of rooms within SHC.
* There have been two applications made to NHS England - one in January 2014 as an expression of interest for redevelopment, and an application in July 2014 for capital grants for the building - but unfortunately there has been no response. In general NHS England are both slow and unhelpful, a frustration shared by other practices.

DG concluded that **moving forward:**

* The Council, local councillors and the local MP are supporting the practice in their drive to find a new location for SHC. The Adult Learning Centre in The Avenue, Lower Sunbury, has been identified as a possible new location. DG is waiting to hear from the Council with regard to the preparation of a business case.
* New doctors will be carefully recruited, using a robust process
* Nurses will be able to give good care and lessen the pressure on the GPs.

NH then invited the **audience to ask questions/raise concerns**:

**Q**: **What more can we do to help?**

**A**: Help is very welcome; this is something being considered further by the PPG and suggestions will be posted on the website.

**Q: Should the local council’s planning framework not include a health care plan?**

**A**: Ideally yes, there are currently 18,500 patients which will rise to 22/23,000 within the next few years. Consequently it is very difficult to deliver a safe service. DG explained that he has discussed this with local councillors and unfortunately there is no statutory obligation to consult on Section 106.

 It was later explained that Primary Health Care is not covered by Section 106 due the manner in which the service is funded.

**Q: What has happened to the health centre plans that were included in the London Irish application?**

**A:** The initial application was refused; subsequence applications did not include health care plans due to the lack of funding available.

**Q: We are not getting what we deserve, but rather “the crumbs of the feast”. Should the situation by highlighted in the local/national press?**

**A**: This is something that the PPG is going to be discussing further. The decision to ‘go public’ cannot be taken unilaterally due to the possible impact on other partners, remembering that not all publicity is ‘good publicity’ due to the spin the media may decide to take on the story.

**Q**: **Has the capacity of SHC been ‘stress tested’?**

**A**: The capacity of SHC was surpassed a number of years ago. The practice was designed for 6,000 patients, there are currently almost 19,000 and it is estimated that the number of patients will rise to 23,000 within the next 2/3 years.

**Q: As the centre anticipates a move to new premises should the practice not be ‘thinking bigger’? Has a Polygroup been considered and the possibility of providing services of the local hospital?**

**A:** These suggestions were thought to be very useful. At this stage the talks are only preliminary and so nothing has been considered ‘in’ or ‘out’.

**Q: Why does VHC have more space than the GPs’ practice?**

**A**: A decision taken by NHS England in 01.04.13.

**Q: Is VHC a help or a hindrance?**

A: VHC is a profit making organisation with a very different agenda and no real interest in helping the GPs. Given the nature of their contract (renewable in April 2017) it is difficult to establish relationships with an organisation that isn’t permanent and may well disappear within the next few years.

**Q: Could SHC not be extended upwards to include additional floors?**

**A**: It is a possibility, however NHS Properties own the building and they do not have the funds to do this.

**Q: Has the local MP done any lobbying on our behalf?**

**A**: The local MP, Kwasi Kwarteng, has been to SHC on three occasions and is very empathetic. He has personally asked NHS England for further information about budgets and capital grant applications. Kwasi has also raised a question in the House of Commons regarding the release of information about budgets and the outcomes of applications. Unfortunately Kwasi has also found it difficult to get responses from NHS England and they have also failed to attend meetings he had agreed to attend to move matters forward.

**Q: Whilst being understanding about the appointment process, is it possible to improve the current situation, perhaps with the use of technology?**

**A**: The practice is focusing on chronic disease management, which has traditionally been doctor led, and the role of nurses and Health Care Assistants. It is envisaged that some of the work currently being undertaken by doctors could be carried out by other practitioners and hence release more doctor time.

**Q: Should the improvements in the appointment system and the numbers of patients not attending appointments be shared more widely**?

**A**: It was agreed that the PPG would action this.

**Q: If it is difficult for prescriptions to be ready within the current timescale, should the timescale not be extended?**

**A:** In February 2015 on-line prescribing for doctors will be come into practice, which will speed up the prescription process. It was agreed that there will be a need to publicise this.

NH thanked those present for attending and reminded the audience that if they had further questions that these could be posted on the PPG web-site. However complaints must be made directly to the practice not via the PPG. DG reiterated the importance of receiving feedback in order that it can be acted upon. DG alerted the meeting to the NHS Choices web-site (http://www.nhs.uk/Pages/HomePage.aspx ) – where positive feedback about SHC can also be left!

Additional question left at the end of the meeting:

**Q: Is there a legal ceiling on the number of patients SHC can have i.e. can the practice refuse to have any more new patients?**

**A:** Unfortunately there is no have no legal ceiling. Therefore SHC can’t close the list or refuse patients. This matter has previously been discussed with the Primary health Care Trust and they commented that if SHC were to close the list the partnership would be fined.