**The Sunbury Health Centre**

**Patient Participation Group**

**Minutes of the Open Meeting held on**

**Monday 15 June 2015**

**At Sunbury Health Centre (SHC)**

**Present:** Dr Bilagi (DB), Richard Fryer (RF Strategic Business Manager), Dr Gill (DG), Diana Huntingford (DH minute taker) and Neil Huntingford (NH Chair).

Neil Huntingford (Chair of thePatient Participation Group [PPG]) opened the meeting by welcoming the 26 patients who were present at the meeting, over half of whom had not been to an Open Meeting before and included an observer from a practice in Chertsey. NH then introduced the members of SHC who were also attending the meeting and asked the members of the PPG, Brian Catt, Roz Dominic de Lord, Wendy Doyle, Polly Healy and Paul Thompson, to introduce themselves. NH added that Dorothy Linter had sent her apologies.

NH then reminded those present of the purpose of the PPG and the regularity of Open Meetings (three times a year). NH explained that there are a few vacancies in the Core Group, reserved for younger members of the community and those from a minority ethnic group, and explained that the group is very keen to fill these vacancies in order that the demography of the local population is reflected in the membership of the core PPG group. NH also explained that there is also a role for volunteers to undertake specific, time-limited projects.

NH explained the agenda for the meeting and reassured those present that if it was not possible to answer all of the questions people wanted to raise this evening that questions could be left with DH who will ensure that the answers are included with the minutes.

NH then invited DG to provide an update of the current situation at SHC.

DG began his update by thanking everyone for attending the meeting. For the benefit of those who had not attended a meeting before he provided a brief history of the practice, including the ownership of the building and its limitations (85% undersized for the size of the patient population) , the over-population of patients (the average size of a practice in England is 7,000 at SHC it is almost 19,000), cuts to funding, the impact of the rapidly expanding local population, the number of doctors and nurses working at SHC and the challenges of the appointment system. DG concluded this introduction by alerting the meeting to the challenges the 40-60 instances per week of patients who do not attend their appointment can cause.

DG then advised of the new developments taking place at SHC:

* Changes in staffing – two new doctors have been appointed. Dr Ailsa Wright and Dr Anna Williams, will be joining the practice on 11 August ’15. They will replace Dr B Smith and Dr Chapman (although he will continue to provide a small number of sessions) and together they will provide increased capacity in the service provided by the GPs.
* An aggressive recruitment drive for receptionists. Three new receptionists have been recruited and all have begun their induction. Together they will be providing an *additional* 69 hours of administrative support a week and as a consequence this is providing the opportunity to review working practices with a view to greater efficiency.
* A new Health Care Assistant (HCA) Michelle Marriot is now working at the SHC. Michelle can provide a number of services, e.g. taking blood pressure, ear syringing and diabetic support, that enable other colleagues in the practice to provide more specialist care.
* Sister Pearce is retiring and therefore a new nurse, with expertise in the treatment of asthma, is being recruited.
* The practice has its first Foundation Doctor, Dr Rachel Smyth (DS). DG is responsible for her training although support is provided by other doctors in the practice. DS is at SHC for four months and has her own surgery three/four times a week, which is helping to increase capacity.
* Varsha Mandalia, the Practice Manager, is moving to a new position locally.
* Richard Fryer, the Strategic Business Manager, remains in position and he is reviewing staffing, including the role of Practice Manager, and structures to ensure that the practice is as efficient as possible.
* Following the Primary Care Foundation (PCF) review a project team has been established to improve systems. Membership of the team includes six members of staff from SHC.The team meets fortnightly on a Wednesday evening and changes, identified by this group, have already begun to be implemented. The group will remain in place until all improvements have been made.
* Dr Jopling is leading a review of the clinical processes.
* On 3 June the practice had its first ‘Away Day’. It was the first time that SHC has been closed and it was a very productive professional development session. Working in mixed teams colleagues discussed ways of improving patient care and some very interesting ideas were developed.
* The original blood test room has now been developed into a new consultancy room for Dr Smyth. Staff from SHC worked over the weekend to create this new room. The room has an adjoining door to DG’s room thereby enabling regular dialogue throughout DS’s training.
* There is a continued drive to improve the premises.
* RF has met with Virgin Health Care (VHC) to discuss a better use of the facilities for VHC and the doctors’ practice.
* An application has been made for a feasibility study to establish the potential for the redevelopment of the current site or an alternative site for the practice. A contractor has now been identified and the next step is to appoint them, however the funding for the study is a major issue and funding does not appear to be available! DG has approached NHS England to ask for the funding to be allocated from the GP Infrastructure Fund since it appears the study seems to meet all the appropriate criteria.
* RF is reviewing reception and administration practices to identify ways of improving efficiency. DG was very pleased to announce that as a consequence reception will now remain open throughout the day.

DG thanked the PPG for their continued support. As a consequence of the PPG’s involvement additional funding was received that was used to:

* create the new consultancy room
* purchase online training packages for staff. This was very significant since the professional development budget for the practice previously funded by the NHS has been removed.

In addition the PPG had provided IT support, help with communications and acted as a ‘critical friend’.

NH thanked DG for his update and stressed to the meeting that a tremendous amount of work takes place in the background and that a lot of frustrations caused by external factors have had to be overcome!

NH then invited patients to ask questions:

**Q**: Why was the notice of this meeting received so late?

**A**: NH explained that the meeting had been widely advertised, two weeks in advance, in a number of different media however he acknowledged that there had been some IT issues with the advertisement of the meeting. It was agreed that future meetings will also be advertised in the local newsagents.

**Q**: When applying for online access why can a driving licence not be the only proof of identification?

**A**: RF acknowledged that the current IT provider was asking for a lot of paperwork and this is something he is looking to simplify, since it is in the interest of the SHC for patients to be able to register easily to use online facilities.

Ian Robinson asked those present to indicate by a show of hands if support in using the online system would be helpful. The response confirmed that it would be.

**Q**: How can prescriptions be sent to the pharmacy directly? I am unable to locate this on the web-site.

**A**: RF explained that this can be undertaken at your pharmacy of choice or at SHC and PH & BC both confirmed that there is guidance on the front page of the SHC website. This system has been in place for four months and already 3.5 thousand patients have registered to use it; however RF agreed to review the guidance to ensure that it is easier to use.

**Q**: Why is VHC still here when the practice needs space?

**A:** The Practice rents 45% of the building and VHC rent the other 55%. VHC has the contract to deliver a number of services that the practice needs including Health Visitors, Midwives and the District Nurses. Retendering will take place in 2017 and therefore VHC may not be interested in potentially short term changes. RF explained that the distribution of rooms in SHC was very arbitrary and doesn’t make sense or promote efficiency for VHC or the practice; however a proposal for some changes has been agreed and is currently with the CCG (Clinical Commissioning Group).

**Q:** Is there any prospect of a new building?

**A:** Four applications have been made in the last two years for refurbishments, a feasibility study for a new site and short term environmental gains for patients and staff. Unfortunately funding is always an issue and a major stumbling block for developments. Last week DG & RF had a meeting arranged with NHS Property Services, but a representative failed to attend. RF & DG have received a lot of support from the local MP and councillors and now that the election is over they agreed it was time to re-establish these links!

**Q**: Has any progress been made on reducing the time it takes to write a letter to other medical providers?

**A**: A medical secretary has been engaged to provide additional capacity however it was acknowledged that the service is still not as quick as it needs to be. RF explained that internal structures are being reviewed and the Project Group are also looking at new systems to help alleviate the delay in sending out letters.

**Q:** Is it not possible to employ free lance secretaries on short term contracts?

**A:** RF responded that he is aware this is in place at another practice and he intended to investigate this further.

**Q:** Why is it not possible to make an appointment for the next day at reception?

**Q:** Can all of the appointments be booked in advance online?

**A:** DGacknowledged that the allocation of appointments is a challenge to get right but reiterated that 50% of the appointments are released on the day and 50% are bookable on line in advance. RF added that the appointments system is something the Project Team is considering. DG informed the meeting that 80% of the consultancies at SHC are to see a doctor, nationally this figure is 60% - therefore does everyone always need to see a doctor rather than another health care specialist? This is something patients do need to be encouraged to consider. DG added that there are only nine consultancy rooms and two nursing rooms which does limit capacity.

**Q**: Is it possible to introduce the automated telephone service earlier in the day?

**A**: There are 16 telephone lines but the volume of traffic can limit the availability.

**Questions left after the meeting:**

**Q**: What is being done about the high number of patients who fail to turn up for their appointment?

**A**: Patients that consistently fail to attend are written to outlining the negative impact this has on others

**Q**: It was announced today that the age limit for cervical smears is to be extended. Will SHC be adopting this practice?

**A**: SHC will be advised when any changes are formally introduced and will adopt these changes in due course once they have been communicated by NHS England.

**Q**: Why can SHC not be open for seven days a week?

**A**: Seven day opening is an issue being discussed nationally and there is extensive debate between the government and the medical professions about this issue. The government has indicated they wish to see this happen by 2020. The British Medical Association has pointed out the challenges this will present and questioned the demand for this from patients. The practice has no current plans to open seven days a week and hasn’t the funding, staff or resources. Any update to this issue will be discussed with the PPG.

**Q**: How will Dr Chapman’s patients be redistributed and how we will know who our new doctor is?

**A**: Dr Chapman will be continuing with the equivalent of one session a week and his patients will be taken over by one of the new doctors starting in August. SHC will update Dr Chapman’s patients in due course when the new doctors have started and Dr Chapman’s sessions reduce.

This comment was also left: “I have used this centre since 1959 and I only have praise for the service I have received!”