

**The Sunbury Health Centre  
Patient Participation Group**

**Minutes of the Open Meeting held on  
Monday 9 February 2015-02-15  
At Sunbury Health Centre (SHC)**

**Present:** Dr Canniff (DC), Richard Fryer (RF Strategic Business Manager), Dr Gill (DG), Diana Huntingford (DH minute taker), Neil Huntingford (NH Chair), Varsha Mandalia (VM Practice Manager) and Jackie Sheehan (JS Office Manager).

Neil Huntingford (Chair of the Patient Participation Group [PPG]) opened the meeting by welcoming over 40 patients who were attending the meeting. It was pleasing to note that only a few had attended the previous meeting, which means more patients are becoming familiar with the PPG. NH then reminded those present of the purpose of the PPG and the regularity of Open Meetings (three times a year), the next Open meeting being on **Monday 15 June at 6.30pm**.

NH introduced the members of the PPG who were also present: Brian Catt, Roz Dominic de Lord, Wendy Doyle, Polly Healy, Dorothy Linter and Paul Thompson. NH noted that Nick Mercer had sent his apologies.

NH advised the meeting that the minutes of this meeting, and all PPG meetings, will be available on the PPG web-site. NH reassured the meeting 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 outlined the agenda for the evening, introduced DG and asked him to provide an update of the current situation at SHC.

DG began his update by reminding those present of the situation at the SHC, something he had shared at the previous Open Meeting:

- There are currently 18,700 patients which is expected to rise to 23,000 within the next two/three years.
- The building is designed for 8,000 patients; the size of the building is 213 square metres, for the size of the patient population this should be 1,300 square metres.
- The building is owned by NHS Properties, the Practice rents 45% of the building and Virgin Health Care rent the other 55%. Virgin Health Care employs the Health Visitors, Midwives and the District Nurses.
- NHS Properties are in charge of the maintenance and upkeep of the Sunbury Health Centre Building.
- The staff at SHC, 11 doctors, four nurses and 15 other non-clinical staff, provide the following services: general medical services, support, advice and guidance for chronic illnesses including asthma and diabetes, vaccinations, minor surgery and contraception advice.

- SHC is the only practice in the area to provide morning appointments that start so early.
- The doctors currently work 11- 12 hour days.
- As the patient population is rising it has becoming more difficult to ensure that patients are able to see their own doctor. This is accentuated by the fact that not all doctors are full time and at the time of making an appointment the assigned doctor maybe on annual leave or have been called to a meeting. Nevertheless all doctors have access to a patient's medical records and therefore the quality of care will not be affected if a patient is unable to see their assigned doctor.

DG did add that it is becoming usual practice in many doctors' surgeries not to assign patients to a particular doctor.

- In November 2014 6,566 appointments were available for patients supplemented by a further 1,523 telephone conversations. Unfortunately in the same time period 204 patients failed to attend their appointment with a doctor, 200 patients failed to attend their appointment with a nurse and 60 failed to attend their phlebotomy appointment.
- SHC continues to face many challenges which were accentuated by the media attention in December. DG apologised to any patients who were hounded by the press. The matters highlighted by the media were not new to SHC and were issues the SHC is working to resolve; however the articles in the national press about the condition of the building have helped conversations with NHS Properties!

DG then highlighted some of the positive developments:

- Monthly meetings with the PPG which he and his colleagues were finding helpful and supportive.
- The appointment of RF as the Strategic Business Manager.
- The Primary Care Foundation is helping to monitor systems and will provide advice and guidance on how the appointment system could be improved. This will also help address the early morning queue which no one wishes to see continue. There have been positive meetings with NHS Properties about the need for an alternative building.
- The MP, local councillors and representative of Surrey Council have met with DG regularly and all are very supportive of the need for a new building.
- DG has recently submitted applications for grants to make short term improvements to the existing building and also for funds to undertake a feasibility study on the possibility of moving to alternative premises, for example The Adult Learning Centre in The Avenue.
- RF and VM are reviewing the usage and internal design of the 45% of the building that the Practice uses with a view to improving efficiencies in working practices.
- This year's flu vaccination programme has been the most successful ever.
- More nurses have recently been recruited and are up-to-date with their training. It is envisaged that the nurses will be able to lead on the support for

chronic illnesses i.e. asthma and diabetes and thereby release more GP time for patients with other illnesses.

- The Practice has recently appointed two additional receptionists and a new Health Care Assistant who is currently being trained by Dr Jopling.
- In April DG will become a 'GP trainer' and as a consequence he will train junior doctors who will be allocated to the practice for four months. If this is a successful initiative SHC will become a Training Practice and this will enhance staffing.

DG concluded by stating that SHC is trying its very best to deliver the very best, which is what patients deserve. He added that feedback is always very welcome.

NH then invited patients to ask questions:

**Q:** How does the number of patients per doctor at SHC compare to the national average?

**A:** It is in line with the national average.

**Q:** Considering limitations of available premises, would two smaller centres be preferable to one larger centre?

**A:** Yes that could be an option. However there are advantages to having all practitioners in the same building, who can easily share expertise and two centres may unwittingly lead to duplication of services. The forthcoming feasibility study should provide the answer to such questions.

**Q:** What is the equivalent full time equivalent of the eleven doctors currently working at SHC?

**A:** 6.9. (NB this does not take into account the services provided by the other health care providers at SHC).

**Q:** Is there anything that can be done to reduce the 'shameful' number of patients who fail to attend their appointment?

**A:** It is a challenge! It is the appointments booked online that have the greatest number of 'non-attenders'.

**Q:** Since the highest amount of appointments that patients failed to attend were those booked on line is it not possible to release more at 2pm on the day before?

**A:** It is hoped that The Primary Care Foundation will be able to provide advice once their review is complete. RF added that he is currently reviewing the use of technology within the appointments system. In particular he is investigating how to enable patients to cancel appointments more easily given the issues with the telephone system.

A number of comments were then made about a new building:

- There is no bus if you need to go to The Adult Learning Centre.
- Has the ex-Social Services building in Vicarage Road been considered? That is on a bus route!

- At a recent meeting patients did ask members of the Council if they would purchase the building (in Vicarage Road) on behalf of the community to help provide another health centre north of SHC.

A: The feasibility study will consider other buildings within the area.

Q: Are you advised of new housing being built in the area?

A: No

Q: I praise the online booking system; can we make this more widely known and thereby get more people using it?

A: We are currently undertaking a lot of exploration about the use of technology; we want to ensure as many access points as possible. Over 50% of elderly patients have access to a computer - but there are still many who don't. Within the next few months we will be moving to an online prescription service that will automatically send prescriptions to your local pharmacy.

At this point RF thanked those patients who had taken part in the recent Patient Survey. The addition of being able to access the survey on line has led to a response rate of over 400 - which is double that of 2014. The feedback is very interesting and some very useful suggestions have been made. The results of the survey will be made available via the SHC and PPG websites.

Q: From April 2015 all doctors' surgeries will be star rated. Is it a possibility that the current poor state of the building, which does not reflect the quality of the service, might impact on the outcome?

A: The Practice is already star rated, the scenario described did happen and SHC received a low rating. The rating was unsuccessfully challenged by SHC and therefore it remains.

RF clarified that the rating was to prioritise the next CQC inspection timetable and the Practice rating places us in the first group of Practices to be visited. It isn't a rating of our services, the last rating of our services earlier this year resulted in us passing on all indicators. The Practice is confident that when SHC is revisited they will see a lot of good things and evidence of how the practice is striving to improve all aspects of its provision.

Q: Did the plans for the London Irish Rugby Club not include a health centre?

A: PT clarified that the original plan (that was refused planning permission) was only to provide land for a health centre, not to build a health centre. The revised plan had a reduction in the number of houses and the land for a health centre was removed.

Q: Why does it take two weeks for a letter to be written by the Health Centre to other health professionals?

A: RF agreed that this was not a satisfactory timescale; he explained that administrative systems were being reviewed and internal timescales were now

being set to improve response rates. RF confirmed that the timescale for writing a letter is now one week.

**Q:** Is it possible to have a 24 hour turnaround?

**A:** No there are too many requests to achieve this.

**Q:** How do you know if a letter has been sent to the hospital?

**A:** You can phone reception and find out.

**Q:** What is a reasonable amount of time to wait before contacting SHC?

**A:** Two weeks.

**Q:** Are all those people who queue very early morning in real need?

**A:** Some yes, but patients and doctors may have different opinions about the definition of 'real need'. DG did add that some people queuing on the day are doing so to make non-urgent, routine appointments that could be made on line and thereby release appointments for people who really need to see a doctor that day.

**Q:** How are the funds you are bidding for intended to be used? What are the timescales?

**A:** A short term improvement grant to make immediate improvements to SHC and a grant to undertake a feasibility study about the possible relocation to a different building in the local area.

The outcome to the short improvement grant should be known in April/May.

The funds for the feasibility study are in the hands of NHS properties who are responsible for their own deadlines! DG reminded the meeting that it will take two/three years for the outcomes of the feasibility study to be realised.

#### **Questions left after the meeting:**

**Q:** Why is the reception closed between 1 and 2 pm, since this is a key time for those people at work to try and contact SHC?

**A** Whilst reception isn't open for patients to enquire or make appointment bookings at the reception desks it isn't physically closed. It is open for phone calls and enquiries and a number of important tasks are carried out during this time. For example, following up GP's instructions to make telephone calls to patients to book follow up appointments, to follow up with hospitals regarding test result, sending letters, processing new patient registrations. It is also a shift change and handover for our part-time team and staggered lunch breaks for those team members working full time.

A review of this time period and activities will be part of the analysis carried out by the Primary Care Foundation who are due to visit again to discuss their findings in the last week of February.

**Q:** Is there a place for volunteers? They recognise the need for confidentiality but many patients have administrative skills they would like to use to support the Practice. Could patients help answer the phones, triage the queue to separate those wishing to make a routine appointment/ renew a prescription from those

who need to see a doctor that day or make tea rather than doctors having to break from their surgery to do this?

Maybe this is something that a member(s) of the PPG could lead on?

**A:** This is an interesting idea and the PPG will be discussing this further at their next core meeting on 10<sup>th</sup> March 2015.