

**The Sunbury Health Centre
Patient Participation Group**

**Minutes of the Open Meeting held on
Monday 19 October 2015
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 40) attending the meeting. 50% of those present had not attended one of these meetings before, confirming the importance of advertising the meeting widely which the PPG had undertaken to do for this meeting. NH briefly revisited the purpose of the PPG and explained the format of the meeting ahead.

Members of the Sunbury Health Centre present introduced themselves - **Dr Dave Gill (DG)**, **Dr Susan Hudson (DH)**, **Richard Fryer (RF, Strategic Business Manager)** and **Jackie Sheehan (Office Manager)**.

NH asked the members of the PPG who were present in the audience to also introduce themselves, this included: **Brian Catt**, **Polly Healy**, **Dorothy Linter** and **Wendy Doyle**. It was noted that **Roz De Lord** and **Paul Thompson** had both sent their apologies for not being able to attend this meeting. **Diana Huntingford** was introduced as taking the minutes.

Dr Gill (DG) was then invited to update on the current situation at SHC. Before DG began his update he thanked those present for attending the meeting and also the PPG for their ongoing support.

DG began by revisiting some of the history of SHC and hopefully dispelling a few myths:

- SHC is owned by NHS Property Services (PS)/NHS England, not the doctors.
- 45% of the building is rented to the GPs and 55% to Virgin Health Care (VHC).
- The building was designed to support 6000 patients it now has 18,500 patients; the size of the centre provides 213 square metres per patient however it should be 1206 square metres, therefore SHC is 86% undersized.
- Primary health care is under great strain due to the increasing elderly population and the movement of chronic health care management locally to doctors.
- The local area is providing additional pressures due to the large number of new housing developments that have taken place recently and also those currently being planned for the future, including the land previously occupied by Page Electronics. As a consequence SHC patient population could soon rise to over 20,000.
- SHC has 11 doctors, one dedicated to Ashton Lodge Nursing Home, one Foundation Doctor and five nurses.

- 50% of the appointments are released on the day at 7 am and 8.30 am and 50% are also available to pre-book.
- There is a Duty Doctor every day who ensures that everyone who needs to be seen by a doctor that day will be seen.

DG went on to describe some of the recent changes at SHC:

- Dr Wright has taken over Dr B Smith's patients and Dr Williams has taken over Dr Chapman's patients.
- The previous Foundation Doctor, Dr R Smyth, has successfully completed her placement and has been replaced by another Foundation Doctor - Dr Maih.
- Sister Budkiewicz is the new nurse manager and she will soon be undertaking training to become a Nurse Prescriber, this will help to increase capacity.
- The training of the Health Care Assistant, Michelle Marriot, is going very well.
- Dr Guppi is about to go on maternity leave and Dr Salehzadeh, who has worked at SHC before, will be covering for Dr Guppi whilst she is away from the Practice.
- Although Sister Pearce has recently retired she is continuing to help with summary notes and administration.
- Two additional nurses, Sister Boshoff and Sister Porter, have recently joined the team. They both had senior nursing roles in their previous positions and therefore bring experience to the nursing team.
- The previous Officer Manager, Varsha Mandalia, has left SHC and Richard Fyer was subsequently employed as the Strategic Business Manager to help move the Practice forward.
- The IT system has recently been upgraded.
- There are three new Receptionists who have added to the capacity of the Reception team.
- Earlier in the year (February) the electronic prescription service was launched and this is being well used - although it is hoped a lot more patients will access this service.
- The online appointment booking service is thriving and again patients were strongly encouraged to use this system.
- Four new telephone lines have been added to the telephone system to help improve patient access.
- The reception is now open from 8 am - 6pm and is no longer closed at lunchtime.
- The last possible space available for the GPs to use has been refurbished and is now providing an additional consultancy room and enabling an additional 60-100 consultations each week.
- The delay in processing letters was previously raised at a PPG Open Meeting and as a consequence the Practice has invested in new dictation software which also enables letters to be outsourced if capacity becomes an issue.

- There have been five different applications for additional funding in the last 18 months to improve the facilities. DG then asked RF to update the meeting on matters relating to the premises:
 1. The short-term proposal to create four/five additional consulting rooms by placing portacabins on the side of the building is progressing well. RF reported that he is very hopeful the funding for this development will be received.
 2. An application has now been made three times for an Improvement Grant and RF was pleased to report that 66% of the funding bid for has now been provisionally granted subject to quotations being presented to NHS PS. RF is also hopeful that the shortfall will be achieved from the Council, following some positive discussions, and VHC who have also been approached, enabling the works to begin early next year. The grant will enable:
 - The reception to be remodelled.
 - Reorganisation of the back office behind the reception.
 - Improvements to the work -flow throughout the building.
 3. Longer-term - NHS PS have undertaken a Development Appraisal and the initial view is to redevelop the current site. A full feasibility study is the next step with a further meeting taking place with NHS PS on 10 November 2015 to discuss next steps.

RF commented that he was much more hopeful and confident that improvements will actually begin to happen.

RF alerted the meeting to the retirement of the VHC coordinator based at SHC and added that she had not yet been replaced. As a consequence the number of patients at the reception had increased significantly with VHC's patients seeking answers to their questions about VHC services that previously the VHC coordinator would have dealt with.

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

Q. There were a number of questions regarding the responsibility of developers (of which there continue to be many in the local area) to provide money for local services, like the SHC, as required by the *Community Infrastructure Levy* and the *Section 106 agreement*.

A. John Hirsh from LOSRA (Lower Sunbury Residents' Association) provided clarity on this matter:

The Community Infrastructure Levy does not need to be used for providing infrastructure in the site from which it is collected; rather it can be used to support any infrastructure project which would otherwise be provided by the council. (For further information see: http://www.pas.gov.uk/3-community-infrastructure-levy-cil/-/journal_content/56/332612/4090701/ARTICLE)

The Section 106 agreement must relate to the site itself e.g. the provision of education services, affordable housing or other services for which the Council is responsible. However this does not apply to the provision of health care services which are the responsibility of the NHS not the Council.

DG added that this does not however prevent the Council from using the money they receive from these two sources to support developments in SHC and this has been the case by other councils. DG has raised this matter with the Council and is awaiting an answer.

Patients were encouraged, by a patient in the audience, to note the IT training being offered by Ashford and St Peter's hospitals to support online access to health care services.

Q Is the 6.30 am queue going to continue?

A A number of responses were received:

- DH stated that no one wanted patients to queue at this time and whilst the centre can't prevent anyone queuing, there are alternatives.
- The alternatives available include:
 - Booking in advance, either on line or when leaving the surgery (if appropriate).
 - Telephoning for an appointment - the automated telephone service is checked every morning to ensure that it is fully functional.
- There are 180/200 slots available everyday - but this is a finite number since there is no space to locate another doctor. Unfortunately approximately 150 of these appointments are 'wasted' each week by patients who fail to attend their appointment.
- A Duty Doctor is available every week day and s/he will see everyone who needs to be seen that day.
- RF noted the concerns and agreed to consider the proportion of appointments that are released on the day versus those bookable in advance.
- Not everyone needs to see a doctor and the development of the HCA and changes to the role of some nurses will help increase capacity.
- The number of patients registering at SHC continues to increase and unfortunately frequently when patients leave the area they don't change their doctor and this only adds to the pressure on the Practice.
- SHC is not allowed to refuse to register patients; there can be no 'capping' of patient numbers.
- It is hoped that the proposed portacabin development will provide additional consultancy rooms and therefore increase the number of GP/nurse/HCA appointments available each day.
- NH reassured the meeting that no one wanted a queue and the ultimate goal for the PPG and SHC was no queue.

Q Why is the ex-Council property in Vicarage Road not being considered as a possible new site for SHC?

A DG replied that he is aware of this property and its potential, as is the local MP; however it is NHS England who don't consider this to be the way forward.

Q In addition to outsourcing secretarial services have you looked into using email and text messaging?

A Yes, it is an excellent idea and the financial costs of several systems are being reviewed.

Q Are you confident that outsourcing is secure?

A Yes. The company complies with NHS requirements and receives very little information about the patient and they have no access to patient files. Letter writing will remain 'in-house' and the Practice is striving to meet a five day turn around, therefore outsourcing will only used when there is a need for additional capacity. Ashford and St Peter's hospitals also use a similar system.

DH added it is the letters for referrals that are the most time consuming and these have 'exploded' in number in recent years.

NH noted that this new system is in direct response to a query that was raised at the previous Open Meeting (15 June 2015).

Q Is it possible to fine patients who fail to attend their appointments?

A No, however certain sanctions can be applied. It is important to consider the patient's individual circumstances that may have led to them failing to attend their appointment.

Q Car parking is an issue at SHC; will the proposed new portacabins increase the pressure on the car park? Is it possible to introduce an 'in/out' system?

A The portacabins will not infringe on the space available for car parking since they will be placed on the side of the building. It was agreed that in the long term there does need to be better flow through the car park, unfortunately this is not currently possible.

RF added that twice a day a significant number of the car parking spaces are taken up by parents dropping off/ collecting their children from school. This practice has been challenged by members of SHC and they will continue to do so!

At the end of this session it was announced that at the next three flu clinics **cakes will be sold** in aid of the premature and sick baby unit at St George's Hospital.

The following questions were left at the end of the meeting:

Q1: Why do our doctors only work part-time?

There is a mix of full-time and part-time GPs who sessions are balanced across each week to meet the demands for appointments. An in-depth study was undertaken with the Primary Health Care Foundation in conjunction with the CCG (Clinical Commissioning Group) to review the requirement for GP/nursing/HCA appointments. This highlighted that the nursing and HCA

provision should be increased, this has now taken place with the recruitment of additional nurses and developing an HCA internally. Further developments will depend on securing additional room space.

Q2: Are those doctors (referred to in the above) paid for part-time hours or are they being paid at the full-time rate?

Part-time.

A patient also wished it to be known that he felt the meeting had been well advertised - a notice even being placed in the St Mary's Church parish newsletter!