

**The Sunbury Health Centre  
Patient Participation Group**

**Minutes of the Open Meeting held on  
Monday 19<sup>th</sup> June 2017  
At Sunbury Health Centre (SHC)**

**Neil Huntingford** (NH), chair of the Patient Participation Group (PPG), opened the meeting and welcomed the approximately 28 patients present, several of whom had not previously attended an Open Meeting. He promised to keep the meeting to the one hour 6.30 - 7.30 as it was very hot.

NH described in principle what a PPG is, and then went on to explain how this works at Sunbury Health Centre. He confirmed that all patients are members of the PPG, but that in addition there is a smaller core group that meets with the Health Centre team every few weeks, to assist with moving things forward on a practical level.

NH introduced the members of the Core Group in attendance, who were Jan Palmer (**minutes**), Polly Healy, Paul Thompson (**Vice Chair**) and also Chair of Losra (**Lower Sunbury Residents Association**) and Brian Catt who also has a role at Ashford/St Peters Hospitals. Apologies were received from Diana Huntingford, Dorothy Linter and Roz De Lord. NH then asked if anyone present might be interested in joining the PPG Core Group as there are a couple of vacancies. He asked that if anyone was interested could they come and see him after the meeting. NH then introduced the SHC PPG members present, Dr Gill (**Managing Partner**), Richard Fryer (**Business Manager**), and Jackie Sheehan (**Reception Manager**). Apologies were received from Sasha Thurgood (**Assistant Practice Manager**). NH then thanked the three artists who have loaned their work to SHC for display in the waiting room:

**John Vaughan** - a wildlife and landscape photographer - says he is still learning, but as you can see he has learnt a lot about stunning photography already.

**Daphne Clement** - watercolour artist well known for her scenes of the area. Her work is mainly sold as cards in newsagents and Squires Garden Centre.

**Helen Hadley** - a retired Headteacher who is a skilled creative stitch artist who can turn her hand to numerous styles and techniques.

NH then went on to describe a change in the format of the evening compared with previous meetings. He advised that there would still be a discussion time in the second half of the meeting, but instead of the Practice just giving an update on developments and challenges, Dr. Gill would be giving a short presentation on the new service being provided by the Nurse Practitioner, Sister Emma Rao.

Dr. Gill began his presentation by explaining that changes in the way Primary Care is delivered has resulted in the need to incorporate the skills of a multi-disciplinary team. This has resulted in the expansion of the nursing team, who historically have been focused on immunisations, chronic disease management and wound care.

There are now 5 nurses at the practice. They are responsible for the monitoring of patients with COPD, Asthma, Diabetes, Hypertension, Childhood and Adult Immunisations, Wound Dressings, Pill Checks and other practice nurse duties

Healthcare Assistants now offer routine monitoring of Blood Pressure, Undertake ECGs, Pre-Diabetic monitoring, flu jabs and some wound care, and minor surgery assistance. The Nurse Practitioner Role has been added to the Team to bridge the gap between the Doctors and the Nurses. Sister Rao joins the Practice with 12 years experience of nursing in ITU, Orthopaedics and more recently as part of the Rapid Response Community Team in Kingston.

She is working Monday, Tuesday and Friday. Currently her appointments are allocated on the day. She provides an alternative to an appointment with a Dr. for a range of minor ailments including; acute joint pain/back pain, flu symptoms, urinary tract infections, rashes, bowel irregularities, bites and stings, ear ache, sinusitis, stye, vomiting, oral thrush, haemorrhoids, wounds, tonsillitis, temperatures, vaginal thrush, animal bites, athletes foot, verrucas, hayfever, burns, and conjunctivitis.

Sister Rao will only be seeing patients aged over 17 years as although she has undertaken additional Higher Education to enable her to fulfil this role, she does not yet have paediatric experience. Her appointments will be for 15 or 20 minutes. She is being supervised by Dr. Jopling but has access to the doctors at any time. She can prescribe, and refer on. Her appointments are currently only released on the day.

Sister Budkiewicz is also undertaking additional training to become our second Nurse Practitioner, and it is hoped that by October she will be able to offer a similar role to that of Sister Rao, particularly on Wednesday and Thursday when there is currently no Nurse Practitioner at the surgery. She does have paediatric experience, and so it is hoped that Sister Budkiewicz will be able to see patients under 16 years of age as her role develops.

**A question** was asked about the availability of the appointments with the Nurse Practitioner via the on-line booking system. RF advised that these appointments are not yet available to book online, but this is being reviewed. Currently patients need to phone Reception on the day to book these appointments. Patients will be asked why they want an appointment, and will be guided towards either an appointment with a Dr. or the Nurse Practitioner as appropriate.

**A further question** followed on asking how patients would receive this guidance in regard to whether to see a Dr. or the Nurse Practitioner when the appointments become available on-line. RF again responded saying that the NHS is working on developing sign-posting within their systems, and that wi-fi would be made available at SHC as part of these developments.

**A comment** was then made that this process is not published anywhere. This was acknowledged and it was agreed that SHC would work with the PPG Core Group to consider communications in general.

**Question:** What about medication reviews? Dr. Gill advised that these would still be undertaken by the Doctors for now, as this is a step change process.

**Question (PH)** when phoning in there may be a privacy issue with patients reluctant to share intimate personal details with non-medical staff. This is particularly an issue when attending Reception in person. The condition "Thrush" was given as an example. There was a suggestion that maybe this could be written

down if the patient felt uncomfortable giving this kind of information in the Reception area. This should still not be a barrier to see the correct health professional

A comment was then made that when the waiting room is quiet there are privacy issues. People cited examples of being able to hear conversations from Reception and from within the staff office. NH asked that this issue was held, until RF gave an update on the plans for the new Reception later in the meeting.

Dr. Gill then continued giving a more general update from the Practice. The building belongs to NHS Property Services and not the Practice. There are as of 19th June 18,616 patients registered. The Practice rents 213 Square Metres of the building. This represents 45% of the building. The surgery is 84% undersized for the population it serves. The building is shared with a private provider who rents 55% of the building.

Dr Gill then described the staffing of the Practice, there are 11 employed doctors, additional locum cover for peaks, 5 nurses, 2 Healthcare Assistant's a Phlebotomist, 14 receptionists, 3 secretaries, 2 administrators and 3 in the management team. (further details are outlined on the practice website)

Each GP sees 30 patients per day, makes 10 phone calls and undertakes 1 - 2 home visits. A home visit takes up 4 appointment slots. For this reason the practice does emphasise, home visits are only allocated to patients who are genuinely housebound.

Minor surgery is now available at SHC group practice. This is being provided by Dr. Gill and Dr.Jopling. 39 procedures have been undertaken to date. The practice are able to remove simple lumps and bumps if it meets the NHS criteria. Previously we used to refer these patients to a neighbouring surgery. To book into this you need to make a routine appointment with any doctor and they will refer you in-house if the lesion is suitable.

SHC group practice has now been awarded Training Practice status which is recognised by the GMC. SHCGP continues to host Foundation Year Doctors. FY2's are fully qualified doctors and are in their second year as a post-graduate, and most recently an ST3 (a Dr in their final postgraduate year ). Dr Felicia Oei is the practice's first ST3 and will be here for a period of 17 months under the supervision of Dr Gill

Dr. Gill thanked the PPG for its help during the past two years. Achievements during this time include removing the queue for appointments in the mornings, the introduction of the Mjog texting service to remind patients of their appointments, and a transformation of the waiting room. There is continuing work being undertaken by RF and ST to replace much of the surgery furniture. On-line prescribing directly to local pharmacies is now well used. As a result of the open PPG meeting patients were unhappy to wait for long periods to get their private medicals done for taxis/HGV license etc. The GPs agreed to offer this in their own time, freeing up more appointments and offer a more responsive service. The Practice has implemented a new dictation package to allow dictation to be outsourced, we are also using online referral forms. Referral letters are now leaving the practice very promptly and the car park has been Tarmacked.

The practice is measures on its Chronic Disease performance and achieved its highest rating last year of 99.3% performance.

RF then explained that one of the biggest barriers to moving further forward is the long running dispute with NHS Property Services. They have increased the charges to SHC group practice by 740%. This is a longstanding dispute, and is a national problem. Shepperton Practice who are having the same issues, were featured in the Sunday Times as a result of which there has been better engagement with staff from NHS Property Services, who have been attending meetings to discuss the problems.

The challenge is how to increase the capacity of the Practice without further increasing charges for the building. A property consultant is now assisting with addressing this issue. It seems the new private provider (Central Surrey Health) may be using some of the building less than the former provider Virgin Care, and so a review of room availability is being undertaken, and the possibility of sharing some rooms considered. This would however involve the additional provision of IT/phones and other equipment to support staff using shared/vacated rooms.

Reception is being redesigned. Three hatches will be knocked out and replaced with a Reception desk which will be more welcoming. The clinical notes have now been moved into a secure “container” which has released space in the existing Reception area. Work is due to start soon, and RF says he is hopeful of being given a date tomorrow. He is trying to confirm fire regulation requirements. There will be offices behind the Reception desk to allow office staff a quieter work space. A “Data Flow” team is being introduced to deal with the vast amounts of information that the surgery receives on a daily basis. Consideration is being given to installing a system that will divert some of the data away from the Doctors. Training is needed to operate this system, but funding for this is likely to come from the CCG (the practice is part of North West Surrey Clinical Commissioning Group comprising 41 practices).

With regard to the ongoing issues with NHS Property Services RF has been working with them to agree the actual amount of the building that SHC occupies. At present SHC believes they rent 45% of the space and NHS Property Services estimate that the figure is 52%. Work is ongoing in regard to this, but RF is hopeful of an agreement will be reached in the near future.

There are plans for an upstairs room with work stations to be made available to free up more clinical room space downstairs.

Cleaning of the building remains an issue, but this is now being addressed with NHS Property Services. New equipment is needed and a new Specification is required. The cleaning contract is managed by the community provider, now CSH, and the practice continues to follow up to improve standards.

The SHC Newsletter is due out on Thursday 22<sup>nd</sup> June. Apart from hard copies at the surgery this will go out via email for those that have signed up for this via the practice website and is available as a link from the practice website.

This year’s patient survey provided 687 responses which are currently being analysed. DH is assisting with this process. Themes that emerge from these results will be shared with the PPG Core Group for further consideration and the formation of an action plan for the coming year.

#### **Q & A:**

NH asked the attendees if 2 Open meetings per year would now be sufficient in view of the progress the Practice has been making, but acknowledging that change

within the NHS is often slow, and updates provided at the 3 meetings can often be repetitive. Additional meetings can be scheduled if the need arises.

**Q** could wooden bars be fixed to the Waiting Room walls to protect the paintwork from being scratched by chair backs? **RF** will address this with the contractors doing the building work in reception. A recurring issue is the practice are trying to improve the environment for patients. The community provider (formerly Virgin Care and now CSH) who rent 55% of the building have taken no interest to date in improving the environment . The practice will be exploring the sharing of costs of improvements with CSH as resources are stretched having funded the waiting room improvement, reception improvements, the formation of a new consulting room, Room C and other improvements (with the valued help of the PPG and County and Local Councillors).

**Q** could a water cooler be provided in the Waiting Room? **RF** advised that this is being considered but there is an issue of funding. If SHC provide this facility all patients would use it. This being so the Private Provider also needs to contribute. This discussion needs to be progressed. A trolley with water on it will be provided short term during hot weather.

**Q** did DR. Gill enjoy his Paternity Break? He confirmed that he did.

**Q** Is the MP involved with the NHS Property Services issues? **RF** confirmed that he is, but the effect of this remains to be seen. Paul Thomson advised the MP cannot attend the LOSRA meetings where he was due to be guest speaker as he has to be in the House of Commons. The MP should be meeting with the SHC and the CCG in due course.

**Q** can the MP help with the sheer number of patients/ Can the Practice refuse to take on new patients? Dr. Gill responded saying that the MP is not the right person to help with this. He further advised that SHC group practice can't close their lists. There would be financial penalties if this happened, and it would have a negative impact on patients who wanted to register new members of their families (as for example when a new baby is born). Closing the list could mean that some members of a family were looked after by SHC and some elsewhere. This is not desirable. **RF** is working on trying to find more capacity within the existing space. **NH** confirmed that there are the right percentage of clinical staff for the current patient population. **RF** advised that capacity planning is very tight, is extremely well managed by Sasha the Assistant Practice Manager, although rooms are close to 100% occupancy. It is expected that Room 9 (50% of the week) and Room 10 (100% of the week) will come on stream shortly providing 300 additional GP/Nurse Practitioner/Nurse or HCA appointments per week.

**Q** is there involvement from Local Councillors? **NH** advised that there is and they have been supportive Tim Evans and other councillors have been very helpful and provided much of the funding for the notes container.

**Q** has the failure to attend appointments rate reduced with the text messaging reminders? **RF** confirmed that (apart from today - maybe due to the extreme heat) the DNA rate has improved since the introduction of Mjog. The practice is considering how to address the issue of repeat offenders. If the patient's do not have mobile phones or email access, then consideration may be given to using the patient's home phone number although this is an additional cost to the practice.

**Q (PT)** what is the percentage of patients that have provided mobile phone numbers? **RF** advised that 800 patients have signed up for online access since November and 15% of patients are now signed up for patient access.

**Q (BC)** asked how many patients don't have mobile phones? There was general comments and agreement that this percentage is likely to be small.

**Comment** Mjog sends a text following each appointment asking if the patient would recommend the Practice to others. **RF** advised that 86% say they would recommend SHC. It also asks could the experience be better? These comments need to be examined further for trends.

A vote of thanks was made by an attendee which was supported by a round of applause from all those present.

**NH closed the meeting promptly at 7.30 p.m.**

**Following the closing of the meeting a further question was asked:**

**Q** Is there a BP machine available at SHC to allow patients to check there own Blood Pressure? **JP** advised that she did not know, but this would be discussed at the next PPG Core Group and a response made available via the website.

Two patients came forward to enquire about joining the PPG Core Group. **NH** provided them with some insight into the commitment required and took both their contact details.