

**The Sunbury Health Centre  
Patient Participation Group**

**Minutes of the Open Meeting held on  
Monday 7 November 2016  
At Sunbury Health Centre (SHC)**

Neil Huntingford (NH), chair of the Patient Participation Group (PPG), opened the meeting and warmly welcomed the large number of patients (over 70) present, approximately half of whom were attending an Open Meeting for the first time.

NH introduced members of SHC, Dr Dave Gill (DG), Richard Fryer (RF, Strategic Business Manager), Sasha Thurgood (ST, Assistant Practice Manager) and Jackie Sheehan (JS, the Office Manager). NH also introduced the members of the PPG who were present this included Brian Catt, Roz De Lord, Dorothy Linter and Paul Thompson (Vice-chair). Wendy Doyle, Polly Healy, Jan Palmer and Cheryl Kimber had all sent their apologies. Diana Huntingford was introduced as taking the minutes.

NH thanked the patients for their kind contributions to the cake sales that had been held at the recent flu vaccination clinics, as a consequence over £700 has been raised for Cancer Research. NH informed patients that cake selling to raise money for charity will be a feature at all future flu vaccination clinics and he encouraged those present to suggest a local charity that the funds raised could support.

NH also alerted patients to the artwork now being displayed in the Waiting Room and thanked the local artists for kindly lending their artwork. NH informed the meeting that the artwork would be refreshed every four months and therefore encouraged any local artists to contact NH with a view to displaying their work at a later date.

Dr Gill (DG) was then invited to provide his SHC update. Before he began DG thanked the PPG for the variety of support they provide to the Practice.

For the benefit of those who had not been to an Open Meeting before DG began his update by setting SHC in context:

- 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, built in the 1970s, provides 213 square metres for the GP Practice however it should be 1206 square metres; therefore SHC is 83% undersized for the current patient population.
- The building was build to serve a patient population of 6,000 today it is approximately 18,500.

- There are 11 clinical rooms available for use; eight are used by doctors and three by the nursing team.
- Each day there are six or seven doctors on duty, who each provide a minimum of 30 appointments, make approximately ten phone calls and undertake house visits as appropriate.
- There is also a Duty Doctor every day that ensures that everyone who needs to be seen by a doctor that day will be seen. This role is shared, in rotation, by all the GPs.
- The number of house visits the doctors are undertaking is increasing. The time each house visit takes is equivalent to four appointments in the surgery.
- 50% of appointments are released on the day at 7 am and 8.30 am and 50% are also available to pre-book in advance by telephone, internet or in person. However this is changing (discussed later in the meeting).

#### Staffing update:

- Dr Perinparajah has now moved to be a partner in another practice and has been replaced by Dr Ramalingam.
- Dr Wright has left the Practice to go travelling and has been replaced by Dr Rabindran.
- Dr Varma has begun his years sabbatical and his post is being covered by Dr Mann.
- Dr Das who has been a locum at the Practice for over six months is leaving at the end of November.
- There are 11 doctors at the Practice, six of whom are partners.
- Dr Guppy has returned from maternity leave and is providing five/six sessions per week.
- Nurse Budkiewicz is the Nursing Manager and has successfully trained to be a Nurse Prescriber of certain medicines. She is also going to train to be a Nurse Practitioner.
- Sister Boshoff is now on maternity leave and Sister Porter is also soon due to go on maternity leave. Both positions are being fully covered.
- Sister Payne has recently joined the team of nurses; she has very useful experience of having worked in a hospital.
- Michelle Gerard, the Health Care Assistant, remains on maternity leave, her role is being covered by Krystyna Elliott-Nowobilka.
- Sister Cook is delivering blood pressure and COPD (Chronic Obstructive Pulmonary Disease) clinics. In addition she is studying to become a Nurse Prescriber.
- Sister Hood, who has been with the Practice for over 15 years and is very experienced in dealing with diabetes, will soon be retiring. Recruitment is underway to find a replacement.
- The Reception Team continues to be developed. There are now two Reception Supervisors - Caroline Watson and Mandy Matthews. Kay Paice who worked at SHC for over 15 years has recently left the team.

- A new secretary has been appointed - Teresa Wighton.
- Lisa Williams has recently joined as the Finance Lead.
- The Practice will have its first Nurse Practitioner, Emma Ro, within the next three months.
- Dr Jopling provides a service to Ashton Lodge Nursing Home
- The Practice is moving closer to being designated as a Teaching Practice. This will provide up to two additional doctors (GP Registrars) on placement.
- There have now been three Foundation Doctors at the Practice, the fourth doctor, Dr Gibson, will take up her placement in December and a fifth in April 2017. It is hoped that GP Registrars will be able to be placed at SHC in the near future.

### Services Update

- The Practice has partnered with Surrey Council to support 'Quit51'. This is an organisation which is providing a free smoking cessation service across the county. As there are a high number of patients who are smokers SHC is supporting this initiative by providing weekly clinics. The clinics start on Thursday 10 November 4 - 6.30 pm.
- SHC will no longer provide an ear syringing service. DG stressed that this had not been an easy decision but the Practice needed to prioritise basic health care services that it was increasingly unable to provide due to requests for ear syringing. DG stressed the preference for patients to have microsuction rather than syringing since it is much safer. Patients can now:
  - attend an NHS appointment at St Peter's Hospital, for which there is a waiting list.
  - or
  - attend an appointment at SHC for microsuction provided by 'Hearology'. DG stressed that this method of fast and effective ear wax removal is preferable to syringing. These weekly sessions will begin in November, 2 - 6 pm operating from the Phlebotomy room. Hearology is a private provider and therefore there is a cost for the service - an appointment will cost £30 for one ear, £50 for two ears. This is a subsidised cost.
- The flu vaccination campaign has been very successful with over 2,800 vaccinations completed to-date.
- SHC has signed up to the Learning Disabilities Enhanced Service and as a result has invited patients to a 30 minute appointment. The purpose being to provide a health check-up and also help identify any further support that may be needed from social services.
- All Health Care Plans have been completed.
- It is hoped that it will be soon be possible to undertake minor surgery at SHC. Dr Jopling is currently completing his training and DG has the appropriate experience as a surgeon. Therefore once the space can be identified it is hoped to provide this additional service.

- Dr Canniff has been appointed as the Clinical Chair of the NW Surrey Clinical Commissioning Group (CCG) for the next three years. This is a very important role since the CCG covers 42 practices. As a consequence Dr Canniff has reduced the number of sessions she is available at SHC.

#### Other Services

- Text messaging, introduced in response to a *request at a former Open Meeting*, has now been introduced and is having a very positive impact on reducing the number of DNA patients (those who do not attend their appointment).
- Electronic prescriptions is also going well and will ultimately have a positive impact on the need to queue in the morning.
- The delay in letter writing, especially referrals, has improved significantly. *This was also something raised at a previous Open Meeting.*
- The web-site has now been updated and includes information about doctor's specialisms. *This was also something requested at a previous Open Meeting.*
- Private medicals are now being provided at a quicker rate than before. *This was also something raised at a previous Open Meeting.*

#### Challenges

- The biggest challenge is space. Both DG and RF have made at least five separate applications to provide more space at SHC.
- Access to your GP is a nationwide issue and is made more difficult by the aging population. The change in population dynamics also brings issues, e.g. it is now possible that an elderly patient may be receiving 15-20 different medications, this is something that had not previously been happening. Additional pressure is also being placed on COPD and diabetic services.
- Primary Care supports 90% of the 'traffic' in the NHS but receives only 3-4% of its total funding.
- The Practice has recently experienced a 400% increase in the service charge it pays to NHS Properties. Since there have been no improvements to the health centre this is being disputed, but it is time consuming and deflects staff from their day role. Other practices are also experiencing the same issue.
- The appointments system is not effective. Patients can book online weeks in advance however this has increased the DNA rate. There is still confusion about the need to queue on the day and consequently the most vulnerable patients are suffering. There are also a limited number of doctors and consulting rooms. After talking to other GPs it is apparent that there is no 'right way' of managing appointments. However the Practice wants to focus on alleviating the queue problem and therefore on November 28<sup>th</sup> changes will be put in place to making appointments on the day:
  - At 6am appointments will be available online and via the automated telephone service.
  - The telephones will be answered by receptionists from 8 am, rather than 8.30a.m.

- The first appointments with a doctor will begin at 7.20 am via automated check-in.
- Reception will now open at 8.00 am.
- If patients require an appointment on the day and are unable to get one the duty doctor will continue to provide a service for these patients.

These changes should enable patients to make an appointment from home, rather than needing to come to the surgery. *A leaflet explaining these changes is available from SHC and details can be found on the SHC website.* To support these changes the Practice has invested in more staff and changed hours of working. The Practice also has a new server and has updated the automated telephone service.

- There is a need for patients to change how they use the services provided at SHC. DG stressed that 25% of all the appointments made to see a doctor could have been dealt with by another colleague at SHC, hence freeing up time for doctors to see other patients who do need to be seen by them.

DG reminded patients of some of the services the team, rather than doctors, at SHC provide:

- Nurses can:
  - ✓ support/advise about asthma, diabetes, COPD.
  - ✓ take, and advise about ,blood pressure
  - ✓ dress wounds
  - ✓ administer vaccinations
  - ✓ provide travel advice
- Receptionists can:
  - ✓ print out most blood test forms
  - ✓ check whether the results of tests have been received
  - ✓ check on the progress of referral letters
  - ✓ process prescription requests
  - ✓ answer many other administrative enquiries.

As a consequence when making appointments receptionists will be asking patients why they need to see a doctor and if appropriate patients will be re-directed to another health care professional.

It is hoped in the future to increase the number of services and types of professionals based at SHC, but that is dependent on additional space being made available.

Richard Fryer (RF) then updated the meeting on the premises.

- One success visible to everyone present was the improvement to the Waiting Room.
- A new floor has been put in the Phlebotomy Room.
- The relocation of patient paper records to enable the redevelopment of the reception has been problematic. However thanks to support from both borough and county councillors the funds have been made available to resolve

this matter. Planning permission is now being sought and plans to improve the reception area are now being finalised.

- Although VHC shares the building it doesn't share systems and therefore this makes shared use of rooms problematic. Discussions are currently taking place to share telephone and data systems and thereby make the sharing of rooms a possibility.
- In March 2017 VHC is being replaced by a new provider (due to the current contract finishing). It is hoped that this may be an opportunity to negotiate a better use of the building for the Practice. This is currently difficult due to the recent significant increase in service charges.
- Longer-term there needs to be development of the site. This will probably necessitate a new build since the foundations of the current building will not support any further stories being added. These plans remain active and RF & DG have a meeting with the CCG (on 17 November) to further the discussion and plans.
- In the last two years at least nine applications have been made for improvement grants, but RF added that he feels things are moving forward and that he is "*cautiously optimistic*" about changes in the future.

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

**Q Why are there so many part-time doctors?**

**A** There are in total 11 doctors. The need to offer part-time positions is the same at SHC as in other practices. Such provision enables the Practice to keep good doctors who are unable to commit to full-time.

**Q With 18,500 patients already and the many new builds taking place in the area can you not stop taking on new patients?**

**A** No. If the Practice did stop accepting new patients it would not be able to operate as a Training Practice. Also it is very difficult to say no to patients in need, for example the mother of a new born baby.

The size of the patient list has actually remained constant in the last year. If the money was made available there is the potential to acquire more space which would help to better meet the needs of patients - current and new.

**Q Does more patients necessitate the need for more doctors?**

**A** There are enough doctors for the size of the patient population, however appropriate use is not made of other health care providers at SHC. The use of these providers by patients at SHC is behind other practices nationally and locally but is gradually being improved.

**Q Is it correct that an 88 year old patient should have to queue for an appointment early in the morning? Could an age-related appointments system not be introduced?**

**A** The changes to the appointments system being introduced at the end of November should help prevent patients needing to queue. In addition patients might not need to see a doctor if better use was made of the full range of health care professionals at SHC.

It would be very difficult to introduce an age-related appointments system since SHC has a very large elderly population; for example the majority of Dr Gill's patients are over the age of 80.

**Q** **Is it possible to have more frequent updates and news from SHC?**

**A** The minutes from the PPG Open and Core meetings are always published on the PPG website, usually within two weeks of a meeting having taken place. It is intended that there should be three newsletters a year; they will be published shortly after each Open Meeting. RF agreed that the Practice would try and improve communications through SHC website.

**Q** **Will the staff currently employed by VHC automatically transfer to the new contractor?**

**A** Yes as far as it is known.

**Q** **Can appointments to see a nurse be made available online?**

**A** Unfortunately this is not currently possible due to the nature of the service and the range of need. It was however agreed that this was something to consider for future developments of the appointments system.

**Q** **Will there still be appointments available for those who ring at 8am?**

**A** Yes and the Practice is investigating ways of protecting appointments for those patients who don't have access to the internet at home.

**Q** **Is the Practice able to support LoSRA in fighting to restore and maintain an air pollution monitoring station at Sunbury Cross.**

**A** At present the Practice doesn't have the capacity to take on any additional issues.

**Q** **Will it be possible to divert patients away from doctors to other health care professionals if booking online?**

**A** It is very important to educate patients through as many different means as possible. It was agreed that reminders about the other services available needs to be made available to patients at the time of making an appointment.

**Q** **With regard to the recent 400% increase in service charges - is there a means to say no? Is the local MP aware of this matter?**

**A** The increase is being disputed and all invoices from the NHS are being carefully scrutinised. The CCG are being very supportive. It was agreed that the MP should be more informed and the Practice will ensure that he is kept up-to-date with SHC issues.

**Q When SHC is designated a Teaching Practice will extra space be required?**

**A** Yes, however designation does add an “additional string to the SHC’s bow” since there is a national shortage of trainers.

**Q At a previous meeting you mentioned the possibility of adding more portacabins at the side of the building to create additional space. Is this still planned?**

**A** The Practice did explore this possibility but NHS Properties refused to pay for the refurbishment costs, approximately£60K. As a consequence the Practice is having to look at alternative means of creating more space since even one additional consulting room could create an additional 200 appointments a week.

**Q The car park is “abominable” for walkers. Please can it be improved?**

**A** This was agreed and RF will contact NHS Properties.

**Q Could the Waiting Room be opened up in the morning for those people who are queuing for an appointment and a ticket system introduced?**

**A** No since this would encourage patients to queue, which is what the Practice is working hard to prevent.

**Q Could the time for repeat prescriptions be speeded up?**

**A** Prescriptions are dealt with within three working days (much quicker than before) and therefore the delay is probably with the pharmacy.

Questions left at the end of the meeting:

**Q Is there any possibility of the centre opening on a Saturday?**

**A** The Practice has no additional funding to open on Saturdays although this is being reviewed nationally and if and when there are developments in this area they will be communicated to the patients.

**Q Is it possible to submit questions to SHC electronically?**

**A** There is a feedback form on the website although with general questions it would be beneficial if these could be directed via the PPG and fed back through meeting notes which are available on the PPG website

**Q Is it possible to have information about diabetes and living with the illness made more widely available? Could an information pack be produced that is given to patients when they are first diagnosed as having diabetes?**

**A** The Practice will review what is currently provided with the diabetes lead (for the Practice) and will add information onto the website

**Q Is SHC asked to comment on future developments, particularly regarding environmental health issues?**

**A** No it is not currently consulted on these types of issues

A patient who has been using the health centre since 1959 for all his family's needs, asked DH to pass on to all who work in SHC that he has nothing but praise for all who work there.