

Open Meeting - 08 February 2016

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

Q Is it possible for name tags to be visible at future meetings?

A. It was agreed that this is a very good idea and it will be acted upon for the next meeting.

Q. Why does it take so long for the NHS to reply, as noted by our MP? Why is more than one building not being considered?

A NHS England has started to engage with NHS Properties and therefore the situation is improving. The decision about any future building will be made by NHS Properties not SHC or Surrey Council. The proposed new building will be two or three stories ensuring that it is fit for purpose. There are drawbacks to split sites and the provision of services, however Hubs are being considered as a solution to the provision of some services. The suitability and provision of Hubs is currently the focus of local Clinical Commissioning Group (CCG) consultations.

Q. In an ideal world planning would consider services. Why is so much building taking place but no increase in services?

A Provision of health services is the responsibility of NHS England not the local council - unlike schools which is the responsibility of local councils.

Q When building begins there will be implications for car parking. Has the possibility of using St Ignatius School car park during the school holidays been explored?

A No, but it was agreed that this was a very useful suggestion.

Q What help is VHC providing with regard to a new building?

A VHC will have to tender for a new contract in 2017; therefore they are not interested, given that they may not have a presence at SHC in the future. However the new building will be for all services currently provided at SHC by both the GPs and VHC.

Q Have VHC appointed a new Coordinator?

A Yes and the coordinator takes up their role on 15 February 2016.

Q The average GP practice is for 7,000 patients, what is the average doctor:patient ratio at SHC?

A The Practice has the correct ratio of 2,000 patients per doctor. RF added that he closely monitors appointments and if necessary he will employ additional locum doctors. The Practice now has access to a good supply of high quality locum doctors, this enables continuity of service. The Practice is

also a training practice and the Foundation Doctor provides additional consultations. It is hoped that a registrar will also train at the practice but the issue of accommodation may prevent this. DG added that traditionally the Practice was very doctor focused and now that more nurses have been appointed they are able to undertake tasks previously conducted by the doctors and thereby free up more time for consultations.

Q What are you doing to discourage the queue?

A There are 200 appointments available each day, 50% can be booked up to six weeks in advance. 100 appointments are released on the day at 7 am and 8.30 am. Currently people still queue at 7am which is not what the Practice wants and they continue to look at how to improve the appointment service. RF is keen to review if the number of appointments bookable in advance should be increased - he welcomed comments via the PPG, but stressed that he won't be able to please everyone! RF did agree that any changes will be publicised.

Q I am not clear about ways to get an appointment.

A It was agreed to provide patients with better clarity.

Q I am very pleased that you are improving the Reception because it needs doing. Do you have a place to store the patients' note?

A Yes

Q Are you looking to provide a service at weekends and extend opening hours?

A The Practice already operates extended hours. Weekend services are being discussed at a national level.

NH thanked the patients, DG, RF and JS for attending the meeting and reminded patients that the next Open Meeting will take place on 6 June. NH also informed the meeting that the Practice, supported by the PPG, will be undertaking its annual Patients Survey next month. Patients were strongly encouraged to participate in the survey which can be completed either on the SHC website or by a paper copy that will be available at Reception.

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

Q At the last Open meeting you said that certain sanctions can be applied to the high number of people who fail to attend their appointment. Have you put this into operation yet? If so what are the sanctions you use and are they effective? If you haven't yet started this, why not?

A The Practice is not in a position to sanction patients who do not attend appointments but is able to write to persistent non-attenders. The Practice is however trying to be proactive in introducing a texting service rather than

imposing sanctions. It is hoped to have the texting service available within the next month.

Q Is it possible for patients to be able to deposit samples somewhere first thing in the morning rather than add to the number of people in the queue unnecessarily?

A Options for specimen drop off's will be taken into account and reviewed as part of the design of the new Reception desk area.