

**The Sunbury Health Centre
Patient Participation Group**

**Minutes of the Open Meeting held on
Monday 6 June 2016
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 approximately 20.

NH introduced **Dr Dave Gill** (DG), **Richard Fryer** (RF, Strategic Business Manager) and **Jackie Sheehan** (JS, the Office Manager) and explained how the meeting was going to be organised.

NH briefly revisited the purpose of the PPG and introduced the members of the Core PPG group who were present, this included **Roz De Lord**, **Polly Healy**, **Dorothy Linter**, **Jan Palmer** and **Paul Thompson** (Vice-chair). **Brian Catt** joined the meeting shortly after the introductions and **Wendy Doyle** sent her apologies. **Diana Huntingford** was introduced as taking the minutes.

Dr Gill (DG) was then invited to provide his SHC update. Before he began DG thanked those present for attending the meeting and ascertained that approximately half of the audience were attending an Open Meeting for the first time.

For the benefit of those who had 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 per patient however it should be 1206 square metres; therefore SHC is 83% undersized for the current patient population.
- SHC was the consequence of three practices joining together and now the patient population is approximately 18,500.
- There are 11 clinical rooms available for use; eight are used by doctors and three by the nursing team. Two of the nurses' rooms are converted cupboards.
- The Practice is under a lot of pressure due to the movement of chronic health care management to doctors.
- The media has recently reported that 12% of GP posts nationally are currently vacant. DG suggested that this is due to the significant pressures GPs are facing and feeling. He added that whilst the work load of a GP has increased dramatically the funding available to them has not.
- At SHC there are 10 doctors, five nurses, two phlebotomists, one Health Care Assistant (HCA) and approximately 25 administrative staff.

- Six of the doctors are partners and four doctors are salaried. The third Foundation Doctor took up position in April and a fourth placement is planned.
- Staffing update:
 - The Reception Team continue to be developed and six new colleagues have been appointed to this team within the last eight months.
 - Dr Guppy remains on maternity leave until September and a locum continues to cover her absence.
 - Dr Perinparajah has joined a new practice and recruitment is underway for a replacement.
 - Dr Chapman, although retired, acts as a locum occasionally and continues to share his knowledge and experience.
 - Dr Canniff has been appointed as the Clinical Chair of the NW Surrey Clinical Commissioning Group (CCG). This is a very responsible role since the CCG covers 42 practices. As a consequence Dr Canniff has reduced the number of sessions she is available at SHC.
 - Dr Wright is leaving the Practice at the end of July and recruitment is underway for a replacement.
 - As a consequence of the above changes there is a recruitment process for additional GPs actively in place.
 - There has been substantial investment in the Nursing Team. Nurse Budkiewicz is the Nursing Manager and is currently training to be able to prescribe certain medicines. Nurse Cook has recently completed a blood pressure course. The HCA role continues to flourish, although Michelle Gerard is soon to go on maternity leave, her HCA role will be covered during her absence.
 - Sasha Thurgood is developing in her role as Assistant Practice Manager.
 - Lisa Williams is the Finance Lead.
- Appointments (frequently asked about):
 - Historically all appointments were only available on the day. When DG joined the Practice (three years ago) 75% were available on the day and 25% in advance. Last year this was amended so that 50% of the appointments are now released on the day at 7 am and 8.30 am and 50% are also available to pre-book by telephone, internet or in person.
 - There is 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.
 - There are approximately 420 clinical contacts per day, which includes 210 face to face GP appointments.
 - The Duty doctor provides an additional total of 40/50 face to face appointments, home visits and telephone consultations.
 - Each day GPs also make a total of 10 - 12 telephone calls to patients and undertake up to two home visits.
- Moving forward it is hoped that SHC will become a Training Practice, DG and Dr Jopling are both undertaking training to enable this to happen. This would provide up to two additional doctors on placement.

- DG explained that since he has been in post he has been managing the development of premises. This has involved exploring all avenues for additional funding and/or support, including engaging with the local councillor Tim Evans, discussions with VHC, talks with NHS England (in charge of funding) and NHS Property Service (responsible for buildings) and meeting with the local MP (Kwasi Kwarteng). There has been progress - but it is slow and can be frustrating, especially when NHS England fail to respond to applications (DG has submitted five, only two of which were acknowledged) or turn up to pre-arranged meetings!
- In response to requests from patients and discussions with the PPG a texting service is now in operation. Online prescriptions and electronic prescriptions are negating the need for patients to come to SHC and is therefore helping with the queue.
- A recent PPG Open Meeting raised the issue of the time it took for referral letters to be written. In response, a new dictation software and the use of outsourcing has significantly reduced the turnaround time to only a few days.
- In December the Centre was inspected by the Care Quality Commission (CQC), this is normal practice for all GP surgeries throughout the country. There are five indicators which the inspectors focus on and whilst the Practice rated good in two of them, three required some further improvement. As a consequence actions have been taken to ensure that all indicators will be met when the Practice is re-inspected. *(Further details of the inspection are available in the minutes of the Open Meeting held on 8th February 2016)*

Richard Fryer (RF) then updated the meeting on matters regarding the premises. He began by announcing that several things were finally underway:

- The application to NHS England for an Improvement Grant has been successful, the funding has been provided and as consequence:
 - The Waiting Room has now been painted, it is hoped to replace the furniture and add artwork from local artists/organisations.
 - A new reception desk will soon be in place which will be more accessible for the patients and also provide the staff with improved working conditions - the current delay is due to issues with resiting patient records.
 - The large amount of paper patient records which take up a lot of space in the main office need to be re-housed to enable the improvements to be undertaken. Whilst a solution has been found, which involves the use of containers, the funding (£20,000) required to undertake this move remains an issue. It is hoped that funding will be secured to fund this move and the Council are assisting with options.
- There have now been over six different applications for additional funding in the last 18 months to improve the accommodation and facilities, however RF finally feels there 'is light at the end of the tunnel'.
- The proposal to create five additional consulting rooms through the use of portakabins has not progressed as hoped. Due to changes in the NHS rebating

process there are now funding difficulties. As a consequence the Practice is now hoping that VHC will release some of the rooms that they do not use. The CCG are visiting (9th June 2016) to ascertain the full scale of the issue and discuss how the rooms at SHC might be better utilised.

- Longer-term there remains an application to the NHS Transformation Fund for funding to undertake a feasibility study to build a two/three storey building in the car park. The Chief Executive of the local CCG is visiting SHC in September and this will be raised at the meeting. This is thought to be a very positive action.
- RF stressed that both he and DG are keeping the pressure on NHS England/Property Services and that progress is finally being made - albeit rather slowly!

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

Q Why does it take so long to get a DVLA medical?

A. It was explained that this requires a private medical requiring 30 minutes to complete and this is the equivalent to three GP appointments. Consequently due to prior appointments already booked it can be difficult for GPs to find the time for such an appointment. Appointments are scheduled as soon as possible.

Q Since VHC is a private provider why can't the Practice have priority over the space available at SHC??

A When VHC were awarded the contract by NHS England to deliver services at SHC the contract included an allocation of space. VHC services include Health Visitors, Midwives and the District Nurses and other services. There is a possibility that VHC may use off-site hubs to accommodate some of their services which may release some space - however the Practice will need to rent such spaces, which is an additional cost. The contract is up for renewal next year and it is expected that it will not include as much accommodation at SHC.

Q. Do doctors lead on specific areas e.g. children's mental health?

A Some doctors do have specialisms, however rather than only treating patients who have a specific illness, knowledge and expertise is shared amongst the GPs.

Q Could the self-referral form used for mental health issues, be reviewed to ensure that it is fit for purpose, particularly for adolescences?

A It was agreed that this will be looked at further.

Q 'Spelthorne Carers' is a resource that local patients would benefit from learning more about. Could this be advertised?

A It was agreed to consider this further.

Q Could the opening times be clarified ?

A SHC doors open at 7am and consultations begin from 7.20 am onwards. There are proposals in place to implement changes to the appointment system that will prevent the need to queue at 7am. This will be communicated once this has been finalised.

Q Could the web-site be kept more up-to-date?

A Yes, RF will ensure this happens.

RF added that a report summarising the outcomes of the recent patients' survey will soon be added to the web-site. It was very encouraging that 100 more surveys were completed than last year. All of the comments received are very useful and will be acted upon by the Practice. The largest concern continues to be access.

Q Please will you ensure that developments to improve the appointment system don't exclude those patients who are not IT literate and/ or who don't have access to a computer?

A This was agreed. Changes are being considered to ensure that the best way to get an appointment is not to queue. Moving forward doctors will not always be the first point of call; rather the many other health care professionals will be providing some of the services that doctors currently undertake. This is the now the situation in most GP practices.

Q The hospital told my wife to see her doctor within a week - yet this was not possible!

A Hospitals are being asked by SHC to ensure that their requests match the resources of the Centre so that patients aren't placed in such a position.

Q Is the outsourcing service used for referral letters confidential?

A Yes. The company meets information governance standards and is used by many health care trusts.

NH thanked the patients, DG, RF and JS for attending the meeting.

The following question was left at the end of the meeting:

Q Is it possible on the web-site to indicate which doctors are partners and which are salaried?

A RF will review with the Partners together with other changes required to update the website.