

**The Sunbury Health Centre
Patient Participation Group**

**Minutes of the Open Meeting held on
Monday 8 February 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 40) particularly the significant number who had not attended one of these meetings before.

NH introduced Dr Dave Gill (DG), Richard Fryer (RF, Strategic Business Manager) and Jackie Sheehan (JS, The Office Manager). NH then briefly revisited the purpose of the PPG and explained the format of the meeting.

NH introduced the members of the Core PPG group who were present, this included Roz De Lord, Polly Healy, Dorothy Linter and Paul Thompson (Vice-chair). (Brian Catt and Wendy Doyle joined the meeting shortly after the introductions). Diana Huntingford was introduced as taking the minutes. NH reiterated how the Core PPG group membership should reflect the community SHC serves and therefore stressed that there are still two vacancies on the core PPG group - one for a young parent and also for a member from an ethnic minority.

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 continued support.

For those who were attending the meeting for the first time DG began his update by revisiting some of the history of SHC:

- 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 built in the 1970s 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 83% undersized for the current patient population
- The staffing is currently:
 - 11 doctors, 9.5 full-time equivalent, which is the correct ratio for the number of patients. One doctor is dedicated to Ashton Lodge Nursing Home for one day per week
 - A Health Care Assistant
 - A Strategic Manager
 - A Phlebotomist
 - A Office Manager
 - 10 Receptionists

- Two Reception Supervisors
- Three Secretaries
- Three Administrative Staff
- A Nurse Manager
- Four Nurses

This is a big team!

- There are approximately 210 face to face GP appointments available every day. 50% of the appointments are 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.
- The GPs make a total of 130 - 140 telephone calls to patients every day.
- 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 provides an additional total of 40/50 face to face appointments, home visits and telephone consultations.
- There are 118 hours of nursing service available each week which provide a wide variety of services including wound dressing and chronic disease management including diabetes, asthma and Chronic obstructive pulmonary disease (COPD).
- Between October and December 2015 there were 1,420 instances when patients failed to attend their appointment. In addition there were 125 flu clinic appointments that patients failed to attend.
- The accommodation available to the practice is full to capacity.
- Since DG joined the practice, two and a half years ago, he has noted that through listening carefully to patients the following improvements have been made:
 - A new Strategic Manager post has been developed and successfully recruited to.
 - The PPG successfully applied for a grant that enabled the last available room to be converted into a consultation room.
 - An additional four new telephone lines have been installed.
 - Three additional receptionists have been appointed.
 - A new doctor has joined the practice.
 - Two nurses have been added to the nursing team.
 - A temporary secretary is used regularly.
 - The new software which also enables letters to be outsourced if capacity becomes an issue has significantly reduced the length of time it takes for referral letters to be written. (This is in direct response to the issue being raised at a previous Open Meeting).
- The Practice is reviewing internal systems :
 - The electronic prescription service has had a very positive impact on the queue. Over seven thousand patients have already signed up for this service and it is hoped that this figure will continue to rise.
 - At the end of February the Practice hopes to begin trialling a new text messaging service.

- Primary health care continues to be under great strain due to the increasing elderly population and the movement of chronic health care management locally to doctors.
- The lack of a co-ordinator to manage VHC's services at SHC continues to be a frustration, however a new co-ordinator has recently been appointed.
- There continues to be a lot of work behind the scenes with local councillors and the MP to help move forward the accommodation issue.

RF was then asked to update on the developments regarding the premises:

- 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 application to NHS England for an Improvement Grant and been successful, 66% of the funding will come from NHS England and the Council has agreed to provide the remaining 34%. As a consequence improvements will shortly begin in the reception area. A number of hatches will be removed and a new reception area will be created, in the existing location; the office space behind the reception will be remodelled to help streamline services; the waiting room will be painted and the phlebotomy room will be upgraded. There will inevitably be some disruption but it is hoped that a large amount of the work will be carried out at weekends to minimise the impact on patients.
- The proposal to create five additional consulting rooms by increasing the number of portakabins on the side of the building is progressing well. Once the funding for this development has been finalised an application will be made to the local planning department and a consultation with neighbours will be undertaken.
- Longer-term - An application has been made to the NHS Transformation Fund for funding to undertake a feasibility study to build a two/three storey building in the car park.

RF commented that he was feeling a lot more optimistic than he did three months ago!

NH added that he and PT, through their involvement with LoSRA (Lower Sunbury Residents' Association), had recently met with Kwasi Kwarteng, the local MP to discuss a number of local issues. At the meeting it was very apparent that Kwasi is fully informed about SHC and he was very supportive.

RF went on to discuss the outcomes of the recent inspection by the Care Quality Commission (CQC). This inspection is quite normal practice for all GP surgeries throughout the country. After two weeks' notice the inspection took place on 8th December. The Lead Inspector was supported by three additional inspectors (a doctor, a nurse and a Practice Manager) and together they followed five Key Lines of Enquiry:

- Is the service safe?

- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

The four possible judgements are similar to those used by Ofsted when inspecting schools - Outstanding, Good, Requires Improvement and Inadequate

The inspection team interviewed everyone in the practice, some of the patients and NH.

The Practice was expecting the outcome to be Requires Improvement (RI) due to being in the middle of a change process and this was indeed the outcome. No major issues were raised and the areas for improvement were in line with what they had been expecting. The inspectors were also very positive about the relationships between staff and between the PPG with the Practice. The judgements were:

- Is the service safe? - *RI*
- Is the service effective? - *RI*
- Is the service caring? - *Good*
- Is the service responsive? - *RI*
- Is the service well-led? - *Good*

The report also gave a number of specific actions that the Practice must undertake:

1. *Record and monitor significant events more effectively e.g. any difficult situations that may arise at Reception.* There is already a new system in place which will be reviewed every three months and any learning points will be shared with the staff.
2. *Distribute medicine and health information to all staff.*
3. *Ensure that DBS (Disclosure & Barring Service) checks are carried out on all staff.* This has now been done.
4. *Ensure that prescription forms are locked away every evening.* This system is now in place.
5. *Update staff training and record more effectively. This is in hand and JS is developing an online recording system.*
6. *Referrals need to be sent out in a timely manner.* The new outsourcing system is now ensuring that this is happening.
7. *Carry out regular fire drills.* This had previously been the responsibility of VHC, RF will now organise.
8. *Appraisals need to be brought up to date.* This is now been done and GPs' and Nurses are complete, administration is planned over the next couple of months.

The inspectors also noted that they thought the building to be inadequate, which will be helpful when discussing accommodation issues with NHS Property Services.

The inspectors will return and the aspiration for all working at the Practice is to achieve an *Outstanding* judgement as soon as possible.

A patient added that in the last 18 months she was regularly being greeted by smiling reception staff and that this made a vast difference to patients.

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.