**PRG Meeting Notes Tuesday 18th September 2018**

Present:

Paul Stephens Patient Representative (Chairman)

Janet Neville Patient Representative

Angela Marwood Practice Manager

Kate Lamb Assistant Practice Manager

Rianne Norton Administrator (Minutes)

Apologies

Gail Alexander

Sabrina Alexander

**Welcome**

Paul welcomed everyone to the meeting.

**Medicines Management Money**

In response to the Action Point from the previous meeting (see below)

**Action Point**

**Kate to contact the CCG to find out what happened to the money that we did not receive from Medicines Management**

Kate explained that she had not yet received an answer, but would be contacting Medicines Management and is hoping to have a response by the next meeting.

It was discussed that if we are not going to receive the money then who will? A comment was made that it will be used to offset the deficit at the CCG.

Angela confirmed that we have a plan for the money that we have been allocated, and it will be used to benefit our patients. She explained that a message was sent to all clinicians asking them to draft a “wish list” of items. The requests made will all be costed and then taken to the Partner’s meeting for their approval. Once this has been done the requests will then be brought back to the PRG meeting for Paul (as Chairman) to sign off.

Paul stressed that it is important that this money is used for maximum patient benefit. We need to get things that patient’s need – items to promote health. We have to prioritise.

Kate confirmed that we do have 2 x 24/7 BP Monitoring Machines over the three sites, but we do need new BP cuffs for the machines to meet infection control regulations – we also need some different sizes.

**Engagement Meeting**

The meeting took place on 14th August 2018. Angela and Kate attended the meeting as did Gail and Sabrina Alexander. A member of the group asked if Dr Kamal had attended the meeting; no, he hadn’t, but had members of the public been allowed to speak at the meeting then he would have attended.

Angela explained that it was a very official and very structured meeting, and no input/questions were allowed from members of the public. Angela explained that she feels like the CCG don’t understand how we work at grassroots level, and says that this was evident at the meeting. There is no understanding of what will happen to patients or where they will go to access these services. It is very disappointing that decisions are being made by the CCG about issues that they have no grasp of. There was one lay person at the meeting who was responsible for asking questions about how these changes would affect patients.

A comment was made that the CCG should be coming to visit surgeries to see how they work at grassroots level.

It was discussed that the CCG went to this meeting with recommendations already agreed and they just needed the approval to go ahead and implement them.

The only recommdation that was amended was in relation to the ultrasound services. This service will be reviewed again. There are other services which are also going to be under review.

To confirm we have now lost our x-rays services, ENT and gynaecology – all contracts have been allowed to expire.

Angela confirmed that she has been formulating a plan for the last few weeks – looking in depth at figures and income.

A question was asked as to whether we could run the x-ray service as a private business and then charge the NHS to use our service?

Angela confirmed that we were unable to accept any new x-ray referrals as of 4th September 2018, although we are able to see patients who have been booked in for appointments up until the end of September 2018.

Angela explained that Murray was already leaving us as he had been offered another job with ISAS (Imaging Services Accreditation Scheme).

Angela explained that we are all very shocked and in disbelief that these changes have been allowed to go ahead.

Phoenix and Novus have also lost a lot of their local services.

The local MRI scanner in Fitzwilliam will no longer be available for patients as that contract will not be renewed. Everyone will have to go hospitals again for all of their appointments.

Angela stated that they have asked the CCG over and over again where patients will be going for their appointments but have not received an answer.

A member of the group commented that they did not understand the logic of these changes – patients will have to travel further, have longer waiting lists and also incur more expense with travel and parking.

A question was asked as to whether we were able to put in an official objection to these changes?

Angela confirmed that an option would be to take legal advice.

A member of the group asked if it would help if they went to see their MP. Yes – definitely; we also understand that Phoenix have already contacted Jon Trickett regarding the loss of local services. Both members of the group confirmed that they would contact Jon Trickett.

We also believe that our endoscopy services are under review.

We are unable to accept any new ENT or Gynaecology referrals from the end of September 2018, but we can see existing patients for follow-up appointments until the end of January 2019.

The Grange, Phoenix and Novus have all been allocated a member of staff from the CCG to assist with the handover of patients, and they are contacting us once a week. Unfortunately Angela says that these calls have not been either very supportive or very helpful. The CCG also don’t seem to understand that we have invested a lot of our own money into the services that we provide for our patients.

Angela confirmed that they had spoken to the ENT and Gynaecology Consultants, and Mr Condon (ENT Consultant) said that he can’t see his patients from here at Mid-Yorkshire as he does not have the capacity. Unfortunately we cannot get an answer from the CCG.

We understand that the CCG have a fixed contract with Mid-Yorkshire Hospitals, and so they can send them an infinite number of patients and still incur the same cost.

Angela confirmed that the CCG has also advised that they will not be refunding or reimbursing any decommissioning costs, as they contributed to the costs of our x-ray services.

Angela told them that their information was incorrect, and that the surgery alone had fully funded two x-ray machines over the last 25 years – all paid for by the GP Partners. She explained that when the service was initially set up we had radiographers coming over from Pontefract Hospital, but the service was still fully funded by The Grange. Angela confirmed that after this conversation with the CCG she did receive an email from the CCG, apologising for the misunderstanding.

A member of the group asked if we could write to the CCG detailing all of the costs incurred by the practice in installing and maintaining the x-ray equipment.

Angela explained that the contracts we have with the CCG are worded so that we have to meet any costs ourselves. Any set-up or decommissioning costs are our responsibility.

Angela said she never thought she would see the day when the x-ray service would no longer be available to patients at The Grange.

It was discussed as to whether patients could contact PALS to complain – we need patients to voice their concerns that this is unacceptable.

Angela explained that there is a Partner’s Meeting tomorrow – Wednesday 19th September 2018 – and this will be the first opportunity for all three GP Partners to discuss at length. She said that this whole situation is “incredibly demoralising”.

We spoke to the CCG and asked them for advice on what to tell our patients who will of course have questions about where any further follow-up appointments/reviews will be held when they are told that they will be unable to come back to the surgery. Will they go on a waiting list? Will they go to the bottom of the waiting list? We have offered this service to patients for over 20 years. Again, no answer has been provided.

A member of the group stated that patients at this surgery are very privileged that they can access the range of services on offer, and these services will be greatly missed by the whole of the local community. This is really going to hurt patients. Dr Kamal has always been so passionate about the surgery and wanting to provide local services for the local people.

Kate confirmed that our Consultant-led services are open nationally, and patients from all over England are able to choose to come here to see a Consultant.

A member of the group said that they have regular x-rays and will now have to travel to Wakefield for every appointment which will be expensive.

Angela said that the CCG appear to have “no compassion” at all about the loss of services.

**Patient Satisfaction Survey Results**

Angela explained that part of the Wakefield Practice Premium Contract (WPPC) involves looking at the National Patient Survey which is sent out annually to random patients across England. We have to stress that the results of this survey are not at all representative of our patient population.

308 surveys were sent to our patients, of which 122 were returned, so we have the views of 122 patients from a practice population of nearly 15000 patients. We have scored low on answering the phone and the overall patient experience of making an appointment. There is a clause as part of the WPPC contract that every practice has to achieve a certain (high) percentage.

There is a more recent National Patient Survey – the results have just been released - but we are still not achieving this target. However we have to show an improvement.

The CCG has already been out to see us and we discussed our Action Plan with them. We do have a plan in place – we have extra receptionists answering calls in the mornings, although Angela did acknowledge that this had lapsed somewhat over the summer as a result of Annual Leave and sickness.

By the end of September 2018 we have to put our Action Plan forward to the CCG, and we have to have implemented our plan by the end of December 2018.

Kate explained that she drafted and distributed another Patient Survey for our patients, and the results have been shared with the CCG who were also very pleased with the results. We have done considerably better than the results of the National Patient Survey reported.

The survey was run in March 2018 and this was before we had implemented any of our improvements. We have asked our receptionists to conduct a quick telephone survey with our patients, and we have been asking them, “Can I ask did you get through OK on the phone today” (yes or no answer) and secondly, “Overall, did you have a good experience when booking an appointment today?” (Yes or no answer) and we will collate all of the results and bring them to the next meeting. Hopefully the results will show that the improvements we have implemented are making a difference to our patients. We also need to see a change in the results of the next National Patient Survey which will be out in January 2019.

**Practice Update**

We are getting nearer to Dr Ahmed starting at the practice. He will be an 8-session salaried GP with a day off on Thursdays. His start date is 2nd November 2018. We will then be very close to a full complement of clinicians. We are still short by 8 x sessions per week, and so will continue with locum cover as required.

Angela confirmed that Dr Oye had recently had a baby and so had been off on paternity leave, but would be back at work on 19th September 2018.

Dr Bellas has also dropped from 6 x sessions per week to 4 x sessions per week for personal reasons.

Angela said that the practice may look at advertising for another ANP. We did have Joanne Sadler in post but she left soon afterwards and so we do have a vacancy for a full time ANP position. It will be for the Partners to decide if we go ahead.

Following a question by a member of the group, it was confirmed that a “session” is counted as either a morning or afternoon clinic. Start and finish times of clinics will vary depending on the clinician.

A further question was asked as to how many sessions constitute a full time GP. Angela confirmed that an 8-session GP is classed as full-time, however full-time ANP’s will work a 37.5 hour week over 4 days and this is managed by some earlier starts and/or later finishes with a day off in the week. Angela stated that the ANP’s are encouraged to take a day off in the week. Other staff may choose to work part-time for their own personal reasons.

Angela explained that it is not safe for GP’s to see too many patients during a session, and will therefore be allocated so many appointments per session. Some GP’s will accept extra patients if needed.

We are very mindful of making sure that we do not put too much pressure on any of our GP’s, but especially any newly qualified GP’s that we have at the practice. Angela confirmed however that when interviewing applicants for clinical vacancies, we do always explain that we are a very busy practice.

All GP’s do have a laptop provided by the practice for their convenience, but there is absolutely no expectation from the practice that they should be working outside of their contracted hours.

A question was asked as to whether newly qualified GP’s have a mentor at the practice? Angela confirmed that we will always ask one of the Partner GP’s to provide a mentorship role – someone that the newly qualified GP can go to for advice and support. The Practice Management Team is also available for all members of staff to discuss any problems and/or concerns that they may be experiencing.

We also hold weekly Wednesday meetings which provide an opportunity for Clinicians to discuss clinical matters and to offer advice and support to their colleagues.

The Wednesday meetings are structured with a rolling programme of meetings including Palliative Care (Gold Standards) and Safeguarding, and so sometimes there is not always enough time to discuss other clinical concerns, and so a new “Clinical Support” meeting has now been added to the rolling programme to give clinicians the opportunity to discuss concerns and offer advice.

**AOB**

**Cake Sale – McMillan Cancer Support**

Kate explained that the surgery was holding a cake sale on Wednesday 26th September 2018 in order to raise money for McMillan Cancer Support, and she asked the group if they would like to contribute in any way. A comment was made that Gail and Sabrina have previously been involved in fundraising, and this may be something that they could help with later in the year. A decision was made to take this agenda item to a future meeting where it can be discussed further.

**Next Meeting – Tuesday 23rd October 2018**