**The Sunbury Health Centre Group Practice (SHCGP)**

**Patient Participation Group (PPG)**

**Minutes of the Open Meeting held on**

**Monday 3 June 2019**

**At Sunbury Health Centre**

**Paul Thompson** (PT) Vice-Chair of the PPG, welcomed 18 patients to the meeting, five of whom had not attended an Open meeting before. PT explained that he was chairing the meeting because Neil Huntingford, the Chair of the PPG, was unwell.

PT introduced the members of the PPG Core Group who were present at the meeting, this included **Dr Gill (Partner), Richard Fryer (Business Manager), Sasha Thurgood (Operations Manager) and Cassie Boyles (Training Facilitator), Polly Healy, David Butler** and **Diana Huntingford** (**minutes**)**.** PT noted that apologies had been received from **Neil Huntingford, Brian Catt, Dorothy Linter and Jan Palmer**.

Dr Gill (DG) began the meeting with an update on the Practice:

He explained that staffing was secure and had been since the last meeting. A new nurse, **Amy** **Connell,** had joined the Nursing Team having previously been a District Nurse. There is currently no provision for ear micro-suction at SHCGP, due to the previous provider leaving; therefore it is planned for Amy to undertake appropriate training in order that she can provide this service at the Practice. Two new Receptionists, Shelley Whyte and Elizabeth Sage, have also joined the Practice. DG commented on the good progress that Caroline Watson, the Reception Manager, has made on developing/improving systems. DG reiterated the good service that the two paramedics, Cassie Lemon and Steve Randall, continue to provide to both the patients and the Doctors. DG reported that the Pharmacy Team is “*thriving*”. The two Prescription Clerks have reviewed the systems and consequently the Practice has received fewer complaints about prescriptions. DG acknowledged that issues remain with Boots at Sunbury Cross. He added that Bhavini Velji, the Pharmacist at SHCGP, is continuing to work with the staff at Boots to help find ways of ensuring that their systems are compatible with patients’ needs.

DG reported that he was very pleased that the Practice has managed to meet its targets for Chronic Disease Management.

The recent annual Patients’ Survey had a very high response rate – over 800 responses, double that of 2018. DG explained that the results were currently being analysed and that there are no new concerns raised by patients. The biggest concern continues to be the availability of appointments.

Patients were dismayed to learn from DG that in May patients failed to attend over 150 appointments with either a Nurse or a Doctor. In the last quarter of the year there were 445 Doctor/Nurse appointments wasted because the patients did not turn up for the appointments.

DG spoke about the Practice’s increased involvement with the community, for example the recent ‘Hazelwood Park Run’ initiative. He thanked the organisation for the opportunity to become involved.

Since there were a small number of patients attending an Open Meeting for the first time DG briefly explained the context within which the Practice operates. He explained about the 45:55 split in renting the building with CSH, a community service provider, who have the larger proportion. DG explained that since a large number of the services previously provided by CHS at SHC have been relocated to local hubs that the Practice is keen to negotiate renting more space in the building. Unfortunately the current Service Charges are very high and this is a barrier to future occupancy.

DG thanked the PPG for their help in improving the quality of the environment in the Waiting Room and in lobbying for external funding.

Richard Fryer (RF) then provided an update on the premises. He began by explaining that the Practice has been approached by Spelthorne Council about the possibility of SHC being relocated in the ground floor of a proposed new building on the Ceaser Court site. The Practice has also been continuing to explore the possibility of extending their occupancy in SHC. There is an opportunity to obtain additional rooms vacated by CSH however the cost of converting an office to a consultancy room is approximately £15-20K. Earlier this year the Practice thought it had secured funding for room conversion and to continue the development of the Reception, unfortunately this was withdrawn in March. Conversations continue with NHS Property Services especially regarding the Service Charges, but nothing has been secured.

RF explained that there is an opportunity on the Ceaser Court Site and that the options are currently being reviewed. There are however a number of issues to be resolved:

* Is Ceaser Court big enough for the Practice requirements now and for any future growth in patient numbers? –
* Would the remaining CHS services at SHC have to also move to Ceaser Court and how much space would this require? –
* Is the rent and service charge affordable in comparison to the current premises and would this be agreeable to the Clinical Commissioning Group (CCG)? –
* Is car parking on the Ceaser Court site sufficient/comparable to the current site? –
* What are the implications with the current landlord NHS Property Services if SHCGP moved to a property owned by Spelthorne Borough Council?

The Practice is determined to make the right decision and is therefore considering the options very carefully.

DG added that the development of new ways of accessing services for patients is a priority for the Practice. The development of a Multi-Disciplinary Team, becoming a Training Practiceand the introduction of Video Consultations via LIVI are examples of how additional capacity has been added to the Practice.

The Extended Access Clinics also provide additional appointments. SHCGP is providing the service on Tuesday and Thursday evenings 6 – 9 pm and on Saturday mornings 9am – 12pm. Further appointments are available at Studholme Practice in Ashford on a Monday, Wednesday and Sunday morning and at Walton Community Hospital. A Phlebotomist and a Wound Care clinic are available on alternate Saturday mornings. A physiotherapist is available on Tuesday afternoons. DG expressed his thanks to the Reception Team, since without their support these clinics would not be available.

As the biggest practice in NW Surrey DG stated that it was very important to have a variety of ways of accessing medical services. RF then gave a PowerPoint presentation (*attached to the minutes*) to explain the introduction of a new service ‘*Engage Consult’*.

RF stressed that the overall aims of the introduction of the new service are to ensure that patients are seen by the most appropriate member of the Clinical Team and have their administrative queries answered via PC, smartphone or laptop via secure messaging. These developments will increase the availability of appointments with a doctor. He reminded the meeting that there is enough staff at the Practice for the size of the patient population; they do however need to be used more effectively.

PT then invited the audience to ask questions:

**Q** Not everyone has internet access and many patients are technophobic, therefore how will the new systems work for all?

**A** It will still be possible to telephone the Practice and also visit in person. The Receptionists will ask why you need to see a doctor to triage patient needs and ensure they see the appropriate professional.

RF stressed that a lot of work is still taking place ‘behind the scenes’ to ensure that the correct balance of appointments are available. This includes a review of the opening time for appointments online.

**Q** At the end of my consultation I was asked by my Doctor to make another appointment for a month later. I was unable to do this because one was not available.

**A** The concept of ‘my doctor’ is changing as the practice develops a multi-disciplinary team. Most GPs are in the Practice for three or four days a week, in addition it may be that they are on annual leave or attending other meetings on the day an appointment is requested. Services at the Practice are therefore delivered via a team based approach rather than ‘*your doctor’* although the Practice does strive for continuity of care when necessary for longer term chronic conditions.

Alternative ways of delivering services are being introduced to ‘free up’ doctors to provide more appointments.

**Q** Is text messaging used by the Practice?

**A** Yes and it can also be used by patients to cancel appointments.

Q What have been the demographic responses to the new changes? Are there drop-in sessions available?

**A** The latest service to be introduced is Engage Consult and this had had a slow, soft launch. This was deliberate to ensure that the Practice was not overwhelmed. Therefore it is too early to conclude responses, however to date there are approximately 6/12 communications per day and these are from a wide range of demographics.

The change in the way patients communicate with the Practice was evident in this year’s Patients’ Survey. Three years ago 95% of the responses were by paper this year 95% replied online.

There are plans to provide ‘drop-in’ sessions and details will be publicised in due course.

**Q** Can a patient ask a Doctor to call them back to discuss the outcomes of recent treatment?

**A** If a patient has received treatment at a hospital it is the hospital that will provide the results and discuss the outcome with the patient. A GP will only respond to an investigation they carried out. The patient could also use *Engage Consult* to resolve the matter.

**Q** How is information about SHCGP shared?

**A** This is done in a number of different ways, via the Practice’s newsletter and website, Mjog (the texting service), the PPG website and through the LOSRA newsletter and ‘Sunbury Matters’.

PT ended the meeting by informing the patients that the Artwork in the Waiting Room will be replaced in the next few weeks and it is hoped to include children’s artwork in future displays. DH added that in response to suggestions at a previous Open Meeting the dates for the next Open Meetings will be in the autumn and spring, rather than the winter and summer. It is hoped that this might facilitate a greater number of patients attending the meetings.

Questions left at the end of the meeting

Q Could Doctors make their own appointments, thereby ensuring that a request to see a patient within a month can happen?

A. This is being considered as part of the Engage Consult pilot project.

Q Is the size of the site being offered at Ceaser Court comparable to SHC?

A The practice is trying to arrange a meeting with Spelthorne Borough Council and the CCG to discuss what the council are able to offer including the size of the space available, the rental and service charge costs and access/ parking availability. It is hoped that a meeting will take place shortly.