

# PATIENT PARTICIPATION GROUP

Held Tuesday 24<sup>th</sup> March 2015 at 12.30 pm

Millennium Village Health Centre, Meeting Room

## PRESENT :

Practice Staff :        Dr. Mohamed Bocus  
                              Dr. Daniel Prundeanu  
                              Johanna Randall  
                              Kate Rees

See attached scanned list for patients attending

APOLOGIES :         Gwen Zammit  
                              Chew Yeen Lawes  
                              Victor Skinner

Jo welcomed those present to the Meeting. Everyone around the table introduced themselves to each other.

SA questioned whether there was an Agenda for the meeting. Jo advised those present that previously an Agenda was worked towards but that the points that had previously required to be addressed were the same as for today, namely opening times for the Practice and the DNA rate and therefore there was no Agenda for the current meeting. In the future an Agenda would be available.

Jo reported that NHS England have now exercised their rights under their APMS (Alternative Provider Medical Services) contract with Malling Health. It would be necessary for us to change our opening hours, and in particular the extended hours, the Practice would work.

From April 1<sup>st</sup> the Practice will now be opening daily from 8am until 6.30pm on a Monday, Wednesday, Thursday and Friday with additional hours on a Tuesday evening until 8.30pm and two hours on a Saturday morning from 9am until 11am only. We would no longer be offering early opening from 7am on a Tuesday and Thursday morning or a late evening until 7.30 on these days. It was pointed out that the first Saturday for this opening was the Easter holiday weekend.

Jo outlined the demands that this would have on staff, particularly the clinical staff. She had informed the administrative staff of the changes and in general they were happy with the arrangements. Unfortunately, she reported that as a result of the changes and for personal reasons the two current female GPs would be leaving the Practice, both having resigned on the same day last week.

The loss of four female GPs in the previous two years was questioned. Jo explained that it was not possible to discuss the particular reasons for departure but in general it was around their own personal reasons and the demands placed upon them by our patients and the ability to earn at least £750 per day as a Locum GP with none of the ties and responsibilities.

Jo discussed the challenges for the Practice with regard to the APMS Contract. This was the contract agreed by Malling Health on behalf of the Practice after the departure of Dr Karim Jan Mohamed from the Practice who had held a GMS (General Medical Services) contract. Great changes took place in the NHS at the time of this change in April 2013. The new APMS contract no longer provided additional funding for the provision of cytology, childhood immunisations, smoking cessation etc but became a core requirement. Other Practices within Greenwich whose contracts are coming up for renewal with NHS England will be moved to this new type of contract and this could possibly result in the demise of a number of Practices within the area.

The provision of these core services within the GP's working week which can be between 45-50 hours/week means that face-to-face consultations for complex and everyday medical needs is diminished. In addition it is necessary for the Practice to provide services such as blood taking and anti-coagulation not only for our own patients but for Greenwich residents who wish to attend this Practice for this service.

Jo reported that our current staffing levels were above the required levels, namely one clinician per 2000 patients. We have a list size of 7505. We currently have four GPs, one Practice Nurse and two Health Care Assistants with a new Practice Nurse recently recruited and to start after her notice period with her current Practice. It was her intention in view of the resignations to employ one female full-time GP and one Nurse Prescriber. The Nurse Prescriber would be able to deal with the same day appointments requested at the Practice allowing the GPs to focus on the more complex clinical needs of the patients. She reassured those present that she would review staffing with any increase in patient numbers which had to be anticipated with the massive building activity locally and the changes as above.

She reported that we do have capacity for new patients to register. However, under the terms laid out by NHS England it is a requirement for us to accept any patient at all who wishes to register whether they live within the area or not. We had undertaken a list cleansing exercise at the start of the new contract and had found 400 patients who had had to be removed from the system. With the addition of new patients she would keep an eye on the need for more space within the current building which she explained is owned by NHS Estates and run by Oxleas; we pay rent for the space we use and the addition of further staff.

She reported the challenges encountered by our Reception staff. Their role is to signpost patients to the most appropriate clinician/appointment and to achieve this it is necessary to ask the caller the nature of their problem. They do receive abuse despite trying their utmost to help patients.

Jo then outlined the appointment system that the Practice currently runs. This is designed to accommodate all ages of our patients with routine appointments offered which are pre-

bookable and in advance for more complex medical problems with regular review, same day appointments for the unwell on the day, telephone appointments for GPs to be able to triage appropriate treatment and appointments available online for booking through patient access.

Unfortunately the did not attend rate is not falling and this is an issue for the Practice. Last month there were 198 missed ten minute appointments. We have a policy whereby patients receive a letter after two missed appointments and are removed from the Practice list after this letter and a verbal warning from the Practice Manager. The policy is available within the Practice for all patients.

When asked Jo confirmed that we had removed patients under this policy and unfortunately had also to remove patients under the SAS Scheme. At all times the Practice had to be aware of their duty of care to the patient and would not remove patients who it was inappropriate to do so. She gave the example of an elderly patient with no family and dementia who had not attended 17 appointments made.

Molly Bartlett had attended the meeting with a leaflet that she had designed and printed in order to be given to the patients to alert them to our problem with DNA's. It was agreed that this document could be updated periodically to reflect this problem.

Jo then addressed the role of the Patient Participation Group (PPG). It should be a forum of patients who met independently of the Practice and met with the Practice on a quarterly basis only. Currently she would suggest meetings with the Practice in June, September, December and March. The PPG should meet to discuss, plan and develop the most effective health services for the local population and bring to the Practice new ideas and suggestions around the general day to day workings. They could arrange communications as appropriate with patients and support formal consultation when required, in particular perhaps by performing a survey around our enhanced hours and their suitability for the local population or about general patient experience. It would be good to widen the Group and make it representative of the Practice population.

The Practice was happy for a room to be made available for members of the Group to meet during the working hours of the Practice by prior arrangement.

A Meeting of the PPG was agreed for Tuesday May 12<sup>th</sup> at the Practice at 7pm. No members of the Practice staff would attend this Meeting.