

Minutes of Patient Participation Group on Wednesday 06th June at 17:00

Apologies: JS, BJ

Present: Christine Sanderson (CS, Practice Managing Partner), Dr J Walsh (JW, Executive GP Partner) Michael Land (MJL, Administrator), CO's, BO's, MF, MMF, WW, JM, MW, CA, KM

Previous Minutes

Minutes recorded as correct.

CS noted Haroon, the Practice pharmacist, will attend the next Patient Participation Group and we will invite speakers such as those mentioned in the minutes with a proviso on their audience i.e. this Patient Participation Group.

New Data Protection

MJL explained the Practice is subject to the new General Data Protection Regulation just as all other organisations in the UK are. The attached privacy notice provides detailed information on what we record about you and how we use and share it. CA noted a recent positive encounter where her consent for accessing her records was gained for treatment rather than assuming.

Proposed Practice Merger

JW explained the Practice's proposed merger with Ferrybridge Medical Centre (which includes Queen Street / Park View surgery) and Dr Bance and Partners. The rationale for the merger being:

- 1) Not because we have to, but because the opportunity has arisen.
- 2) Budget pressures aren't likely to improve in the future, therefore a need to be more efficient with the resources we have.
- 3) Workforce availability is reducing (despite government figures which include people who've retired); there is a national shortage of GPs and Nurses, with a third of local nurses retiring in the next five years.
- 4) Have more resources than we do as a single Practice to provide:
 - a. Better access to the service patients need, e.g. being able to see a musculoskeletal (MSK) specialist (like Dr Banerjee) sooner, because the specialist GPs appointments won't be taken up by conditions that can be seen by others (such as a specialist nurse seeing patients with minor illnesses instead of the GP).
 - b. Potentially new services to patients so that they don't necessarily need to go to hospital to access them.
- 5) Be able to look to the future to do more as at the moment everyone is too busy trying to provide care for patients and meeting demand.

6) To be with like-minded Practices e.g. with regards to training, growth, and offering services to patients.

MF asked how the specialists will have the availability to see patients as part of their speciality if they currently do not have the time because they're booked-up with other conditions. JW explained by having more options available, patients should be seeing the right clinician for their problem, and not necessarily a GP or a specialist GP e.g. Dr Banerjee currently sees many patients for minor illnesses when there are other GPs and nurses that could do that instead and the MSK problems they're seeing could go to Dr Banerjee. MMF asked if this is where triage comes in. CS and JW noted that the Practice has already started asking patients for the reason for their appointment so they can get a more appropriate appointment and some of the admin and reception staff are undertaking training to do this better. CS added the Practice used to have dedicated specialist clinics but due to demands and reduction of resources, specific clinics have reduced so this may give some potential to reinstate these.

The group raised concern over Practice staff changes and how there doesn't seem to be available information on what specialties are covered and who does them. JW responded that the Practice website and Practice leaflet are being updated to make it clearly who to see for what. ML will send out information with the minutes (see attached).

CO's asked what will happen to the current staff. JW responded that she doesn't envisage staff having to move to any of the other sites if they don't wish to. She added that the Practice has started a document management system whereby some of the current staff look through and process every piece of communication that comes in e.g. from the hospital. This particular process being replicated in different ways across different sites isn't efficient, so there is an opportunity to make it more effective by doing it in one way at one site. Similarly, telephone calls across the Ferrybridge Medical Centre and its Practices are directed into one place. JW noted that receptionists hold a relationship with the patients coming in to the Practice and so it wouldn't make sense to constantly rotate them.

CO's followed up with a question about how the management structure would look. JW responded that for the GP Partners there would be a core group within that would be responsible for strategic planning. In terms of the Practice Managers, CS for example wouldn't physically be able to do all the elements of practice management (personnel, line managing, business planning, finance, compliance, health and safety, complaints, etc) across so many Practices so the role is split and the Practice Managers are responsible of each area e.g. one for finance, one for personnel, etc.

CA asked if the Practice will continue with its training commitments. JW remarked it will and is taking on more students in August with medical students and foundation year

doctors as their training programme now includes a GP element. She added the Practice is also continuing with training Physicians Associates (traditionally from A&Es and wards who do the histories, examinations, and create treatment plans which are agreed with a consultant) which might find their way into GP Practices with a GP acting as a consultant would in a hospital. JW noted that the Practice is engaging in more training for the administration and reception team.

CA asked how a merger talk had originated. JW conceded it was by essentially by accident. Queen Street surgery lease on the building is expiring and our Practice had been approached to host them. This led to talks about actually merging.

MF asked if there is likely to be a cost to the merger. JW noted there might be a cost implication but to what degree is unknown though there should be savings made in other places by having a shared contract / provider.

MF asked if there was a timescale in place for the merger. JW responded there's a plan for a merger by the next financial year. However, the merging of systems and processes might take longer as there is no definite timescales for merging.

MW commented that the upheaval of the Ministry of Health to the NHS had problems at the outset but soon grew to be better, so to bear in mind that change for the Practice could be a good thing. CS added that changes in the NHS have always been on-going and we have had to adopt so now we know these changes are coming, we should meet and deal with the changes.

CSa asked the group how they would like to be kept involved and informed of the developments. The group agreed that a standing item on future agendas would be sufficient but with any significant developments between to be raised potentially as an ad-hoc meeting. JW reiterated that the Practice wants the input of the patients to be able to plan for what's important to patients.

Medication Reviews

WW recounted a recent experience with how the Practice managed its medication reviews and asked for clarification why there was a contradiction between the message on his prescription counterfoil, and two different people on the phones at the Practice. CS explained the Practice is transitioning medication reviews to occur during a patient's birthday month along with any review they need and there are likely to be occasions where mixed messages are happening while it is sorted out. However, she asked that patients encountering problems such as these to report them to her as it may be a training need though these instances should reduce as we move to a review at birthday month.

Any Other Business

JM commented on the current state of the front of house. CS noted that the domestic cleaning team clear the cigarette butts at the end of the day, but it quickly builds up again especially when people are waiting in a queue outside the Practice before it opens on a morning. CS added that she is looking into having Wakefield District Housing provide the maintenance services needed for the outside of the building i.e. the garden as the previous tragically passed away suddenly.

JM informed the pedestrian crossing on King Edward Street between the car park and the Practice is purportedly being moved to the front of the building but queried if it is actually private land. CS confirmed the building paid for those traffic lights and questioned if the council would be in touch with the building owners in the first instance.

Next meeting will be held on Wednesday 08th August 2018 at 17:00

Future meeting dates:

Wednesday 8th August 2018 at 17:00

Wednesday 10th October 2018 at 17:00

Wednesday 12th December 2018 at 17:00