ELSENHAM PATIENT PARTICIPATION GROUP MEETING

WEDNESDAY 22ND FEBRUARY 2023

MINUTES OF MEETING

Present: Teresa Buglass (Practice Manager Stansted), Yvonne Pope (Acting Practice Manager Elsenham), Kate Williams (Clinical Admin Stansted), Dr Noshad Khan, GP Partner, Elsenham Surgery

Elsenham Patients: 21

1. Introduction

Teresa introduced herself, Yvonne and Kate and thanked everyone for attending. Asked previous PPG members of which there were 3, to explain how group worked before. They said that it was used mainly for fundraising and helping obtain things that the surgery needed.

2. What is a PPG?

Teresa explained that Patient Participation Groups are a contractual requirement for a GP surgery. It must be run by the patients themselves for the benefit of the patients of the surgery, to encourage them to have involvement with the services provided and to communicate this to the wider patient group. The agenda should be set by the PPG.

3. Premises

Elsenham's premises needs desperate intervention in order to futureproof it for the needs of Elsenham patients. The surgery is not big enough to cope with the demand, and needs updating to be able to incorporate the services and staff that they could be taking advantage of, but do not have space to do so. This includes physios, pharmacists, paramedics, Care Coordinators, Social Prescribers, Health and Wellbeing Coaches, Registrars and Medical students. There are currently negotiations with the Landlords to see if there is anything that can be done to assist with the updating and extending of the surgery premises.

4. List Size

There is increased development in the area, but this has not yet impacted on the growth of the patient list size at Elsenham as you might expect.

List size funding - NHS England do not pay surgeries for the actual number of patients that they have currently (7044). Payment is calculated retrospectively based on the figures for the previous year. For example: Elsenham currently has 7044 patients but will only be paid for approximately 6500 of them. The formula for this payment from NHS England is complicated by design and so does not represent a true reflection of payment for the work done.

5. Merger between Stansted and Elsenham Surgeries

Nothing has been decided, it is a very complicated process to be able to determine if it is viable. At the moment, the accountants are still working through the accounts to see what a merger might look like financially for both surgeries, and the Partners won't make a decision until the information has been received, digested and debated. The decision to merge will be based on the financial viability, but there is also clinical considerations. For example, a merger would allow patients Elsenham more access to services available for patients that they cannot currently provide and that are available at Stansted, for example Spirometry and other respiratory services, Saturday appointments with a GP, Nurse or Healthcare Assistants, early morning weekday appointments between 7am and 8am with a GP, nurse or Healthcare Assistant, Contraceptive Services, such as coils and implants.

If a merger was to take place, it is very unlikely that Stansted Surgery's patients will benefit from the dispensing service fro0m Elsenham Surgery. Legislation around Dispensing Licences and very rigid, and it will be very unlikely that NHSE will allow the pool of patients who can be dispensed to, to increase.

The dispensing income from Dispensing practices and have reduced in the last 18 months, and so has become less reliable an income source. There does seem to be indications that dispensing income is restabilising, and we will be keeping a close eye on this.

In conclusion - Teresa explained that there has been no decision made on the merger yet. The Partners of both surgeries control the timeframe for this decision, so there is no need to rush to a decision. There are financial and clinical implications for the merger and all need to be considered. The benefits to patients are improved patient service and this will be a positive if the merger goes ahead.

Merging will enable the surgeries to be one of the biggest surgeries in the ICB, and therefore will have a stronger voice when it comes to Commissioning of Healthcare Services for our patients.

There will always be a need for a surgery in Elsenham, and the surgery and patients will need to work together to ensure that we secure the long-term existence of Elsenham Surgeries. Smaller GP Practices like Elsenham feels the underfunding of General Practice the most, which is another reason why a merged, bigger surgery may be needed to secure the presence of a surgery in Elsenham in the years to come.

There were only 6,500 practices in England in June 2022 — down from 8,100 in 2013. Some surgeries have shut completely, leaving patients with no option but to travel. Others have merged.

6. Income

Teresa explained how the income to run the surgery is secured from NHSE, and how the surgery can earn extra income by doing additional work. Basic Funding from NHSE is £95 per patient per year regardless of whether they are seen numerous times, or not at all.

7. Questions

Question raised about the possibility of using Section 106 money for new surgery provision, but this hardly ever happens, and money is allocated elsewhere.

Question raised about who the Landlords of the Surgery are and who they pay the ground rent to, this was confirmed as Dr Schofield and Dr Rayner.

Question raised about how the merger might work and would Elsenham patients be able to be seen at their own surgery. Patient choice will always be considered, but until a decision is made on the potential merger, we do not know what a merged model may look like.

Question raised about how information would be cascaded to the group and Teresa explained that the role of the PPG was to promote information to the patients and keep everyone informed. We will post the minutes on the surgery's website, and cascade it via local social media

8. Nomination for Chairperson, Secretary and Finance lead

Garry LeCount asked if he could volunteer to be the Chair of the PPG and he was seconded by a couple of other members with no objections and so was named as Chair. It was agreed that the Secretary nomination and Finance Lead nomination would go to vote, and that Kate would send out emails to all group members for their views and choices.

Thanks

Teresa thanked everyone for coming and the next PPG meeting was agreed to be in 3 months' time, to co-ordinated and arranged by Garry LeCount – PPG Chair who will be in contact with Kate for member details after consent to share obtained.

Meeting closed at 8pm.