Harvey Group Practice Patient Participation Group

Meeting Minutes

Thursday 12th September 2024

Present: Dr Julia Morgan – Chair, Rochelle Larter – Vice Chair, Sophie Tunney – Secretary, Dr Miles Oo – Presenter

Next meeting: Tuesday 21st January 2025

1. Presentations

Practice Update – Rochelle Larter

GP Industrial Action – Dr Miles Oo

Our PCN – Dr Julia Morgan

Practice Update –

Building improvement works continues on our main practice on Russell Avenue. After the refresh was completed on the inside of the building, we moved on to sprucing up the outside, with a new modern paint job and roofing repairs.

In August, the building had a small fire which started on one section of roof. The fire was quickly contained by the fire brigade, and no one was injured. The damage done by the fire and the water used to put it out was significant and 2 of our clinical room required repairs before being usable. These rooms are since repaired and usable.

In September we said goodbye to two of our wonderful GP partners. Dr Mike Walton has retired from GP partnership after 20+ years of dedicated service. Dr Walton is still around working as a locum GP with us as he is not quite ready to give it all up entirely! Dr Rachel Spendlove resigned from the partnership and the practice due to familial commitments but remains available to us for locum work so that she can maintain her GP registration whilst spending time with her family.

In happier news, we have gain two new Salaried GPs on our team. Dr Hina Nayee joined the team in the spring and has become a valued member of our GP team, she has taken over from Dr Spendlove as our primary GP looking after the residents at Fosse House, an older persons' care home we provide GP service to and is doing great work to better the care we give these residents. We are also joined by Dr Marianne Fletcher; she started with us in September following a brief period of locum work with us. Dr Fletcher is bright and bubbly and is getting stuck in to working with our team and our patient community.

Our Reception Team is also welcoming some new member, with a handful of new receptionists and a new incoming reception manager. We look forward to seeing how this team grows and thrives.

GP Industrial Action –

GPs are on your side, a video by the BMA https://www.youtube.com/watch?v=Tds7ML2OfY8

In March, GPs in the UK voted to oppose the new GMS contract set by the UK government. The new contract proposed a decline in real terms funding for practices while demand for GP services is ever growing.

In response to the new proposed contract, GPs voted to take 10 industrial actions with the aim to show NHS England and the UK government how much additional work GPs provide. These actions are both at a practice level and a PCN level. One of these actions is to maintain a safe level of patient contacts per GP, this means that our GPs will see a maximum number of patients per day and once we have reached our capacity, patients who present to us needing same day treatment will be signposted towards another appropriate service such as NHS 111, a walk in or prebook minor illness service at the hospitals, the pharmacy first service or in an emergency 999 and A&E. Another point of action is for GP practices to increase their appointment length to 15mins as some other practices work to 10-minute appointments. The increase in available consultation time aims to improve health care continuity and give us the time to look at the person as a whole and not just an individual illness.

The goal of industrial action is to provide patients with the same or better level of care, whilst GP practices strive to reduce the amount of work done above what the government pays us to do. This will mean a knock-on effect to secondary care services and highlight the value of GP practices.

This is not the first instance of GP Industrial action, the first being in 1964 which helped refresh the NHS GP. Circumstances are similar now; we are facing a decrease in funding while population density and new residential developments bring in more demand that is not being met with additional supply. In many areas, GP practices are closing or being bought out by larger companies meaning patients are losing that “family doctor” feel or needing to travel further to see a GP.

Whilst the government may announce additional funding to Primary Care Services, this doesn’t necessarily mean GPs. Primary Care encompasses GPs, Pharmacies, Dentists, Optometrist. There has been lots of development of Pharmacy services, but GPs are not being given the same support, much needed support. Much of Primary Care is made up independent contractors, private businesses that provide a service via contract with the NHS, GPs are such. This means we are in charge of managing our own finances. GPs as a whole receive just 6% of the NHS budget, whilst more and more patient care and management that was previously done by Secondary Care service is being moved to General Practice, Diabetes management, epilepsy management for example.

GP Practices and Partnerships want to bring back the family doctor but are facing growing patient lists, and decreasing numbers of GPs. Statistics show that 1 in 3 GPs choose to leave the UK to practice elsewhere and 1 in 4 GP trainees drop out of the programme due to low job satisfaction. In ten years we could see 1000 fewer practices and 10,000 fewer GPs.

Questions from the PPG:

Q: how are GPs paid, by the hour?

Salaried GPs are paid by the “session”. GP salaried are calculated by how many sessions they are contracted per week. A Session is a half day, 4hr10 of work, 3hr for patient appointments and 1hr10 for admin from appointments and incoming admin for patients under their care (named GP). This does not account for how much work GPs do outside of their contracted sessions, with many GPs needing to work unpaid overtime, working late into the day or working from home on their non-working days. Locum GPs are paid by whatever agreement they have with the practice, usually per hour and usually charge for overtime.

Q: Do digital records improve patient continuity?

Clinicians see 12 patients per session, with 15 minutes to read previous notes, listen to the patient, discuss issues and treatment and implement a care plan. Clinicians need to make heavily detailed notes on patients’ digital records, compared to the days of paper patient notes, when GPs would easily get away with writing less than 10 words for an appointment! Digital notes are wealth of patient information we didn’t have 20 years ago but are also time consuming.

Discussion among the PPG:

The group discussed how it is strange for the government to push for community based care given the previous shut down of cottage hospitals and reduction in community nursing. There was discussion around public perception of community care and the change in meaning of community over the last 40/50 years. The group asked who decides when to open new GP practices and other primary care services and it was discussed that it is the Integrated Care Boards that decide, but residential developers do not usually include this in their plans. The group had a brief discussion on private care and the struggles they are facing as more and more people who can afford to seek care privately are now choosing to do so.

Our PCN –

Dr Morgan is the Clinical Director of Our PCN, HaLo, along side Dr Sarah Dowling, GP Partner of the Lodge Health Partnership, in a job share. The PCN is an organisation that brings individual GP practices together to share resources, staff and ideas. We have been in a PCN with The Lodge Health Partnership for about 3 years and share several members of staff against the two practices, including our Clinical Pharmacists, young persons and adult Mental Health Practitioners , MSK First Contact Practitioners and our Social Prescribing Link Workers.

Our PCN has bid for funds to work with a charity to reach out to patients who would l;ike to improve their digital literacy and improve digital inclusion in our community. We would like to host events and invite patients to learn about the NHS app and the website booking for

blood tests. There is scope to possibly expand into assisting with digital banking, online shopping and teaching digital safety.

This is an exciting prospect for our PCN but is still a work in process.

Discussion among the PPG:

The PPG discussed how a large percentage of older people find the digital world scary and a difficult barrier to overcome. We discussed how there will always be an option for access for those who cannot or prefer not to access us digitally. We also discussed how not as many older people as you might think are digitally excluded and many just need a helping hand to get going. Some of the PPG members expressed that the swiftqueue booking system for blood test is quite difficult to use. The Practice team were asked if they forsee digital exclusion becoming less of an issue as the years go on, and the practice team expressed that there will always be a need for support as the older population are not the only people who are digitally excluded, there will always be those who cannot access online services due to a multitude of health and social reasons. We discussed the opening times of our online requests.

2. Discussion:

- The Practice team asked the PPG if they are ready to take over charge of the PPG, as is the purpose of the group. The PPG felt that the group was still too new and did not have the experience yet to take over. The Practice team expressed that the running of the PPG takes up significant time and therefore asked to reduce meetings to twice per year. This was felt to be too few by members of the group and so a compromise of three meetings per year was met. This point will be revisited in a future meeting.
- The group asked if they could be given a point of contact to the practice and the practice team suggested our feedback boxes in the surgery waiting rooms or our Friends and Families Test, which is a method of providing feedback to the practice.
- The group asked about Physician Associates and who decides if a patient should see a PA or a GP. The practice team informed the group that we no longer have a PA on staff, but with our Total Triage Model, it is always a GP who is deciding which clinician each patient should be seeing.
- Feedback on messages sent out by reception for booking appointments, the group felt that it would be helpful if the clinician they are seeing is named in the texts sent. This will be fed back to our reception team, however the Accurx triage system we use has updated to always provide the clinicians name when using a booking link.
- The group asked if several months on the practice is happy with its move to Accurx over he former eConsult system, and it was a resounding yes from the practice team. Although there are still some cons to this system, the pros outweigh these greatly.

3. ACTIONS from previous meeting

Number	Action	Reason	By who?	Complete?
100	Communicate to patients ahead of change. Texts, letters calls to patients?	Ensure clear update of change to patients. Reassure those patients who may be digitally excluded that they can still access us as before.	Practice	Yes
101	Add agenda to meeting invites	Allow participants to be prepared for topics of meeting	ST	Agenda will be posted ahead of the meetings on waiting room board. Possibly on website.
102	Share the PPG email address to members	So that PPG members can have an avenue to contact the surgery regarding group issues, suggestions and questions.	ST	It is felt that this is not ideal at this time
103	Nominate Patient representatives: Chair, Vice Chair and Secretary	PPG should be patient led	PPG members	PPG members felt that this is not an ideal time.

4. ACTIONS from this meeting

Number	Action	Reason	By who?	When?
None	None Actions set at meeting	N/A	N/A	N/A

5. Date of next meeting

The next meeting will be set for Tuesday 21st January, 7pm at Jersey Farm Surgery. This meeting will be chaired by Dr Faisal Chowdhury, GP Partner.