

CARADOC SURGERY – PATIENT PARTICIPATION GROUP
NOTES OF THE PPG MEETING HELD ON THURSDAY, 21 MAY, 2015, AT ST MARY’S PARISH CHURCH
HALL, FRINTON-ON-SEA

Present: N Churcher (Chairman), L Ash, (Treasurer), J Heard (Secretary) plus 22 members and 7 guests.

1. Opening of Meeting:

- a) The Chairman welcomed everyone to the meeting
- b) Guests from the Surgery, ACE and NHS England who attended: David Barter, Contract Manager, NHS England; Lynn Stimson, Operations Manager, ACE; Denise Raven and Lesley Hutchings, Practice Managers, and Julie Cottee, Nurse Practitioner.
- c) The Chairman pointed out the fire exits.

2. Apologies for Absence:

Apologies had been received from: Mr N Turner, Mr & Mrs P Wood, Miss K Carswell, Mr D Grayston, Mr & Mrs M Carter, Mr & N Mrs Towler, Mr A Grottick, Mrs M Liles, Mr & Mrs D Watson, Mr & Mrs D Sarson

3. Minutes of the previous meeting held on 4 November, 2014:

Proposed by John Floyd, seconded by Maureen Hatwell and signed as a true record.

4. Caradoc Surgery Update:

The Chairman stated that it was good news that it was easier to get an appointment. Questions were raised regarding appointment access via the ‘phone where it was necessary to redial a number of times and on-line where there didn’t appear to be any general appointments available. Mrs Hutchings explained that on-line Patient Access was now available to patients where they can book appointments, order repeat medication and see part of their medical records. Those patients without computer access were not disadvantaged as only a proportion of appointments were available on-line. General nursing appointments were not available as appointment times varied according to the reason for the visit. She asked for patients, where possible, to book on line to ease the crush at 8.30 in the morning. (Patients wishing to register for Patient Access should go to Surgery Reception with ID which can be a driving licence, passport, or a bill with their name and address).

Mrs Hutchings went on to say that publicising DNAs (Did Not Attend) had caused a lot of comment and thanked the Chairman for the publicity in the local paper. There had been 50 DNAs a week, now down to 30 and they were auditing the type of appointments that were being missed, e.g. blood, GP. The profile of patients missing appointments was across all age ranges, male and female. Text reminders were being sent for all appointments and she asked that patients advise the Surgery of any change to their personal details, including mobile ‘phone numbers.

In response to a query about a cancelled appointment due to a locum GP being off sick, Mrs Hutchings stated that didn’t happen very often but it was the case that relying on locums did mean that they may change their days. It was, however, good news that locum GPs did want to work at the Surgery and were coming back on a regular basis.

Regarding on-the-day appointments with the on-call duty doctor, Mrs Hutchings stated that appointments were available to be booked in the morning but patients were asked to call back in the afternoon for appointments from 2pm onwards. This was because they had found that a lot of patients weren’t turning up for afternoon appointments. A suggestion was made that the terminology used by staff when questioning whether an urgent appointment was necessary should be looked at, e.g. is it urgent, an emergency, is it necessary in the next 24 hours? Mrs Hutchings stated that it was really difficult to judge. She added that Nurse Practitioners were available for minor illnesses and can prescribe.

Other Surgery news was that they were working on a new patient leaflet and refurbishment was to be carried out. Staff had been issued with new uniforms and had undergone training. Mrs Hutchings would welcome any feedback.

The Chairman stated that he was pleased to hear that the number of DNAs had decreased and advised that the PPG were considering putting out a feedback form to members who could reply anonymously if they wished. Ms Stimson responded that they were actively working on their own Family and Friends feedback form which would be ready in the next few weeks and available for all patients to complete, either anonymously or with their details.

5. **Actions and Matters Arising:**

- a) Treasurer's Report. Mrs Ash gave up-to-date figures, details as follows, and advised that ACE were paying for the hire of the hall for the PPG meetings.

MAY 2015 STATEMENT					
	Collections	Donations	Social Events	Miscellaneous	Totals
Balance Forward	£98.15	£200.00	£550.00	£150.02	£698.13
Income	£119.00	£0.00	£0.00	£0.00	£119.00
Expenditure	£0.00	£0.00	£0.00	£78.00	£78.00
Carried Forward	£217.15	£200.00	£550.00	£228.02	£739.13
Cheques Paid:					
Cheque No.	Date	Payee	Description		Amount
100004	04.02.15	J. Heard	Black ink cartridge		£16.00
100005	12.03.15	St Mary's	Hire of hall 04.02.15		£31.00
100006	13.05.15	St Mary's	Hire of hall 21.05.15		£31.00
					£78.00

- b) Newsletter. The Chairman advised that the Caradoc Newsletter, having been included in the Frinton Residents' Association Newsletter, had been delivered to 5,000 households and it was intended to do the same again for the next edition. Anyone with ideas for subject matter please advise a Committee member.
- c) The Secretary reminded members that anyone wishing to make contact could do so via email: Caradoc.ppg@nhs.net. She was the only person with access. If she was away on holiday, then the Treasurer took over. If anyone wanted to write to her, then mail could be left for her care of the Surgery.

6. **Any Other Business:**

The Chairman stated that he considered ACE to be doing a pretty good job in managing the Surgery but their contract was finishing at the end of October. NHS England had asked that the PPG be involved in the selection of a new provider and he and Linda Ash would be taking part. The Chairman introduced David Barter, Contract Manager, NHS England.

Mr Barter said that he considered that ACE were doing a good job as caretakers. The procurement process for the provision GP services had started and they had secured the services of Arden GEM, an NHS Commissioning Support Unit. The process, in line with European legislation, has to be open and transparent, the contract has to be value for money and services delivered within NHS contract guidelines. A bidder engagement event is to be held on 9 June in Frinton providing potential bidders with the opportunity to learn about the Surgery and the contract, which will be for 10 years with the potential for it to be extended for a further five years. It was extremely important that on 1 November there was a seamless transition so that patients continued to get the medical services they need. There were different experts on the procurement panel, including representatives from the PPG.

In answer to a question as to whether the contract was public or private and whether the intention was to improve the Surgery and provide more doctors, Mr Barter stated that within the standard APMS contract document there is a service specification and when signed it would become a public document and although the service level agreement could be shared the financial details would not be available. He confirmed continuous improvement of services was essential to attract doctors into the area who would want to stay and provide good services. Also, to be able to extend those services both in terms of delivery times, extending the hours of opening and potentially weekends as well. This should be reflected in the service specification and it may be that KPIs (Key Performance Indicators) will be within that and continuous improvement would be monitored very closely going forward. They were looking for value for money, not the cheapest but the best for the population.

Following a request for an example of a specific improvement to the Practice, e.g. an additional GP, Mr Barter said that they would look carefully with ACE now and at the demographics to ascertain the level of appointments to be available. Also working with the PPG and stakeholders. He gave an example of working with a good medical practice in South Essex with a branch surgery that was open for 1½ hours on two mornings a week. They entered a contract variation resulting in the branch surgery opening three hours each morning and saved the NHS £50,000 a year. He confirmed that all NHS contracts are legally binding and if there is a failure to deliver the correct level of service then corrective action has to be taken. Firstly, there is an improvement plan and secondly if there is failure to improve within a given time they are given a remedial breach requiring them to change their ways and deliver what they are being paid for. If there is a full contract breach then NHS England have the right to terminate the contract. That is very extreme and they don't very often get to that level.

A question was asked about ACE as an organisation being able to run a GP practice. Mr Barter explained that there were strict regulations regarding who can run and operate GP practices, for example community interest companies such as ACE, or Virgin Care, or Care UK, etc. Some GPs form their own company with shareholders with the aim of making a profit whereas community interest companies reinvest into the community to whom they provide services. He confirmed that there were no plans for private GP services at Caradoc which is an NHS practice where care is free at the point of need.

With regard to profit-making companies, the Chairman commented that the Oaks Hospital was run by Ramsey Health and BUPA were taking over some practices in London.

There were questions about the lack of permanent GPs, had there been any recent applications and, generally, why don't doctors want to come and work here.

Mr Barter said that ACE were trying to recruit doctors but there was a dearth of GPs. It was a national problem and certainly within Tendring. The traditional model was of GP partners running their own practice and maybe employing salaried GPs where the relationship would have been with the contract holders. GPs generally were now either salaried or employed on a

locum basis costing the NHS more. NHS England were working on lots of initiatives and incentives to attract GPs to this area. They were working with Health Education England and companies like ACE.

Ms Stimson advised that there had been two applicants from an advert covering four GP practices. ACE were working with NHS England and GP Primary Choice, a federation of GPs, who had bid and won some money to try and attract GPs. They were working on a plan to introduce rotational working where there would be a mix of working in busy practices, in deprived areas, in a practice with a less onerous workload or with patients with different needs, for example, at the practice serving the university in Colchester. Maybe working in EAU or A&E at Colchester Hospital. This would provide opportunities for developing skills, providing quality of life, and further development in areas of specific interest, for example cardiology or orthopaedics. They were looking hard at how these ideas could be developed – it was not just about money, it was about education and mentorship of GPs.

Asked what would happen if the contract negotiations failed because standards were not met, Mr Barter stated that in the interests of the NHS it was essential that there was continuity of care. There had in fact been sensitive and confidential conversations with the current provider and there is provision for the ACE contract to continue, also if the timeframe slipped. A questioner asked if the NHS compensated ACE for the cost of hiring locum GPs. Mr Barter stated that there is funding to provide a model of practice staffing, that would include GPs and the skill mix varied, and there needed to be sufficient funds to run the practice. All GP practices in this region struggle and if they can't recruit there is more of a squeeze on revenue. Caradoc is more expensive, it is not ideal that it is run with locum GPs and it does cost the NHS more as GP care has to be there. They were working very hard to attract salaried GPs to run the surgery as effectively as possible. The agreement with ACE is against a backdrop of a national GP shortage.

Regarding the new contract, the Chairman stated that he and Linda Ash would be attending initial training in the selection process and with Linda's previous NHS experience rest assured they would make sure they asked the questions that needed be asked.

Following a question about fundraising, Mrs Raven advised that the Surgery was looking at having a blood pressure machine, with integral printer, on a stand in the waiting room. A lot of patients were on medication and had to see a Nurse to have their blood pressure taken. They could come in, take their blood pressure measurement and give the print-out to Reception. New patients could also use the equipment. Mrs Raven said that the cost of machines varied from £2,500 to £1,600. This was something that maybe the PPG could fundraise for. She confirmed that there was a disposable cuff for infection control purposes and the machine would be maintained by the Surgery and regularly calibrated. She added that the machine could be moved around and advised that at the Frinton Road Surgery their machine was used by patients. In answer to a question about the limited use of hand gel and the touch screen she said that patients needed encouragement to use them.

A member of the audience raised a specific query concerning difficulty in getting through when telephoning the Surgery. She was asked to see Ms Stimson after the meeting.

7. Closure and date of next meeting:

The Chairman thanked everyone for attending and advised that the next meeting would be held on Wednesday, 19 August, 2015, at St Mary's Parish Church Hall, commencing at 7pm.

A member gave a vote of thanks to all who contributed.
The meeting closed at 8.15pm.