

WOKINGHAM AREA PPG FORUM

Minutes of the meeting
held at Parkside Family practice
Headley Road Woodley
7.30 pm Thursday 26th April 2018

Chaired by Tony Lloyd

Wargrave PPG

Those in attendance

Barry Harris (BH)	Brookside
Pat Evans (PE)	Finchampstead
Clare Odds (CO)	Finchampstead
Andy Wells-King (AW)	New Wokingham Road
Brian O'Regan (BO'R)	New Wokingham Road
Helen Edwards (HE)	Parkside Family practice – Practice Manager
Marion Naylor (MN)	Parkside
Roberta Stewart (RS)	Swallowfield
Jonathan Ruddle (JR)	Swallowfield
Shirley Pearce (SP)	Twyford
Tom Berman (TB)	Wargrave
Tony Lloyd (Chair - TL)	Wargrave
Mike Nichols (MN2)	ex chair Wokingham Medical Centre PPG
Marjorie McDonald (MM)	Woosehill
Jane Bingham (JB)	Woosehill
Dr Debbie Milligan (DM)	Berks West CCG
Wendy Bower	Berks West CCG

Apologies for absence

Peter Davis (PD)	Parkside
Mike Hillier (MH)	Swallowfield
Benedict Krauze (BK)	Brookside
Peter Odds (PO)	Finchampstead
Marilyn Birtwell	Finchampstead
Julie May (JM)	Loddon Vale
Sylvia Caston	Loddon Vale
Gary Edwards	Woodley Centre Surgery – Practice Manager
Andrew Price	Berks West CCG
Jim Stockley	Wokingham Healthwatch – chair)

9 out of the 13 Wokingham Borough practices were represented at this meeting.
(Absentees: Burma Hills, Loddon Vale, Wokingham Medical Centre, Wilderness Road).

1) Apologies for Absence.

Noted as above

2) **Minutes of the last Forum meeting** - Thursday **Jan 22nd** were approved subject to a correction to item 7 (delete "and the CCG").

3) Matters arising

TL advised that he was aware that Roger Kemp had been in contact with the RBH from copies of correspondence.

4) Wokingham Medical Centre PPG

TL invited Mike Nicholls, the former chair of the Wokingham Medical Centre PPG to make a statement to the meeting. It had been announced by the practice earlier in the month that the PPG was not fit for purpose and was being dissolved. Mikes statement is set out below.

On 27th March, members of the Wokingham Medical Centre PPG received a letter from the Wokingham Division, Modality partnership saying " It is with regret that we are writing to inform you that the partners of Wokingham Medical Centre have taken the decision to dissolve the PPG with immediate effect". **MN** had referred this letter to the CCG and had received a letter from Cathy Winfield. The CCGs understanding, from contact with the practice, was that there had been a number of issues about the operation of the PPG and that the partners had expressed their concerns about this. **MN** totally refuted this. For five months, ever since the PPG set up a new constitution, which was signed by the practice manager on behalf the practice, and despite asking many questions and offering to undertake various tasks the PPG had received little or no response from the practice. Certainly there had been no indication from the practice that they were considering dissolving the PPG. The letter goes on to acknowledge that the practice is contractually obliged to have a PPG, but that the partners presently feel that the current PPG is not fit for purpose.

That statement caused widespread upset to the PPG

MN provided additional detail. The purposes that the PPG are supposed to be unfit for are set out in the new Constitution, which the practice agreed. The PPG has spent a lot of time trying to deliver on those purposes and PPG members had been allocated to specific tasks over the past few months. All that effort is now wasted. During the year the practice introduced a new website without any prior consultation. The PPG reviewed the new website, conducted a small survey of patients, and made suggestions about amendments to the text where it was ambiguous and differed from information in the practice booklet. Again they had no response. When the practice got the results of the national Ipsos Mori GP survey, it clearly came out as the worst of the Wokingham practices. The PPG was asked by the practice to analyse the data in comparison with the other Wokingham Borough practices and to look at trends over the past five years. Again they undertook this major task but received no response from the practice. The redrafting of the PPG constitution had been in limbo for two or three years before the patient group took the initiative and re-drafted it. This was signed and agreed by the Wokingham

Medical Centre practice manager on behalf of the practice.

WMC joined the Modality group in mid-2017. At the time, patients did not know what this meant. Patients received no information other than a small flyer and it was unclear what this change might mean for patients. The PPG were told that Modality would hold an event in September 2017 to explain to patients what the Modality takeover would mean for them. It didn't happen. When the PPG pursued this, they were told it might happen in November. It didn't happen in November and it has never happened since.

MN advised that the PPG was not hostile to the Modality takeover and that initially they had taken the view that they cautiously welcomed the advent of Modality as they seemed to offer a more joined up medical service for patients.

In December the PPG began a review of the patient reference group which had been defunct for about two years. There was a small meeting with the surgery about this in January but nothing has happened since then. A similar sequence of events had occurred after the PPG was approached by the practice to suggest ways in which the image of the practice could be improved.

Over some eight months since the Ipsos Mori report, the PPG had asked about 50 questions and had made a number of offers of help which had not received any reply from the practice. On three occasions **MN** had written to the practice at Partner and General Manager level offering an informal meeting to help resolve any misunderstandings and to try to find a route forward. None of these e-mails have been replied to.

MN noted that the letter received seemed to imply that Modality had a national footprint for PPG's and that this would have to be complied with. However, at no stage has there been any indication of what this national footprint looks like.

Following the first letter from Cathy Winfield another has been received advising that a new PPG has been put in place. Former PPG members were unaware of this.

TL invited **DM** and **WB** to make a comment if they wished, but this was declined as the matter was being addressed by the primary care team.

TL invited comments from the group. **CO** stated that it came as no surprise to the Finchampstead PPG. Last year, they had conducted a survey of patients and produced a report, but had received no feedback whatsoever from the practice on any of the recommendations they had made. **TB** noted that the senior partner at Finchampstead, was the CCG chair. **DM** however advised that she was now the locality lead for the Wokingham area and that Dr Zylstra had been allocated new responsibilities within Berks West CCG.

CO asked why the practice had gone down the Modality route rather than joining the GP Alliance. **JR** also asked what Modality was. It was explained that Modality was a Super practice based in Birmingham. It was founded by two local doctors who took the view that a larger practice would have more influence with consultants. It now has two practices in Wokingham, several in Surrey, five in Hull and more than 20 in Birmingham. **MN** suggested that there was some interest at senior level in the NHS in the concept of super practices to see whether they can provide a more efficient and effective service. **DM** advised that Wokingham Medical Centre remains in the GP Alliance and had not opted out of it in favour of Modality and clarified that the second practice in Wokingham was Burma Hills, which was effectively in partnership with Wokingham Medical Centre prior to Modality. **MN** noted that it had been as explained initially that one of the advantages of being part

of Modality would be cost savings arising from the centralisation of back-office functions such as accounting and procurement. Later it was suggested by the practice that they will be developing the role of GPs with special interests (GPSIs) in order to provide patients with a more convenient option than attending an acute hospital.

BH expressed the view that this decision by Modality was outrageous and asked what the members of the PPG felt about it. **MN** reiterated earlier observations.

MN left the meeting at this point.

5) Survey Monkey

TB advised that he had been asked to circulate each of the PPGs in the Wokingham Borough area to ascertain whether they would be prepared to make a contribution of about £40 towards the cost of a year's subscription to Survey Monkey. Five practices have either no chair, no PPG or no other obvious contact. Five others were of the view that they couldn't help - Loddon Vale, Swallowfield, New Wokingham road, Parkside and Woollahill. That leaves Wargrave, Finchampstead and Brookside, all of whom are prepared to make a contribution. By implication, it is assumed that all three PPG's are also prepared to run surveys. **TB** advised that the view of the Wargrave PPG is that Survey Monkey plays an essential part facilitating one of the key functions of the PPG i.e. reporting back to the practice the experiences of patients for whom they are providing services, either directly or via third parties.

PE advised that it was the view of the Finchampstead PPG that there was little point in continuing with the group unless they have the ability to survey patients opinions.

TB added his observation that PPG's had been building up their patient reference groups (PRGs) for 10 years and that this should provide the unique opportunity for practices to monitor the quality of their services as perceived by patients.

DM asked whether the non-participating PPGs had indicated that they were discontinuing any form of patient questionnaire in the future because practice managers had indicated that there were alternative low-cost options to run surveys.

HE advised that practice managers recognised the need to run patient surveys but added that many of them felt there were other ways of doing them. Examples given were the friends and family test, the annual IPSOS Mori GP practice survey and unspecified free survey tools. **BH** asked what message they send to patient participation groups about their value to the CCG. In response, **DM** advised that the CCG had struggled to break even in 2017/18 and did not achieve the required surplus. This was only achieved through extreme austerity. **TB** responded that, in his view, the cancellation of the survey monkey contract sent out the message that GPs are no longer interested in what patients think about service provision. There is no other tool available that he was aware of that provided the analytical power required when surveying large numbers of patients.

MN made the point that the Parkside PPG felt that contributing to the cost of survey monkey could be the thin end of the wedge and that in future increasing demands might be made of the PPG and patient body.

TL asked whether the CCG mailing list (Health Network) was still in operation as he had not received any GDPR request thus far. **WB** advised that this was being looked at by the CCG Communications Department.

6) CCG update

a) CCG merger

DM confirmed that the merger is now complete and has been signed off. Cathy Winfield remains as accountable officer. Becky Clegg is the acting finance officer and Debbie Simmonds remains as Director of Nursing. The number of board GP's has been significantly reduced with just 4 GPs, each of whom represents one of the localities. Abid Irfan, a Newbury GP, is also the CCG chair as well as a locality representative. The number of lay members of the CCG has been reduced from 8 to 3 (Saby Chetcuti, Wendy Bower and Geoffrey Braham)

TL noted that there was a patient experience report covering the Wokingham area on the CCG website written by Andrew Price and Richard Hudson. **DM** commented that, with the advent of the integrated care system (ICS) a draft public engagement plan has been produced which she would forward.

ACTION DM .

There is also an agreed plan to merge the communications departments of the CCG, the RBH and Berkshire Healthcare trust.

b) .GP Alliance

The Alliance is looking at the thorny issue of seven-day working at the moment and they're working out the practicalities of operating it. It had been intended to go live in April 2019 but this has been pulled forward to October 2018. National team have relaxed the rules slightly so that Saturday and Sunday opening will only be required between 9 AM and 1 PM.

c) CCG Finances

The CCG was unable to generate the required surplus for 2017/18 but is reporting a breakeven position for the year.

d) Winter pressures

Although the RBH did not achieve its 4 hour targets, it was one of the best performers in the area. Going back to February 18th, the RBH was achieving 85.2%. From March 25th 92.7%, w/c Apr 15th 94.4%. Over the last six days, the figures were all over 95%. This is the first time since Christmas that this has happened and this should substantially improve morale in the area. A & E consultants have been working 18 hour shifts throughout the last four months and need this boost. Feedback from patients during this period has also been very supportive. **BH** made the point about running the Department at this level of activity by exploiting the goodwill of the consultants is unsustainable and asked what plans there were to alleviate pressure in the future. **DM** explained that there was no magic bullet, but that there were still a number of small improvements could be made to procedures and practice in order to secure steady improvement. The RBH have been looking at new ways of working by introducing physician associates, paramedics, physiotherapists, pharmacists, etc in order to spread the load and provide a more effective service.

JR asked if **DM** could comment about inappropriate patients going to A&E. **DM** advised that, at the RBH, the right people were going to the right place. At the RBH, the presentation at A&E is now 15 to 20% minors with the remainder being majors. Many people no longer appear at A&E. preferring to contact 111 or their

own practice.

e) Prescription restrictions for OTC drugs.

TL stated that he had been advised by his local pharmacist that the only OTC drug that was no longer being provided on prescriptions was paracetamol. **DM** advised that it wasn't as simple as that and would forward a paper to explain more about the policy. **ACTION DM.**

There is a general move towards persuading patients to take more responsibility for their own health for minor issues such as verrucas, ear wax, colds etc. and at the same time reduce the cost burden to the NHS of dealing with such issues.

f) Referral management systems

BH asked whether the CCG used a referral management centre. **DM** advised that the CCG did not use a referral management centre. However, the CCG does have a list of procedures of low clinical value which it will not fund except in exceptional circumstances through an individual funding request (IFR) application

g) Patient Portal

DM advised that to the best of their knowledge the project was out to procurement. She had received no notification of interest in participating in the design of the patient portal from any local PPG. **TL** advised that he had informed Katie Summers directly of his interest. **JR** asked what the patient portal was. **DM** advised that patients will be able to view their own records and annotate them. For example, patients could use the portal to find out what their blood pressure results were or alternatively could input blood pressure readings taken at home onto their personal record.

CO mentioned that her husband was supposed to be a lay member of the connected care development group but had not been invited to any meeting for a long time. **DM** offered to find out what was going on. **Action DM**

7) RBH Update

TL noted that Steve McManus, the CEO of the Royal Berks, who had addressed last forum meeting, but hurled himself out of an aeroplane on the previous Sunday. Fortunately this was a tandem parachute jump conducted for charity.

It was also noted that Steve together with some other CEOs had recently met with Jeremy Hunt and took the opportunity to highlight the challenges facing the trust regarding recruitment. A pay deal for NHS staff has been agreed at a cost of about £4.2 billions. This will mainly benefit lower paid employees rather than doctors and management staff.

8) ICS Finances

Although the NHS England have yet to finalise the arrangements, it is intended that the organisations that comprise NHS Berkshire West ICS will work together to

achieve a common control total. This is essential if the ICS is to introduce innovative ways of working that might otherwise have been financially detrimental to one party or the other.

9) Feedback from PPGs to the CCG

- a) **Finchampstead - PE** expressed the view that unless the PPG can continue with surveys, ideally in common with other PPG's, then its members will lose interest. **CO** added that the modifications to the surgery had now been completed and that it now looks very nice. **DM** added that she was a patient at Finchampstead, and also commented favourably on the new pharmacy.
- b) **Swallowfield - RS** noted that there still waiting to hear whether there's going to be any progress getting the Shinfield medical centre running. **DM** noted that there were financial obstacles that need to be overcome before Swallowfield can open it as a branch surgery.
- c) **Woosehill – MM** informed the group that the PPG had been invited to come in and observe staff answering the phones between 8 AM and 9 AM. **MM** noted that as soon as a member of staff but the phone down, it would ring immediately with another call throughout this period. **MM** was impressed by how patient and polite staff were when dealing with patients. **RS** noted that the job of receptionists was changing in that they now had to determine which member of staff would be the most appropriate for that patient to see.
- d) **Brookside – BH** advised that Brookside have introduced extended hours from Tuesday to Thursday 8am to 8pm and two Saturday's a month 9am to 1pm
- e) **Parkside – MN** noted that the community navigator had been reinstated following a visit from Marie Johnson-Hall
- f) **Twyford – SP** said that there had been a small meeting of the PPG recently. In discussions about extended hours, the view round the table was that most patients would opt to wait so that they could see their preferred GP. If they needed an appointment urgently then there were other options such as 111 and the walk-in centre.

10) Heathwatch

Although nearly all Wokingham-based stakeholders oppose the merger of the Reading and Wokingham HealthWatch organisations, **JS** advised. **TL** that the matter is still on the table.

11) CCG plans for patient engagement and the future of the forum

An open discussion ensued about the future of patient engagement following both the merger and the development of the ICS and to some extent the events at Wokingham medical centre .

DM referred again to the draft patient engagement strategy which she offered to

forward to the group . Together with WB. the point was made that patient engagement takes place at multiple levels and the choice of participants clearly depends on the nature of the subject under discussion. In relation to the very general topics discussed at the Wokingham Area Forum, there is clearly a case for disseminating information about the design and implementation of local service provision and for feeding back patient experience. However, the Wokingham forum operates differently from other local forums. There may however be a case for bringing together the existing area forums, possibly with other participants from Berkshire Healthcare trust and the Royal Berkshire hospital . **DM** and **WB** made it quite clear that they do not wish to be prescriptive about the shape and format of area forum meetings or indeed of individual PPG activities .

DM underlined the importance of recruiting patients with relevant experience when redesigning pathways for the Cancer Network and other similarly focused clinical issues.. **WB** observed that, if she wanted to have a discussion with a group of 15 to 20 year olds, she wouldn't sit them round a table.

12) AOB

- a) **SP** publicised her Barn Dance on May 19th to raise funds for dementia understanding
- b) **CO** advised that NAPP (the National Association, or patient participation) to hold an awareness week from the 4th to 9th of June. **TL** asked whether any PPG's in the room were members of Napp and if so who paid the subscriptions. New Wokingham road said that they were members and that the subscription was being paid by the practice
- c) **AL** to survey each PPG to determine who attends and how frequently they meet
ACTION TL
- d) There were no nominations received for either the role of chair or secretary.

13) Date of next meeting

TBA