

WOKINGHAM AREA PPG FORUM

Minutes of the meeting
held at Brookside Surgery
Thursday 7th January 2015

Chaired by Tony Lloyd

Those in attendance

David Cook (DC)	WCCG
Debbie Milligan (DM)	WCCG
Andrew Price (AP)	WCCG
Barry Harris (BH)	Brookside
Marilyn Burtwell (MB)	Finchampstead
Clare Odds (CO)	Finchampstead
Julie May (JM)	Loddon Vale
Andy Wells-King (AW-K)	New Wokingham Road
Brian O'Regan (BO'R)	New Wokingham Road
Fran Leafe (FL)	Swallowfield Medical Practice
Roberta Stewart (RS)	Swallowfield Medical Practice
Tom Berman (TB)	Wargrave
Tony Lloyd (TL)	Wargrave
Sharon Connolly (SC)	Woosehill
Teresa Gautrey (TG)	Woosehill
Maureen Chapman (MC)	SEAP

Apologies for absence

Pat Evans, Finchampstead
Jackie Trick, Loddon Vale
Stephen Evans, Parkside
Peter Davis, Parkside
Sandy Smith, Swallowfield Medical Practice
Christine Holland, Wokingham Medical Centre.
Jim Stockley, Healthwatch, Wokingham

7 out of the 13 Wokingham Borough practices were represented at this meeting.
(Absentees: Burma Hills, Parkside, Twyford, Wilderness Road, Wokingham Medical Centre and Woodley).

1. Vote of thanks

TL proposed a vote of thanks to Tom Berman for all the work that he had put in to

- Start up the Forum in May 2011
- Chair the Forum for the last five years
- Prepare agendas and write Minutes of meetings
- Represent the Forum at meetings with NHS managers
- Represent the Forum at the Chair of Chairs meeting

2. Minutes of the last meeting (Thursday Sept 3rd 2015)

These were agreed.

3. Minutes of the Extraordinary meeting (November 19th 2015)

These were agreed

4. Matters arising

Proposals re the constitution - Document amended.

Finalise Forum health survey - Exec Summary completed. Not yet presented to the chair of chairs meeting. **Action – invitation outstanding. DC**

CQUIN re delayed discharge - Received from Andrew Price.

Primary Care Strategy – see below TG sent AP Woosehill survey on the PC strategy

5. SEAP presentation – Maureen Chapman

MC explained that she was an advocate working for SEAP (Support, Empower, Advocate, Promote) and that her role was to help people navigate the NHS complaints procedure. The objective of her presentation was to publicise the good work they were doing in relation to this activity. SEAP are working in partnership with HealthWatch.

MC noted that two Wokingham residents had recently not been told about SEAP by their practice. One of these went to a solicitor to get help and the solicitor put them back to SEAP.

SEAP are an independent charity based in Hastings. When someone calls their help Centre they are sent a self-help pack and a consent form. SEAP will then help by either writing a letter of complaint or by arranging a meeting with the medical professionals involved setting out the desired outcomes. If these interventions fail, they will then help people to contact the ombudsman.

Claims for compensation are signposted to AvMA (Action against Medical Accidents) or a clinical negligence solicitor.

MC made a distinction between PALS and SEAP. SEAP provide information about concerns. They don't deal with complaints directly though they may escalate a concern to the NHS complaints procedure.

MC illustrated the work of SEAP with three case studies. In the first case study, MC demonstrated how a clearly written letter enabled rapid resolution of the issue. In the second case study HealthWatch signposted the patient to SEAP and a clearly written agenda again helped resolution with the relevant GP. In the third case, a sceptical patient got so fed up with the doctor in the eye clinic not paying attention to what he was saying that he went to great expense to hire a taxi to take him into London for

treatment. Again this individual was referred by a solicitor to SEAP who arranged a meeting with the senior consultant in the eye unit. MC noted that the consultant was very open and that after reading the patient's notes indicated that there was clear evidence that the patient had not been listened to properly. It turned out that two other complaints had been made about the same Dr in the previous two weeks. This triggered a reference to the GMC. The openness of the consultant restored the patient's confidence in the NHS

In response to questions, MC confirmed that SEAP could be contacted either via HealthWatch or the citizens advice bureau (CAB) or via their website . MC distributed SEAP leaflets to those present

SEAP would only handle complaints about the private health sector if the treatment that they were complaining about had been commissioned by the NHS. She also confirmed that SEAP were not as busy as they thought they should be and voiced the suspicion that the public did not know about their service.

MC was asked how they handled unreasonable complaints. She indicated that everybody has the right to make a complaint and that they would always provide advice so long as the complaint was not racist or sexist. In a recent case the response from the healthcare provider clearly explained the hospitals view of the matter and this helped overcome misconceptions and led to resolution.

MC confirmed that it would be it was desirable for patients to approach the practice manager at the GP surgery first if they had any problems about services at that surgery but noted that very recently two practice managers had given incorrect information about the NHS complaints procedure.

MC confirmed that the advocacy service had been based in Wokingham since April 2013. Prior to that it had operated in a different guise based in Aylesbury. MC indicated that the service was paid for by a grant-in-aid to the local authority in the same way that HealthWatch was funded. It was noted that Reading alone of the five Berkshire CCG's had placed the contract for advocacy with Reading Health Watch rather than SEAP.

6. CCG report

6.1 Neighbourhood clusters.

AP advised that the first training session for community navigators had taken place on January 5th. The concept is being trialled at one surgery in each cluster - Swallowfield, Wokingham Medical Centre and Wargrave. Community navigators have been recruited by Claire Rebbeck of the Wokingham Volunteer Centre. They are being organised by Stephen McSweeney. It is intended that they would use the Wokingham Information Network as the main service directory. AP also indicated that the CCG is looking at the possibility of obtaining additional funding for staffing models for allied health professionals. They are specifically looking at Physio First whereby selected patients are referred initially to a physiotherapist rather than a GP.

6.2 Hospital at home

Regarding hospital at home, staff that had been recruited to work on this project have been redeployed into a rapid response team for nursing homes and care homes. This team is focussing initially on the top three referring units. A lead nurse can be called in to assess patients and take blood samples and if required can administer IV

antibiotics. Nursing home staff like this service because they know that patients deteriorate rapidly in hospital. The team is also used to support A&E to get patients home safely after treatment. The community geriatrician is also involved. Three 24/7 Community beds have been implemented at Alexandra House. Elderly patients cared for at home are supported by community matrons

6.3 CQC visits

The CQC have visited four local surgeries - Loddon Vale, Wokingham Medical Centre, Wilderness Road and Burma Hills. The CCG supplies the CQC with data to support the visit. In addition the CCG supports practices by channelling development funds to aid compliance. The CQC provides the CCG with 6 weeks advance notice of an inspection but only provides two week's notice to the individual practices. It was noted that, after a visit, the feedback that is given by the team that does the inspection may be moderated by the area and regional teams and this appeared to have happened following the Wilderness road visit. DM noted that there are signs of practices beginning to think more about patients and noted that new flooring and other infrastructure is beginning to be put in place. It was noted that the focus of a CQC visit is about process and protocols and not about clinical quality.

6.4 Finance

AP stated that the CCG was required to run a 1% surplus and that it was on track to achieve this for 2015/16. DC noted however that there were still risks. The emergency care budget was 12% overspent but there were compensating savings elsewhere such as the SCAS support package. SCAS were experiencing significant problems in retaining trained staff partly because London weighting was not available in Wokingham compared to other unitaries to the east. QIPPs are £0.5 m less than the £3.4 m target.

In 2016/17 the CCG will be obliged to comply with NHS England's business rules which cover such topics as tariffs, inflation etc. QIPPs will be designed on a system wide basis for the area.

AL asked about the likely impact of the additional funding being made available to NHS England. The assistant director of finance for Berkshire West had advised the CCG that it was too early to be definitive about this. It was however the view of the CCG that it would not be any easier in 2016/17. DC made the point that the cuts in social services budgets magnifies the problems faced by the NHS. It was unknown whether Wokingham Borough Council would avail themselves of the opportunity to raise additional funds through the 2% council tax adjustment permitted by the Chancellor.

6.5 Recruitment

The CCG does not routinely monitor GP vacancies. However the survey done in December 2015 revealed that there were five WTE (Whole time equivalent) vacancies across Wokingham Borough out of an establishment of 75 GPs. Unless there are dramatic changes in the availability of GPs there will be more than 40 vacancies within five years due to the combined effect of retirements, shortages of applicants and the new building programme in the borough. DM advised that, although the number of medical students in training had increased, few of them want

to become GPs. Efforts need to be made to make the job more attractive because, at present, hospital-based careers are less stressful and more rewarding. The CCG is exploring alternative strategies to alleviate the anticipated shortages.\\\\\\\\\\\\

6.6 Primary care strategy

AP advised that he had only just received the report on the consultation. AL asked whether this could be made available to the forum members. AP agreed to do this

Action. AP to forward a copy of the report to AL for circulation.

6.7 QIPP plans for 2016/17

AP advised that this information was sensitive and difficult to discuss at present. However he circulated some slides on the subject that had been provided to Reading HealthWatch recently. See appended.

6.8 Joint strategic needs assessment (JSNA)

AP advised that this was a statutory document that was prepared each year by the public health Department on behalf of the local authority and the CCG. The major revision of the JSNA will be available in February 2016 but it was emphasised that this is a dynamic document that is continually updated. It is anticipated that the new housing in the Wokingham Borough area will significantly altered the demographics of Wokingham Borough which traditionally has had an older than average population. The new housing will bring with it younger professional people with different health requirements and specifically those associated with young families and education. The impact is already being felt.

6.9 CCG involvement in Forum meetings

DC advised that he was concerned by the number of subjects proposed for this meeting. However, it was his view that the formula had worked quite well provided the CCG input was kept to headline responses.

6.10 Any other business

DM advised that agreement had been reached between Berkshire West CCG's and the Fire Brigade for Fire Brigade personnel to attend medical emergency calls. Cars had already been provided by SCAS in Newbury and North Reading. Fire Brigade personnel are fully trained in first aid.

AP suggested that the forum might like to explore the implications if the CCG is successful in its expression of interest in taking full control of primary care commissioning in the area.

7. Chair of chairs meeting

DC advised that these meetings were now beginning to take shape. A major theme for future meetings would be communications. It was felt that the methods being used at present to inform the public about health and social care matters were comparatively ineffective. Communication departments within NHS bodies and local authorities

were essentially reactive and did relatively little forward planning. The meeting was planning to bring together the communications officers from all relevant local bodies to try to identify more effective strategies for the future.

CCG representatives left the meeting at this point

8. Access to GP surgeries

AL advised that he had asked this question because the Wokingham health overview and scrutiny committee and asked for the patient's view of access to GP surgeries in the borough. Replies had been received from Brookside and Wokingham medical centre. E-mails from other PPG's would be welcomed.

9. PPG updates

9.1 Loddon Vale

Patient education - sessions held recently on basic life-support and stress management. Attendees pay £5 per session which goes to pay speakers expenses.
Fundraising - raised £700 at the flu clinic
First responders - trying to recruit more local people for training
Text messaging - looking at the feasibility of communicating with patients by text.

9.2 Woosehill

The three main issues are:-
GP appointments
GP recruitment
Inward migration of patients from other surgeries

The patient list is now in excess of 13,000. There is only one partner left and the PPG is concerned about the future arrangements for this practice.

9.3 New Wokingham road

Two of the GPs will probably retire in the next year or two
Very little evidence of dissatisfaction from patients
running an event in April in conjunction with heath hill surgery on the subject of "Right care, right place, right time". Speakers recruited with the help of Bracknell HealthWatch.

9.4 Brookside

"NHS in crisis" was the topic at the last meeting
GP recruitment is an issue. One GP in early 40s has re-signed and left the profession. Another has taken a years sabbatical in Africa.
Over the past eight years the number of appointments per patient has increased from 4 per annum to 6. This means an additional 50,000 appointments every year.
50 patients were identified that had more than 50 appointments a year
On a recent Saturday 340 appointments were offered but only 306 were taken up.

9.5 Swallowfield

There has been a GP vacancy now for 1 1/2 years. For part of the time a locum filled in. It is also difficult to recruit locums. Salaries for locums and salaried GPs can be as much as those earned by partners.

9.6 Wargrave

The practice is fortunate in that it has a list of 6700 patients and has had four long term Partners. However now that one of the partners has taken early retirement on health grounds, the practice faces the same recruitment problems as other surgeries. Two part-time doctors were recruited but one withdrew before the date that she was due to start.

9.7 Other PPG's

Some additional comments received by e-mail are appended.

10. Date of next meeting

The proposed date for the next meeting is April 21st. The venue is not yet determined.
SC offered to try to identify public venues for future meetings. **Action SC**
AL undertook to provide suggested dates for future meetings in 2016. **Action AL**
BH offered to determine whether Brookside could be a fall back venue for the next meeting. **Action BH**

Additional comments received from PPG's .

Brookside

Here at Brookside we have tried very hard to get the message across that there are now Saturday appointments available either when the contact is by phone, the web, or a personal visit. However they don't seem to be too popular. The consensus was that patients felt that they "had better things to do on a Saturday". This is not of course supported by any empirical evidence, our anecdotal view however remains that given the weekday options of extended opening hours and our commitment to ensure that appointments are available on the day if required then the case for Saturday opening is not proven. This assumes that out of hours cover provided by Westcall, A&E and the various Walk in services continue to provide a good level of emergency / immediate diagnosis and treatment. The real story here however is the lack of GP's.

As the debate on a 24 hour NHS continues, there may be a case for planned care at hospitals, where the level of capital employed in buildings and expensive equipment would suggest that usage over seven rather than five days would undoubtedly not only lower the unit cost of various routine procedures, but also reduce waiting times. This would need however to be introduced in line with different working practices, so that medical staff can enjoy both a career and a life. Of primary importance of course is patient safety.

- 1) Can patients get through to make an appointment on the phone? Yes
- 2) Can you always get an emergency appointment on the day? Yes
- 3) How long does it take for a normal appointment with any doctor? Three days
- 4) Can patients get appointments at weekends and / or later in the evenings? Yes late appointments on Tues, Wed, Thu and some Saturdays.

Wokingham Medical Centre

Three current issues would be

1 Replacing GP Partners as they take early retirement. One lady who had been operating as a locum at Binfield lasted one month at WMC and then returned to her previous situation.- pity she was a very pleasant and caring person

2 Problems with online ordering of medication. The system is provided by EMIS who seem to regularly make changes to the website without drawing attention to them. It can result in prescriptions being sent to the wrong Pharmacies. I found the Reception staff very forbearing as they dealt with the fall out when my prescription went astray.

3 NHS Choices and patient contributions (ie comments on the NHS Choices website).

Woose hill

Patient Access at Woosehill

1. Patients can make appointments by phone (or on line) At peak times it will take longer to get through. There is a system that holds up to 6 calls in the system answered by 2 or 3 receptionists. Patients are told where they are in the queue so they can decide whether to hold or try later.

(It may be worth mentioning that patients are not always JUST making a single appointment, often they need multiple appointments to see a nurse and doctor, ask for test results and other data)

2 . On the day appointments/telephone consultation are always offered either with a doctor or nurse if a patient asks to be seen or feels its urgent. The doctor or nurse can then advise the best pathway and they decide the urgency.

3. Appointments are released daily and the diary updated weekly. Routine appointments can be booked up to 6 weeks in advance. However, if a patient feels they need to be seen before the next routine appointment offered they will be called back on the day to be accessed by a clinician.

4. To see a named GP varies depending if the GP is full or part time (most part -time now) plus the doctor's popularity! On average 3/4 weeks.

5 . Some Saturday morning opening from 9 am until 11 am for pre- bookable appointments. Telephone consultations offered before official opening at 8 am and after closing at 6.30 pm.

Swallowfield

1) Can patients get through to make an appointment on the phone – yes though the volume of calls we are receiving is extremely high – not just for appointment requests but also lots of admin issues from patients re referrals, hospital appts, medications etc.

2) Can you always get an emergency appointment on the day – yes. If the patient requires medical attention urgently our GPs will always see them

3) How long does it take for a normal appointment with any doctor – I requested an appointment at 9am on Thursday 7th and one was available to me on Friday 8th in the afternoon.

4) with your own doctor – for routine appts with a named GP – 7-10 days

5) can patients get appointments at weekends and / or later in the evenings. – yes we have evening clinics on Monday, Thursday and Friday plus alternate Saturdays

New Wokingham Road

1. Can patients get through to make appointments by phone - *No reported problems, and from my own experience it works well.*
2. Can you always get an emergency appointment on the day - *Yes, again no reported problems.*
3. How long does it take for a normal appointment with any doctor - *Usually within a week.*
4. How long with your own doctor - *A week maybe longer, depending on holidays etc.*
5. Are there appointments at weekends or in the evening - *Tuesday and Thursday evenings and two Saturday mornings a month. (This, of course may change dependent on circumstances.)*