

## Phoenix Surgery Patient Participation Group Meeting – 14<sup>th</sup> July 2015

### **In Attendance:**

Mrs Jean Martin                      Mrs Susan Camburn  
Mrs Madelaine Edgerton        Mr John Edgerton  
Mr Peter Huck                        Mrs Margaret Exton  
Dr Mauro Bassanino                Dr Peter Swinyard  
Mrs Lisa Mooney (Customer Service Manager)  
Mr Robert Charles (Practice Business Manager)

Rob thanked the patient representatives for attending and everybody present introduced themselves to the rest of the group.

### **Patient Participation Groups**

Dr Swinyard gave a brief history of the original Patient Group (FOPS) which was extremely important to getting the practice set up in the previous premises and did much good work in the years to follow. However, there came a time where there was little left to be achieved and the group was disbanded around ten years ago.

Although the practice tried an online Reference Group in 2012 it was of limited use and, as the practice was going through a difficult period in terms of GP recruitment after Dr Lehmkuhl left, it was not continued. Whilst it is now a contractual requirement to have a patient group, the practice feels very much that it is a positive move and that we should engage more with patients and to be a 'friendly face' and part of the local community.

It was also clarified that a PPG's role is to provide a patients' perspective to the surgery partners and managers - A 'critical friend' who can help in identify problems and in finding solutions to those problems. It will also allow patients to better understand the aims of the practice and the challenges that the practice faces in achieving these aims.

However, it was stressed that a PPG is neither a 'Doctors Fan Club' nor a 'forum for moaners' – it should be a forum for objective feedback and not a platform for those who wish to raise a personal grievance or complaint as the aim is to improve things for the common good rather than look at individual cases. Members of a PPG should also be clear that they will not receive any preferential treatment by virtue of membership.

### **Appointments**

We then talked about our appointment system. In late 2013 the practice tried the Patient Access model of appointments which was initially very successful (although not universally popular) but then demand seemed to increase greatly and it became hard to cope with workload. Last year we adjusted appointments to a 'hybrid' system of phone calls and pre-bookable appointments – the 'least bad' system we feel we can operate and feedback from the patient group was that it seemed to offer a range of options to patients and that it seemed to work reasonably well from a patient perspective.

However, it was acknowledged that our appointment capacity was not enough to meet rising demand despite capacity having been increased. Data shows that GP appointment capacity per patient at the practice now is 14% higher than in 2007 despite funding falling in real terms and, if nurse triage/minor illness input is included, we have approximately 23% more capacity than in 2007 yet waiting times are considerably longer than in 2007 – up from 2 to 3 days to around two weeks which is evidence of rising patient demand.

However, this appears to be well in line with other local practices who are also struggling with capacity and GP recruitment issues.

### **Staffing**

It was confirmed that the practice was very fortunate to now be fully staffed – the GP recruitment situation locally is extremely difficult with closed patient lists (or restricted opening hours) at some practices and another Swindon practice which has just had a closure application refused is about to issue prospective new patients with a letter telling them that they are unable to provide routine appointments in less than four weeks. There are around 25 GP vacancies in Swindon equating to over 2,000 GP appointments per week so many GP practices (including Phoenix) know that if any one of their GPs resign or go off sick they could be in serious difficulty.

The stressful workload for GPs in the UK is causing GPs to retire earlier than would have previously been the case, to go to work abroad or to not choose General Practice as a career in the first place – many GP training schemes have a significant proportion of unfilled training places so the future is not looking as if it will get any better and, even with large investment, it will take many years to get new GPs trained.

Current staffing at the Phoenix Surgery is Dr Bassanino (Senior Partner) working 3 days, Dr Swinyard 2 days per week, and salaried GPs Dr Raina (now increased from 1 day to 3) and Dr Grover working two days. These are supported by a Nurse Manager, Practice Nurse and a Healthcare Assistant, as well as the Admin/Reception team. Everyone is working as hard as they can to do the best they can within the resources available. However, patient expectation is sometimes very hard to meet and patients often don't realise the challenges being faced or the number of appointments that are missed due to patients failing to attend. Treatment of the reception staff by patients is often unacceptable and verbal abuse is, unfortunately, a daily occurrence.

### **Challenges**

The main challenge for Phoenix Surgery is one of funding – this is mainly due to the 'Carr-Hill Formula' by which our basic funding is calculated and we only get paid for around 80% of our practice list size. This works out to about £65 per patient per year which puts the practice very much at the lower end of the funding range due to our younger than average list profile. In comparison with normal Vets bills or pet insurance it was agreed that this is a small amount of money for the service that is provided. A supplementary payment called MPIG (Minimum Practice Income Guarantee) helps to add to this but is currently being phased out. Although we have been getting small annual uplift to our funding (around 1%) the increasing cost of overheads erodes this - especially Medical Indemnity Cover which completely wipes out the rise and is now £8-9,000 per GP per year.

Dr Swinyard said that, despite increasing demand and workload in General Practice, the proportion of total NHS funding allocated to General Practice has been falling – from a historic high level of 13.5% to 8.5% now, despite 90% of all patient contacts with the NHS being within General Practice.

### **Practice Plans**

Dr Bassanino said that the practice would like to increase capacity and services for patients by re-introducing GP Training and Nurse Training in the practice but that lack of space would be a restriction to this being possible and that conversion of the first floor of the premises (or an extension) would be needed. It was suggested that investigation of the Toothill Big Local Lottery Fund would be worthwhile to see if some funding would be available.

### **Closing Remarks**

It was acknowledged that this initial meeting had been quite a 'one way' affair with lots of background information being provided by the practice but Dr Swinyard said that he hoped that the patient group would be able to take a more active role in future meetings. Although Rob asked whether there were any

'quick win' problems that could be brought to our attention and addressed, none were forthcoming on this occasion.

Everyone was thanked for attending and encouraged to bring a fellow patient to the next meeting which, we anticipate, will be held in late September.