

**Patient Reference Group Meeting**  
**Held at Caterham Valley Medical Practice**  
**Thursday 19<sup>th</sup> January 2017**

**Present:**

Dr J M Lewis	Mr E Abel	Mrs J Manning	Mr J O'Brien
Dr R E P Wright	Mr K Brooks	Mr R Melville	Mr D Roberts
Dr P G Hamilton	Mr M Brown	Mr P Munnery	Mrs D Roberts
Ms Katie Taylor	Mrs J Gaffney	Mrs S Phelps	Mr A Sly
Mrs D Hill	Mr I Harper	Mr R Phelps	Mrs P Sly

Dr Wright thanked everyone for coming to the meeting and proposed updating everybody on what has been happening and to obtain some feedback.

Dr Wright advised the meeting that Mrs Victoria Gillespie had retired as Practice Manager was delighted to welcome Katie Taylor who had been appointed Practice Manager as of the 17<sup>th</sup> October 2016. Victoria, however has taken on a new role in the local health economy working for the CCG dealing with patients with long term conditions and complex needs and investigating how services could be improved for these patients.

Katie Taylor introduced herself to the meeting and gave a brief outline of her experience in the local health economy, having previously been the Practice Manager at the South Park Surgery, and her active role in the GP Federation which includes all practices in the area where they are working towards more collaborative working arrangements in order to provide services in accordance with Government policy.

## **1. Review of last year's Action Plan**

Dr Wright confirmed that the plan to increase on-line appointments had doubled. 19% of the practice population is now registered for on-line services. The NHS target was for 10% of patients to have access on-line so the practice is above average. Dr Wright explained that this was a simple process whereby patient fills in a form and provides ID to reception and within a couple of days the patient is contacted with the necessary password to access on-line services.

Dr Wright advised that the practice had on-line appointments 4 weeks in advance. It was explained that to offer appointments further in advance is likely to result in patients not attending. Dr Wright also explained that there were a number of appointments that are embargoed and open up between 1, 2 and 4 weeks. It is best to recheck the system to improve the opportunity to book an appointment.

The newsletter was welcomed by the PPG and it was felt that more contribution from the group would be useful.

It was pointed out that the newsletter hadn't actually publicised the date of this meeting and one of the members only found out through the local magazine Street Life. Katie said that she would ensure improved communication in this regard.

## 2. News from the Practice

There has been an increase in the local population over the last 12 months placing pressure on the surgery. The practice list currently stands close to 9,500 compared with 8,100 patients 5 years ago. Over a 5 year cycle 95% of patients registered at the surgery are seen once by a GP. Spatial constraints have been a problem at the practice with the consulting rooms being fully utilised at all times. However, the Red Cross have vacated the room at the front of the building as a result of funding issues and we are currently making plans to move allied clinicians to that room thus freeing up a consulting room for a GP locum or Registrar.

Dr Wright explained that he had been working from 8am-6.30pm on Wednesday and half a day on Thursday at the CCG involved in improving clinical work streams. Dr Wright did express his frustration in that he had hoped to make a difference but financial decisions made by the NHS England and Government made change difficult and was therefore no longer involved.

Dr Hamilton advised of his involvement with the CCG every alternate Friday where he is working to improve mental health services ensuring clinicians have an input in the decision making process.

Dr Wright has now taken over the responsibility for the local Nursing Home (Tupwood Gate) which has 28 beds and involves a weekly ward round. He has also taken over the provision of professional services for Caterham School having been approached by another local practice who could no longer provide this service. This is an additional commitment and involves 180 students and a number of staff.

Dr Wright gave some feedback on the allocation last year of Dan Dodd, Specialist Paramedic, who spent a number of months working here at the practice alongside clinicians seeing patients at the surgery and at home. This is part of a new model of care designed to help alleviate the pressures in general practice. Dan is now the South East Ambulance Service lead for sepsis. However, the success of the programme has meant that a number of highly experienced paramedics are now working in other areas.

It was mentioned that the practice has a number of registrars who, as part of their training, spend 4 months here at the practice under the supervision of a GP. Last year Dr Sivanathan left the practice having been very successful in her final year examinations and has moved to Brighton. We have been joined by Dr Rebecca Kandasamy and Dr Joseph Wong who are being supervised by Dr Wright and Dr Hamilton respectively.

Wellbeing Advisor: Mr Mark Dopson has proved to be extremely popular and is able to provide patients with advice on how to improve their general lifestyle and mental health. He is able to access a number of organisations and providers for patients who do not require medical treatment but who could benefit from other forms of social interaction/lifestyle intervention. This service is a joint venture between the East Surrey CCG and Surrey County Council and has been very successful and NHS England now wants to roll out this model to the whole of the country.

Mr O'Brien mentioned that Surrey County Council are intending to raise council tax by 16% this year to pay for Social Services. Dr Wright said that Surrey is exceptional in that they are most in debt.

At the last meeting it was mentioned that local Opticians are able to refer directly to hospital for cataracts and glaucoma. Mr Sly said he had experience of this and that it was successful.

**e-Referrals:** General Practice has been set a target of 80% of referrals to go through the e-referral system. This is a secure system and doctors can book appointments at the surgery. North Downs Hospital is just one of the private hospitals that offer services under the NHS and these referrals are through this system.

**Electronic Prescribing:** on the whole this has been working very well, although there has been the occasional glitch. Dr Lewis said that on one occasion he had received a request and within 30 seconds this had been approved.

Mr O'Brien said that he has signed up to Pharmacy2U due to his reduced mobility and has found this service to be excellent. He said that on a Friday at 5 o'clock he had requested a repeat prescription and on Monday afternoon received an e-mail advising that this had been approved.

**Sharing of patient clinical record:** It was explained that the ability to share the patient clinical record between community services and the GP surgery has recently started. This sharing of information is by explicit consent only. The community services at Caterham Dene are now able to access the full patient record which has helped improve the patient experience at the minor injuries unit. Dr Wright gave an example where a patient was referral up to the RAC and the clinician was able to see results, including bloods, and the team was able to visit the patient and give IV antibiotics thus preventing the patient having to go to hospital.

**Retirement/New GP Partner:** It was announced that as of the 31<sup>st</sup> March 2017 Dr Pamela Roberts will retire from the practice after 34 years. Dr Lewis will take over the Senior Partner role as from 1<sup>st</sup> April 2017. The practice is fortunate to find a replacement for Dr Roberts in Dr Kate Teasdale from Pond Tail Surgery in Godstone. Dr Teasdale is well-regarded in her practice and the local community and is actively involved with the local health economy, part of the CCG team and will be a great asset to the practice.

**WiFi:** Dr Wright advised that funding had been made available for surgeries to have this available in the near future.

### **3. General Practice in the News**

General Practice has suffered quite badly with retirement and failure to recruit new doctors. However, it is hoped that the situation will improve with better funding.

The Government are pushing for GPs to see patients from 8 am to 8pm 7 days a week and it was explained that there is a GP Federation made up of 18 local practices set up to try to achieve this goal.

#### **4. I Want Great Care – Review of Feedback**

A sample of the responses from the survey of patients was circulated. All in all the practice is delighted with the reviews they have received. Katie will continue to place the questionnaires in the surgery waiting room for patients to complete and submit to the practice.

#### **5. GP Federation and Local Access**

There was a project over the Christmas and Bank Holiday to try to ensure that patients had a community service available so they could avoid attending A&E over this period. In late November the Federation were offered funding by NHS England to provide a GP service at Caterham Dene to work alongside nurses in the Minor Injuries Unit with access via NHS 111. This short notice meant it was difficult to mobilise staff, however, this proved successful.

Mr O'Brien said that he went to Caterham Dene on the 2.1.17 but there was a 4 hour wait to be seen, although he thought the service was brilliant.

The GP Federation will be working towards GPs offering services from 8am to 8pm Monday to Friday and at weekends with Caterham Dene Hospital becoming a hub for the delivery of services. GPs will need to work collaboratively to provide cover and the IT system will need to be in place. Dr Lewis said that currently the out of hours service does not have access to GP records but thought that this would be the way forward.

Mr Sly mentioned how fortunate for the patients that the practice has Open surgery. The current President of the Royal College of General Practitioners is focusing on more funding to put more resources into access to GPs.

#### **6. Any other Business**

It was felt that the Patient Reference Group which is currently a virtual group could become more formal with meetings being held on a more regular basis.

It was proposed to have a meeting in May 2017 at which time Dr Teasdale would have joined the practice and this would give an opportunity for the Group to meet her.

It was mentioned that the East Surrey CCG hold Group Reference Meetings and it might be useful to nominate people to attend such meetings which are currently held three times a year.

It was suggested that it would be a good idea for the local Council to include postcodes in signage which would help to speed up response from emergency services. Dr Wright said that the Bid for Caterham had now gone through and that the practice had taken an active interest in how Caterham develops and encouraged the Group to offer suggestions as aforementioned.