Park Farm Medical Centre & Vernon Street Surgery
PATIENT PARTICIPATION GROUP

Minutes of Meeting face to face via Teams Wednesday 5th April 2023

Meeting opened at 7pm

Present : Margo Keats, William Keats, Simon Jones Practice Manager, Richard Smith, Glenda Youde, Nigel Aspdin, Nathan Tose, Val Haylett (Chair).

Apologies – Roger Haylett,

Val Haylett agreed to take minutes.

Val welcomed everyone to the meeting and asked attendees to introduce themselves. It was mentioned that sadly, the numbers of PPG members attending, had not resumed to their pre Covid levels.

The previous minutes were approved.

Val introduced Simon Jones, Practice Manager, to give a talk on 'Current Roles and Organisation of the Practice and the Primary Care Networks (PCN)'

Simon shared his slides on the communal screen. General Practice is often an independent business but is part of the NHS, each practice is isolated and independent from the NHS, it is run like any other business and must manage its profit and losses and is at risk if it is not managed well. Work is contracted to the NHS, so they are commissioned by the local ICB (Integrated Care Board) which is the local commissioner of local services. Practices in Derbyshire operate on a partnership model, the group of partners owning the practice. At Park Farm and Vernon Street there are currently 6 partners who are all GPs. Of these GPs, some are slightly younger and some slightly older which gives a good mix and is excellent for the future of the practice in succession planning.

The practice receives a certain sum per patient, and this is paid from NHS England by the local commissioners at the ICB. The sum considers demographics such as gender, age, socio economic issues etc. This is known as the Global Sum. This forms the biggest input of cash into the practice. Funding also comes from other sources such as QOF (Quality and Outcome Framework) and the PCN's as well. QOF has been a longstanding form of revenue for practices.

A misconception is that GP surgeries will not do certain things because it would cost the practice money, for example not prescribing or referring as it may cost the surgery to do that, and this is not true. A referral or prescription does not cost the practice anything. That cost falls onto the NHS and the ICB. The practice clinicians will always do what is clinically the right thing to do. QOF pays the practice for looking after the patients well. QOF payments come from doing annual reviews, looking after long-term conditions such as diabetes, hypertension, asthma etc. so if the QOF register is managed well then there is a financial reward for the practice. We have a very high-achieving practice. A lot has been invested into QOF in terms of administration and clinicians. The administration side monitors and ensures that patients are recalled and contacted to ask them to come in for annual checks, smears, immunisations, etc.

Funding also comes from PCN payments, the biggest help from the PCN is additional staff, such as pharmacists, first contact physiotherapy and social prescribers. These staff are not employed by the practice but by the PCN. They work with the practice, and they see patients. There is also some revenue from enhanced services, e.g., two of the practice GPs perform minor surgery on site such as removal of skin tags, moles etc.

This all must be well managed to ensure the practice runs at a profit and not a loss. The practice has the same risks as any business. If a practice does not manage the business well, they can go bankrupt like any business. However, just to reassure people, this is not a risk for Park Farm and Vernon Street Practice!

Within the practice the GPs do make home visits daily. They have 8 Care Homes, and each GP has an assigned Care Home which they either visit or make a phone "ward round" once a week. Takes an afternoon for each GP. GPs also monitor and manage long term conditions as well as the acute problems that come in on a day-to-day basis. During Covid it was the long-term issues that suffered, patients felt they could leave things for a few months to try and not "bother" anyone or even not wishing to go out. GPs are the ones that deal with referrals into secondary care and prescribe medication. They also have a huge admin burden on a daily basis, hundreds of documents from the hospital electronically as well as letters in the post, plus pathology that comes onto the system that all need to be looked at, usually within 24 hours.

Some of the results can require urgent action, prescriptions, and basic requests for treatment, fit notes, etc. All this is split between the GPs, but the biggest burden will fall on the duty GP for the day, this is where the partnership is important. The buck stops with the partners, they can't just switch off and say they are going home, they must stay and finish everything, even if it takes until midnight, the partners are accountable and responsible for the patients.

There are 8 GPs, 6 of them are partners plus 2 salaried GPs. There is also 2 Registrars, who are experienced, in their final year of training. This means there are 10 GPs including the 2 Registrars. We also have 2 locums GPs, Dr Wood, and Dr Lenehan, both former practice partners.

A new role is Nurse Practitioner, Liz, who is a highly trained registered Nurse, working at a slightly higher level than the Practice Nurses, she is here to support the GPs, with minor illness and injury. She can clinically assess and refer and prescribe and does similar duties to the GPs, however, she is not there to replace a GP, she is there to ease the burden of some of the work. She can deal with coughs, colds, chest infections, and common skin conditions that are there daily.

There are 4 Practice Nurses - all highly skilled. They deal with a whole range of issues. They will do reviews of long-term conditions, i.e., COPD, hypertension, asthma and diabetes. 2 nurses specialise in respiratory illnesses, 2 specialise in diabetes. Nurses do most of the cervical smears, plus wound care, spirometry, immunisations, as well as the annual flu vaccinations, also the Covid vaccinations.

The Health Care Assistants (HCA) key role is phlebotomy although, as our recent communication stated, we are not currently taking blood tests. This is due to the funding being withdrawn, although we would prefer to offer this service. Our patients now go to local hubs for their blood test. Our frail patients or those who would really struggle still have their test by the HCA but for this we do not receive payment. The HCA also takes blood pressure readings and changes wound dressings.

The receptionists are our front of house and patient facing. Unfortunately, they are sometimes seen as public enemy No1 by some patients. This is a very difficult job, and the misconception is that they are there as a barrier. That is not the case. They would love nothing more than to have an endless list of appointments to offer and we all wish that that was the case. We are in a position where capacity will never meet demand on a day-to-day basis, although this practice does have more appointments than the average GP practice. The practice is very proud that if you require an appointment on the day if you can get through by 10am there are appointments available. The frustration is getting through. You may be waiting 30 minutes on the phone to get through to reception and then not get the answer that you want, and if there is a feeling that there is not the empathy from the receptionist you would wish for, we fully understand why patients get very frustrated. Usually, the receptionists are really helpful and even then, they can have abuse because the answer they give is not what was wanted. It is a very difficult job, and we support our receptionists but at the same time we are always happy to take on any feedback from patients if they feel they have had a problem with a receptionist, and if required further training can be arranged for the receptionist. They do the obvious things: book, and cancel appointments, they deal with people face to face and over the phone. They signpost the patients as required but if say a patient rings on day 2 of a cold for advice the receptionist may advise to contact the local pharmacist who could give something to help with the symptoms. Reception can signpost elsewhere, they can do this internally, advising the issue may require a nurse rather than a GP, or it could be a first contact physio that the patient may benefit from seeing as they are specialise that area. They are also constantly busy with the background admin, as well as dealing with online queries, email, letters, the workflow of documents that arrive on a daily basis, which they deal with initially before forwarding to whoever needs to see the document.

Other support staff are the secretaries. They are the staff that deal with the referrals that the GP makes. The GP will dictate the referral and the secretaries will type it up and send it to the appropriate destination. They deal with the 2-week wait referrals, that is the cancer risk referrals. Usually these are dealt with the same day and get sent off. This helps with the 2 weeks wait time. There is a secretary in every day to ensure these are handled. They also liaise with hospital departments on behalf of patients, although usually the staff do not get any further along than the patients do.

There is a financial administrator, who supports Simon with items like payroll and bookkeeping etc. We also have administrators who organise recalls and annual reviews. Summarising of patients' records is often necessary - and is a big job as we have paper notes which come in for every patient - and even though the vast majority is electronic there are still paper notes for patients that require summarising when they come in. Someone goes through all the notes and ensure everything is on the system. Items like medical reports that are requested from solicitors and from the patients themselves. Administrators do the

groundwork prior to it being signed off by the GPs. These administrators support the wider management team, plan clinics and deal with rotas for the reception staff and the GPs.

As the Practice Manager, I have overall management of all aspects of the practice. Obviously, the partners employ me to run and manage the practice. The partners are the owners of the business, but they are primarily here to see patients. I meet with the senior partner, Dr McKay, weekly and we have partners meetings monthly so I can keep them in the loop with everything that is happening. I am here to look at the strategy and future planning with the partners. I manage finance and deal with complaints, certainly the ones that can't be dealt with by the reception team leader for example. I deal with the majority of HR, certainly recruitment and performance management of the staff. There is a nurse team and reception team leader but ultimately, I am involved in all aspects of the HR side of the business. I deal with the facilities management, contracts, utilities etc that go on at both buildings. I am the liaison for the ICB, local commissioners and the PCNs. Dr McKay also liaises with the PCN, and he is also a clinical director for the PCN as well as being the senior partner within the practice.

PCNs area relatively recent introduction. in 2019 the GP contract introduced Primary Care Networks (PCN) and it was put to the practices that they ultimately had to sign up to be within a PCN because the funding was being diverted though the PCNs to the practices. If you weren't in a PCN you would not receive the funding and would struggle as a practice. Ours is a very large PCN , we have 11 practices within it. Many PCNs only have 4-5 practices. Ours is the Greater Derby PCN and we are the 2nd largest practice within the PCN. A benefit of being in the PCN is the introduction of additional staff, the ARRS staff that have been introduced into practices. These are employed by the PCN not by the practice, this makes no difference to the patient, they work within the practice, so they really are our staff although not employed by us. We have 2 PCN pharmacists who work specifically with Park Fam and Vernon St, They do medication reviews, check on medications when patients are discharged from hospital for example and ensure hospital Consultant recommendations for medicines are checked onto medication repeat lists. They also help and support with vaccinations, including a lot of housebound and care home vaccinations. They are a really useful resource within the practice and can take some of the burden away from the GP and nurse team.

We have first contact physios. Again, due to room availability on both sites our physio tends to be based off site, either at Park Lane or Brook St. Surgery as they have more availability than us. We can book our patients in to see a physio, but it would be at one of those sites. These physios are not there to treat you for 6-8 sessions but to diagnose you, give you a self-management guide or refer you on if needs be. They are very much the specialist when it comes to MSK (Musculo skeletal issues). If you tell the receptionist, you have an issue with your back or shoulder etc the best place is with one of the physio first contact. If you see the GP, they will probably refer you to the physio first contact for their opinion.

We have social prescribers, or social link workers, again a very useful resource, they can deal with patients who have a variety of complex needs that are not necessarily just physical health concerns or even mental health concerns. It can be a combination of many things that are potentially bought on by social environment, it may be due to financial or employments status. They have knowledge on how to support patients in various situations.

There are other potential PCN roles that are not yet in place for our PCN and practice but are gradually being introduced. Paramedics are potentially going to be working in practices. These would work in a very similar role to a nurse practitioner or advanced nurse practitioner would - so they would see a lot of the minor illness and injuries that come through to the practice, the same with physicians associates and advanced nurse practitioners. These could all be employed by the PCN and support our practices. There will not be additional GPs being funded by the PCN. That will always be as it is now, managed by the practice. Over the next year the PCN will be looking at these other roles.

Very briefly I would say, without a crystal ball, that there are issues with recruitment of GPs and with retention in primary care now, compared to maybe 4-5 years ago. When we advertise for staff within the practice, we do not get the same interest that we used to get. We recently put out ads for a GP and have done well to get 2 applicants, which is great as previously we had no applicants in line with many practices. If and when we do recruit, we have the issue of facilities, we are currently pretty much maxing out all of our available clinical rooms at the moment so if we had the funding for more staff that would be great, but where do we put the staff? We have no extra rooms to place them. We are having to think outside the box. Could some staff work from home and maybe deal with patients over the phone, or do we arrange the rota's so that staff come in early, and some come in late? it is just the logistics in managing that. As the patient population gets larger, so we need more clinicians.

GP contracts change on an annual basis. The 2023-24 has recently been published. This has not gone down very well with practices or the BMA. PCNs that started in 2019 are on a 5-year contract and that is coming to an end next year. I do not think this will halt in its tracks and end, but it will be interesting to see what happens next year. There are a lot of additional role staff that I'm sure will continue but watch this space as to how PCNs work going forward.

With vaccinations Covid has put a real additional burden on to general practices, before Covid we had one seasonal vaccination for flu every autumn and that was always a squeeze to fit in. We now have 2 Covid vaccinations per year, usually one is combined with the flu vaccination and the other one is in the spring. We do not know currently what the cohort is going to be, it has been the over 75's but we do not know how this will change. This does put a strain onto the practice.

The partnership model as I mentioned earlier, is looking good with 6 partners, and a wide range of varying ages within the partnerships so there are no concerns for Park Farm and Vernon St, However the general outlook for practices is unsure in terms of maintaining a good partnership and what happens if the contract has to be handed back. Who takes over, the politics that coincide with that? Labour recently said they would look to abolish the partnership model and look at other options and have all GPs as employees, which in theory sounds ok but it is going back to what I mentioned earlier that when it comes to the end of the day and things still need to be finished partners will ensure the work is done because the buck stops with them and they are accountable for everything within the practice. If you are not the owner and are the person that leaves the practice at the end of the day will that responsibility still occur? The future is uncertain for general practice but in terms of our practice I am very happy that we have a very good nucleus within the team, good partnership and we are doing well.

Val thanked Simon of behalf of the PPG for a very interesting and informative talk and suggested that the meeting should run over time for an extra 15 minutes for Q&A.

Nigel commented that this had been a very good talk. He enquired what was the process for medicine reviews, is it a GP or a pharmacist that check out the comment re 'the medication must be checked prior to re-ordering'. Simon responded by saying that traditionally it would be a GP but now it could be either or the GP or pharmacist. This is where the PCN pharmacists are useful as they are sometimes prescribers and can look at the whole of the medication and not just the one item. Nigel also enquired about items like lights not working, doors slamming, and leaves accumulating around the doorway of Vernon St practice. Is there someone who reports back to you looking at the practice every day to ensure the cleaners etc have done a proper job. How is this reporting to you and it doesn't take an email from me to say no one has cleared the leaves for 3 months? Simon answered that the whole team are the eyes and ears of the practice, and they report to Simon. It could be the cleaners reporting in about a problem, they are in both practices at the end of every day. When there is a list of things to be done, he and Sue the Practice Administrator, organise this together. He commented that it would be great to have a maintenance person for both practices to ensure everything was spot on but currently it is down to the wider team to ensure everything is done.

Richard raised that at Park Farm practice when elderly or disabled patients come out of the main door of the practice there is a large open space and no support rails. Some patients with walking sticks or rollators don't seem to be very confident on how to access the pavement level. The ramp to one side is not very wide, it does not appear to be wheelchair width, and has no rail to support patients. He said he felt it quite scary to leave the practice. Simon said he would look at this.

There was a discussion re patients being able to see a resume of their notes on the practice website. This was looked at across all practices last year and may be introduced. Nigel commented that he could see blood test results and reports on his record through the NHS app and he felt this was useful and interesting and he felt it was secure from cyberattack. Simon said that this was known as your coded record and potentially test results. He said that the issue with putting all records out for patients was the issue of free text. Margo commented that she had checked but the website for the practice said she did not have permission, could she get this permission? Nigel said that was what he had done.

Margo said she had really appreciated the talk and it had explained a lot, she then queried whether the amount paid to the practice varied for children and adults. Simon said that this amount was decided on the demographics of the practice.

Val confirmed that Simon's slides would go out with the minutes to all PPG members.

Meeting closed 8.12pm **Next Meeting Date** - Wednesday 5th July 2023