Minutes PPG Meeting 3rd December 2015

Present: Kerry Malcolm, Pauline Hill, Elizabeth Trellis, Janet Cock, Archie Howie, Adrian Webb, Clare Bush, Shelagh Woolmer, John Summers, Michele Wall

The group welcomed a new member Adrian and introductions were made.

Minutes from last meeting: agreed

1. **MPIG (Minimum Payment Income Guarantee)**
   John explained the current position is that following the successful campaign and negotiations with NHS England last year, the surgery currently has safe-guarded against the financial threat faced by the practice until April 2017.
   The future after April 2017 remains very uncertain as the original financial loss will continue exponentially from this point (the current loss of MPIG is being replaced by another funding stream by a separate contract for 3 years, allowing the surgery to remain in a virtually cost neutral position).
   From April 2016 it is felt that negotiations will have to recommence with NHS England and further political pressure added to try to find a way forward to prevent what will be a significant financial threat to services at the surgery from 2017 on wards.
   There was discussion about the fact there were more patients currently being registered at the Rowhedge Surgery, and although this is financially more beneficial than younger patients registering, it does increase the need for service provision. The University Site has also recently undertaken another very successful "Registration Week" whereby 2,500 new students registered and were seen individually and those who needed it were vaccinated by the hard working staff at the Health Centre.
   The group noted that with the proposed building work in the village, which has now had planning permission granted, then this would potentially bring further income, but indeed more work to the surgery. It was felt that the new development may provide leverage for negotiation with NHS England in the future as greater service provision would be needed rather than less.

2. **CQC (Care Quality Commission)**
   It is almost 2 years since the surgery underwent a successful CQC inspection. Since the last inspection the ratings and inspection process has changed. Surgeries were led to believe that all practices would have been inspected by 2016 under the new regimen, but because the new process is so labour and man-power intensive then it appears that this expectation will not be met. Instead of 1 or 2 inspectors there are now a team of inspectors who make visits, including usually a clinician in the form of a nurse or GP and several other inspectors from different backgrounds.
   The surgery has to pay for the CQC process and the fees that the surgery faces are continuing to rise. The fees are higher for a 2-site surgery, so the current costs are:
   2015/16: £1,341

   Proposed fees are:
   2016/7: £4,761
   2017/8: £8,950

   The surgery will be expected to "Sell themselves" to the inspectors at the beginning of an inspection by way of a presentation to highlight what the surgery feels they do well.
   The majority of general practices are currently attaining a "Good" standard in their CQC inspections.

3. **Surgery News**
   - **Practice Manager Retirement:** Michele informed the group that sadly John has decided that from April 2016 he will step down and retire from his position as Practice Manager. She informed the group what an asset he had

been to the surgery, particularly during the challenging times of financial threat from MPIG and helping see the surgery through their first CQC inspection. The Partners are currently recruiting for his replacement and hope to be able to appoint the successful candidate before the end of the year. The group wished John all the best for his retirement.

- **Winter Planning:** The surgery has re-invested the monies that were safe-guarded from the MPIG campaign, by providing additional surgeries during the winter months. From September to March there will be 2 additional GP surgeries each week, provided by a regular locum (local GP Dr Rob Lenart), and an additional surgery provided by our Nurse Practitioner Louise Greenwold. It is anticipated that this will allow excellent service provision for patients during the difficult winter months.

- **Federations/Mergers:** John advised the group that the face of general practice is changing with smaller GP practices that may be facing financial threat starting to merge with other practices to retain a large enough size and patient list to ensure their longer term viability. This is being seen in the local area with several mergers having already taken place in Colchester. The Layer de la Haye surgery merged with 2 other practices and there appears to have been some unhappiness from patients as they may be asked to be seen at other premises or by Drs they do not know. As a result more patients are asking to register at the Rowhedge surgery.
  Another new financial model that is being seen currently is practices forming federations which allow greater potential for offering services. The local GPs within the Colchester area formed one huge federation in order to be able to "Bid" to offer services that may have been offered out to larger private companies, and this ensuring that local surgeries could retain the services they wished to provide eg phlebotomy (Blood taking services still offered within surgeries rather than being centralised and patients having to travel). Some practices are considering forming federations to save on costs of staffing and sundries (eg allowing mass purchasing power to achieve cost reductions). Although Rowhedge surgery has been approached regarding federating, the partners wish to resist the changes that are happening in terms of loss of autonomy and personal service as long as is possible and viable.

4. Friends and Family Test (FFT)

The group were presented with some very interesting statistic for the Friends and Family Test this year. The surgery is clearly very valued by the patients. The FFT comprises the question **"*How likely are you to recommend our service to friends and family if they needed similar care or treatment?"***

The possible answers are:

Extremely likely
Likely
Neither likely nor unlikely
Unlikely
Extremely Unlikely
Don't know

The results for our surgery in 2015 showed that 99% of patients stated either "Extremely Likely" or 'Likely."
This is a tremendous result.

There is also a National Survey that is posted to patients in the area randomly and asks the same question, however our surgery did not fair quite so well in this against the national and local picture. The results (shown below) were discussed.

It was noted that in looking at the breakdown of the age groups that **our surgery was above average in all the age cohorts with the exception of the 18-24 year olds.** This has skewed the overall picture as the practice population is made up of 2/3 of this age cohort with the university surgery. The group reflected on these results.

Recommend the surgery?	Our Surgery Results	National Average Results	Local CCG Average Results
Total	67%	72%	78%
18-24 year olds	51%	61%	69%
25-34 year olds	72%	67%	71%
35-54 year olds	88%	73%	78%
55-64 year olds	80%	74%	80%
65-74 year olds	100%	77%	85%

Highest results shown in red.

5. Patient Survey

The Virtual patient Participation Group has continued to grow over the last 3 years.
Group Members 2013/4: 116
Group Members 2014/5: 151
Group Members 2015/6: 167

This is the on-line group who are willing to help with patient surveys. Michele asked the meeting whether they had any suggestions for a patient survey that may benefit the surgery. There was general discussion about how the new development in the village may affect the surgery and therefore service provision. There is currently a Village Survey that is requesting opinions of the villagers.
It was suggested that some form of survey finding out what patients feel about the planned new development and the impact it will have on the village. This may then add leverage to anything that the developer suggests in terms of a building for the community.

6. NHS Political Update

- **Junior Doctors Strike**

  Michele explained to the group what some of the issues were surrounding the Junior Doctors strike (which was called off at the last minute so that negotiations could continue.
  Michele explained that "Junior Doctors" are classified as hospital doctors who are anything below consultant level, so they may have just qualified, but may be one step away from consultant level.

  Michele explained the issues that have caused the breakdown of communications which had led to the threatened strike action:
  Jeremy Hunt (Health Secretary) intends to impose a new contract on the junior doctors.

  1. The new contract will increase what is considered "Standard working hours" from 60 to 90 hours. Current "Standard working hours" are 7am-7pm Monday to Friday (longer than what is accepted as normal working hours for the rest of the population).
     The new contract would state that "Standard hours" will be from 7am to 10pm Monday to Saturday.
     "Unsocial hours" are currently paid at a higher rate to compensate for the loss of work-life balance, but in the new contract the number of hours considered "Unsocial" will be significantly reduced. This will lead to poor Dr morale (which is at an all-time low) as there is minimal compensation for loss of work-life balance.
  2. Loss of the GP training supplement.
     Currently GP trainees (junior hospital doctors training to be GPs) are paid a supplement to ensure they are not financially disadvantaged by this choice of specialty. Without the supplement, GPs would be

paid on average 31% less than hospital trainees (for doing the same job as a hospital speciality junior Dr). The supplement ensures fairness and pays parity, and removing it could risk general practice becoming an inequitable training option. Being financially penalised for choosing to train as a GP will reduce the number of doctors wishing to go into General Practice, and there is already a significant recruitment crisis in General Practice with many jobs remaining unfilled. The BMA state that 'Scrapping GP trainee supplement would "devastate" general practice'

3. Under the new contract, if a junior doctor changed specialty they would have to start again from the bottom of the payscale, meaning a potentially significant pay cut for trainees. It is unfair for doctors – and for the NHS – if trainees who want to switch specialty are forced out through financial necessity. Junior doctors who are training to be GPs will change hospital speciality every 3-6 months as part of gaining experience in many different areas (necessary to become a GP) and as a result that doctor will fall to the bottom of the pay scale every time.

   The potential result of the contract changes means that junior doctors will lose pay protection, work more unsociable hours for less money, lose their work life balance (which is poor due to the necessity of the NHS requiring 365 day working 24 hours per day) and as many doctors are choosing to leave the UK and work abroad this will only serve to worsen the problems of staffing safely the NHS with experienced doctors. At this current time the strikes of the junior doctors have been called off while negotiations continue, but a final contract agreement has not been reached yet.

7. AOB: nil