

# Wargrave Surgery PPG meeting

Thursday November 18 2022 – Surgery meeting room.

## 1. Attendees

Sue Griffiths  
Tony Lloyd  
Judith Stephenson – Hodges  
Stephen Collier - Practice Manager  
Dr J Kennedy – Senior Partner

## 2. Apologies

Barbara Sears, Jo Glasby, Kate Wilson, Celia Reinbolt

## 3. Minutes of meeting on April 4<sup>th</sup> 2022

Not available

## 4. Issues covered

### 4.1. Purpose and objectives of the PPG

4.1.1. JK restated the strong support of himself and his colleagues for the PPG and reiterated that the primary purpose was as a channel for two way communication between the practice and the patient body.

4.1.2. Specifically it was needed to debate new ideas and proposed changes at the practice before they were implemented.

## 5. Clinical staff

5.1. There are now 4 partners, Dr James Kennedy, Dr Aimee Stocks, Dr Faye Hext and Dr Claire Ingham. Dr Mark Puddy and Dr Shona Lockie are Salaried doctors.

5.2. Dr Tiffany Tang has returned to Canada and has been appointed as a Professor of Primary Care at Toronto University.

5.3. Dr Dan Alton has left the practice and is now the National Clinical lead for Population Health Management at NHS England. He does however one clinical session each week at Twyford Surgery

## 6. Primary Care Networks (PCNs)

6.1. The Twyford and Loddon Vale practices have left the Wokingham North PCN to form a separate PCN now known as the Phoenix PCN. Wokingham North PCN now consists of the Parkside, Woodley and Wargrave practices with a combined list size of about 37,500 people.

6.2. The PCN has been very active and has recruited a number of new staff under the Additional Roles Reimbursement Scheme (ARRS) including pharmacist, a COPD nurse and, as a joint post with Berkshire Health Care Trust, a mental health practitioner. These are all roles that could not be justified by a single practice and help to provide much more coordinated care for the patients with whom they interact.

6.3. Dr Rupa Joshi at the Woodley practice has been developing the concept of video group clinics which bring together patients with specific conditions such as diabetes and hypertension in order to provide advice and support for patients with similar needs. There is strong evidence that this type of proactive approach leads to much improved outcomes

for participating patients, notably recently at a diabetes group at Woodley. TL noted that he had received a text invitation to attend a VSC meeting one hour prior to this PPG meeting.

- 6.4. Dr Joshi has also been working with the Royal Berkshire Hospital to set up a pilot community long covid clinic. This model and the video group clinics are attracting attention from other parts of the NHS and are being copied elsewhere.

## **7. Demand and financial sustainability**

- 7.1. JK noted that the financial model for GP services was based on an assumed frequency of between 2 ½ and 3 ½ patient contacts pa. For various reasons including but not limited to the increasing age of the population this has now increased in practice to between 11 and 12 ½ patient contacts pa.

- 7.2. At Wargrave the practice is currently receiving about 280 phone calls each day from its 7,500 patients. This was much higher earlier in the year (Feb / March) at 320 per day. or about 3.7%.

280 phone calls equate to 1 person in 27 of the practices registered patients phoning the practice each day. (This compares to about 1 in 33 across Berkshire, Buckinghamshire and Oxfordshire.)

Incoming phone calls have increased by about 35% compared to 2021.

## **8. Capacity**

- 8.1. Wargrave practice is fortunate to be relatively well staffed with a comparatively low churn rate. It is currently providing about 27 sessions per week providing about 700 face to face consultations per week or about 140 per day. (A session means a half days duty for a given doctor which currently provides about 26 ten minute appointments or about 4 1/2 hours of consultations excluding resultant administration. Data records indicate that, on average, each doctor is logged in to the NHS system for about 6 ½ hours per session, meaning that a 6 session per week doctor is doing a 40-hour week and well over a 12-hour day if they are doing two sessions in a day.)

- 8.2. In addition to the 140 face to face appointments with GPs every day, the practice provides a number of additional consultations/ interactions each day including telephone appointments with GPs, nurse interactions, pharmacist consultations etc.

## **9. News**

- 9.1. Next week the practice plans to implement a new telephone system. An identical system will be adopted at the other two PCN sites.
- 9.2. The practice then intends to make significant changes to the appointment system which will be advertised on the practice website and in other ways in the near future.
- 9.3. Although Wargrave piloted the use of paramedics and found them invaluable in many ways and in particular for home visits, they were poached by other practices once the ARRS system was universally adopted. Efforts will now be directed towards recruiting at least one paramedic for the PCN.
- 9.4. The practice will not be greatly affected by the planned strike of nurses though patients will certainly be affected by the withdrawal of secondary care services at the RBH and elsewhere. The practice anticipates an increase in demand arising from patient anxiety. However if maternity nurses decide to strike this could have a huge impact on the practice and, although it may be better equipped to deal with the situation than many others it will still be a severe problem.