



## Wargrave Patient Participation Group

### Notes from the Wargrave Patient Participation Group Meeting 17<sup>th</sup> February 2023 at 1.30pm at the Surgery

Present: Jim Kennedy, Judith Fox, Tony Lloyd, Judith Stephenson-Hodges, Barbara Sears, Ian Cotton, Frances Inglis, Celia Reinbolt (notes)

Apologies: Sue Griffiths, [Melanie Fone](#)

TL welcomed everyone to the meeting and thanked JK and JF for attending from the surgery. IC and FI were welcomed to their first meeting and it was hoped that they would agree to join the PPG. JK hoped that the PPG would continue to be a 'critical friend' and act as a conduit for two-way information between surgery and patients.

#### 1. Practice update – JK

Dr Claire Ingham has become a fourth partner in the practice, along with the current two salaried GPs, [Dr Mark Puddy](#) and [Dr Shona Lockie](#). Support staff include a new nurse plus a second nurse starting in March. They are both new to practice nursing and will be good additions to the surgery. They should complete the training programme by autumn 2023. [A new salaried GP working 6 sessions will commence at the practice from March.](#)

Other new staff include a phlebotomist - whose increased hours will [allow the practice to engage in more preventative work such as](#) ~~aid~~ identifying patients with pre-diabetes and thyroid problems ~~—plus one new salaried GP working 6 sessions from March.~~

TL noted that there is a problem nationally recruiting reception staff due to low salaries; all the more reason JK added for there to be a good working environment within the practice.

#### 2. New appointment system and new phone system - JK

Following the changes brought about by the pandemic, the surgery wished to return to more face-to-face appointments, whilst keeping the risk of transmission of illness as low as possible. Staff absence was a major problem for the surgery last summer/autumn because of a nationwide spike in Covid, flu, throat infections and RSV (Respiratory Syncytial Virus).

The new appointment system should be more flexible. Face-to-face appointments [have had to be extended from 10 to 15 minutes](#) ~~are now longer (because patients are presenting with an increased number of issues, partly because of ageing but also due to the delays in treatment at hospitals because of the backlog. These delays have resulted in additional workload for the practice due to patient deterioration before the delayed treatment eventually occurs but also during the subsequent extended recovery process.15 minutes) but demand has gone up with more patients with more problems.~~

Calls to the surgery for appointments are now: 8am calls - acute issues / 9am onward calls - all other issues.

The waiting time from call to appointment in Wargrave is very good compared to national figures. The surgery ~~aims is~~ managing to see about 60% of patients on the same day. ~~This~~ ere should ~~be result in~~ less pressure on reception staff who have had improved training and support.

The system also includes a bypass for referral directly to the community pharmacy. PCN community pharmacist numbers have been increased ~~and~~ Wargrave Surgery also has a new pharmacist plus a pharmacy technician who is being trained as a prescriber. The NHS is developing nurses, pharmacists, paramedics, etc. A new ~~New~~ physician associate (PA) ~~is s-are~~ working on a 50:50 job share basis with the hospital. in surgeries in conjunction with hospitals. As well as the benefit for the practice, this arrangement enables the PA to and obtain a broader base of skills to supplement their-with surgery work.

JK described the new phone system as robust and resilient. There are more incoming lines and these link to the clinical system. The call quality is improved, calls can be recorded and data analysed. JK gave an example of the surgery copeing with identifying a-the high number of calls due to the increase in possible cases of Strep A before Christmas when the doctors were seeing many more children than usual. As a result of the rapid identification of the spike, the practice were able to react quickly to cope by putting on additional clinics. It was noted that the new telephone system told patients where they were in the queue once a queue had started forming. BS stressed the need for sectors of the local community to continue to receive information and publicity from the practice about the new appointment system.

TL questioned the surgery's workload and JK confirmed that the surgery was working efficiently with the addition of good staff. Wargrave uses a holistic approach to care.

### 3. Practice funding

GPs are funded on the historical ratio of 2-3 patient contacts with the surgery per annum. National data shows this as 7-10 contacts. Wargrave has 12.5 patient contacts per year. FI was interested in the hours put in by staff. The model is based on a clinician session of 4.25 hours per day. However, the average clinician session is 6.5 hours. JK reported that GPs were working 50% more than they were contracted to work. The GP hours are from 8am-6.30pm but Wargrave GPs regularly work a 12 to 14 hour day.

JK explained that core funding for surgeries is based on a per capita amount which is approximately £80-£85 per patient per annum which, together with other practice subsidies, amounts in total to about £152 per patient per annum. Additional money comes from QOF (Quality and Outcomes Framework) – discretionary funding via the ICS for improving standards of care by assessing and benchmarking the quality of care quality of the care that patients receive. Surgeries also receive ARRS funding (Additional Roles Reimbursement Scheme) allowing PCNs to establish multi-disciplinary teams to provide more integrated health and social care services locally. Salaries for trainee GPs is funded by Health Education England plus a small amount for trainers. Some quality payments are based on the entire PCN achieving targets rather than Wargrave alone.

### 4. Primary Care Network

TL enquired about new initiatives. JK reminded the meeting that Wargrave surgery was part of the Wokingham North PCN with Parkside and Woodley Central surgeries, approx. 36.5K patients. Surgeries in such a cluster can employ new types of staff such as pharmacy technicians, physician associates, etc. The Wokingham North PCN is a leader in Virtual Group Consultations (VGCs). Successful VGCs on subjects such as Covid, the menopause, wellness and hypertension have taken place with patients attending on zoom. Dr Rupa Joshi from Woodley is Co-Clinical Director of the PCN and is recognised nationally for this type of consultation.

The PCN is also an educational training hub: all three practices are training practices for nurses, pharmacists and in the future, GPs. The surgery ies provides a positive and rigorous environment and this is good for job attraction and retention.

### 5. Health talks / lectures

The PPG would like to continue these with the support of the surgery. Any future talks would take place over zoom as the PPG has no funding for room hire. TL has a licence for a zoom event up to 100 people. There is an ENT talk ready to be arranged. The PPG will suggest further talks to run past the surgery.

TL has recordings of previous zoom talks and will send one to the surgery as a trial to see if it can be uploaded on to the surgery website.

#### 6. Any other business

In response to a query raised by SG, JK confirmed that there had been no change in advice regarding healthcare for the elderly, for example, dietary changes. Common sense is still the key. Clearly modifications need to be made based on the health profiles of individual patient e.g. diabetics.

JK confirmed that the NHS website was much improved and a good source of reading material for patients needing help/information. Any NHS branded advice will have been through a validation process.

In reply to IC's query about funding for the PPG, TL replied that the PCN had funded surveys in the past. However, currently the PPG has no access to Survey Monkey. In the past the PPG has carried out surveys sent to the Wargrave's Patient Reference Group which is the largest PRG in the Thames Valley.

#### ACTIONS

TL to produce an article for the Wargrave News and the Waltham St Lawrence Lych Gate magazine on behalf of the PPG with updates about surgery personnel changes and further clarification about the appointment and telephone systems.

Consider ideas for funding the surgery defibrillator in the future (crowd-funding?) – within the Wargrave News article.

Wargrave News article to include NHS website address/other NHS information.

TL and JHS to suggest possible ideas for health talk to the surgery and set up the ENT health talk over zoom.

TL to send a previous zoom health talk recording to the surgery to trial it on the surgery website if possible.

JK to consider referring a request for additional resources to the PCN namely :-

- 1) Access to a webinar enabled version of Zoom for the general benefit of the PCN and its PPGs and
- 2) The possible purchase of a communal copy of the Survey Monkey questionnaire tool.

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