

Present: Francis Brown FB (Chair), Bernard Dominic, Linda Eberst, Tony Hughes AH, Geoffrey Million GM, Ian Hendley (Observer).

Apologies: Dr Funmi Chirnside, Bryony Garnet, Dan Jones (OMG), Sue Lloyd.

Abbreviations and acronyms: please see end of report.

Item 1 – Welcome and apologies

1.1 FB welcomed Ian Hendley to this 2017 Annual General Meeting as an observer. Barbara Kendall had resigned from the Management Committee; her contribution will be much missed. Dan Jones (Practice Manager) was sick; the group wished him well (and noted with regret that, in common with many other organisations, we had no deputy.)

Item 2 - Minutes of the last meeting

2.1 These were accepted.

Item 3 – Chair’s Report

3.1. FB presented his report (see below).

3.2. AH thought the report put too much emphasis on the good service provided by BHFT and should have mentioned that criticisms of OMG had resulted in three months of non-co-operation with the PPG. This was a minority view and it was agreed to receive the report.

Item 4 – To elect the Management Committee

4.1. The following had been nominated and had confirmed that they were willing to serve. All were declared elected to the Management Committee.

- Francis Brown
- Bernard Dominic
- Linda Eberst
- Bryony Garnett
- Tony Hughes
- Sue Lloyd
- Geoffrey Million

Item 5 – To elect the Chair and Secretary

5.1 Francis Brown had been nominated and had confirmed his willingness to serve as Chair. He was elected, with one abstention.

5.2 Geoffrey Million had been nominated and had confirmed his willingness to serve as Secretary. He was elected unanimously.

Item 6 – To consider the PPG’s Plan for the next year

6.1 FB tabled NWRCCG’s [16-17 Operational Plan on a Page](#). It was agreed that the PPG’s Plan would be to support the CCG and the practice where we could make a difference to awareness and take-up of:

- bowel cancer and breast cancer screening
- diagnosis of high blood pressure and chronic lung disease
- diabetes prevention and care
- online appointment booking and repeat prescriptions
- the plan for local GP practices to work together

6.2 There has been significant progress in South Reading regarding the formation of practice clusters. At the next meetings of the Patient Voice Group and NWRCCG FB will ask for more information about what is happening in Caversham.

Item 7 – Questions and Answers to the PPG

7.1 We discussed problems in collaboration between the surgery and secondary care, mental health in particular. This had improved in recent months, with the 'DocMan' system and electronic transfer of correspondence. There were still issues over who should prescribe medication recommended by hospital doctors. Any specific cases should be brought to the attention of the Practice Manager.

7.2 FB is working with both of our prescribing Pharmacists to produce a handy guide for patients on when to consult them (or other clinicians) rather than a GP.

7.3 We should still like a general Q&A session with OMG.

Item 8 – Any Other Business

8.1 A few improvements have been made to the website, but much remains to be done. The support from Leeds has been poor.

8.2 The wait for routine appointments has been more than three weeks since the beginning of August. This appears to be due to unplanned GP absence. There is no back-up cover.

8.3 Long waits in the surgery may be becoming an issue. Ways of advising patients and expressing concern when doctors are running late were discussed.

8.4 There have been no problems with repeat prescriptions.

Item 9 – PPG Meetings

9.1 We need to find a pattern of meetings (day, time and frequency) that would enable OMG staff to attend (and perhaps also widen patient participation). FB would consult Dr Chirnside and Dan Jones.

Item 9 - Date of next meeting

>>> >>>> >>>> **Thursday 19 October 3:30pm** <<<< <<<< <<<

Other meetings

13 Sept 2017 PCCC 1:00 Shaw House, Newbury

19 Sept 2017 NWR CCG 1:30 Bath Road, Reading

6 Oct 2017 Health and Wellbeing Board 2:00 Council offices

Abbreviations

CCG North and West Reading Clinical Commissioning Group

EMIS Egton Medical Information System, the clinical system used at our surgery

EPS Electronic Prescription Service, a NHS system transferring repeat prescription requests and prescriptions between practices and pharmacies

FFT Friends and Family Test (rolling survey: would you recommend this surgery?)

HWR HealthWatch Reading

GPPS General Practice Patient Survey

NAPP National Association for Patient Participation

OMG One Medical Group, Leeds, the current Provider

PCCC Primary Care Commissioning Committee

PPG Patient Participation Group, email prioryavenuePPG@gmail.com or ask reception

PVG Patient Voice Group (Chairs of local PPGs and some CCG staff)

TXT Mobile phone text messaging system

Patient Participation Group Chair's AGM report 2016-2017

It is a year since One Medical Group, OMG, based in Leeds, took over the running of the surgeries at Priory Avenue and Circuit Lane.

OMG succeeded Berkshire Health Foundation Trust, BHFT, who had a one year contract as the interim provider. This was extended by 3 months to allow OMG a chance to get up to speed. Under BHFT stewardship, the CQC rated the surgery as "good". All patients had a nominated doctor; the workload was shared between one permanent doctor (Dr Mittal) and a stable group of part time locum doctors. There were very few issues to do with delays to prescriptions, access to appointments, referrals to hospitals or the assessment of test results. BHFT provided a first class service and the monthly survey of the proportions of patients who would recommend the surgery rose from less than 50% to 80%. We don't know why BHFT did not bid to continue running the service. It may have been the near impossibility of finding permanent doctors.

OMG have found the recruitment and retention of staff challenging. Five local practice managers have left in the past year. However, the average time to respond to phone calls was reduced. The cost of locum doctors was far beyond OMG's budgetary expectations. In November the number of locum doctors was cut. Waiting times for routine appointments increased. Patients needing urgent care were directed to the walk in centre. Requests for repeat prescriptions were delayed and the bulk of them released to local pharmacies or patients on Wednesdays and Thursdays. The PPG and others raised concerns with HealthWatch Reading, the local Clinical Commissioning Group, local and national elected representatives and the Care Quality Commission. On 1 December 2016 the CQC made an unannounced inspection and stopped the intake of new patients. Eight weeks later, following a full inspection the practice was placed in "Special Measures", as was Circuit Lane. After improvements and a further inspection in June, the restriction on seeking new patients was lifted.

In January extra funding was allocated by the CCG to stabilise both of OMG's Reading practices. This funded an "A" team drawn from the CCG staff and other local surgeries to assist with matters identified in the CQC reports. The funding is also to assist with the extra cost of locums beyond that typically associated with salaried medical staff. Up to £400k is available to OMG to cover the two practices in the period Jan. 2017 to March 2018. A further £400k is potentially available April 2018 to March 2019. The future beyond that is uncertain.

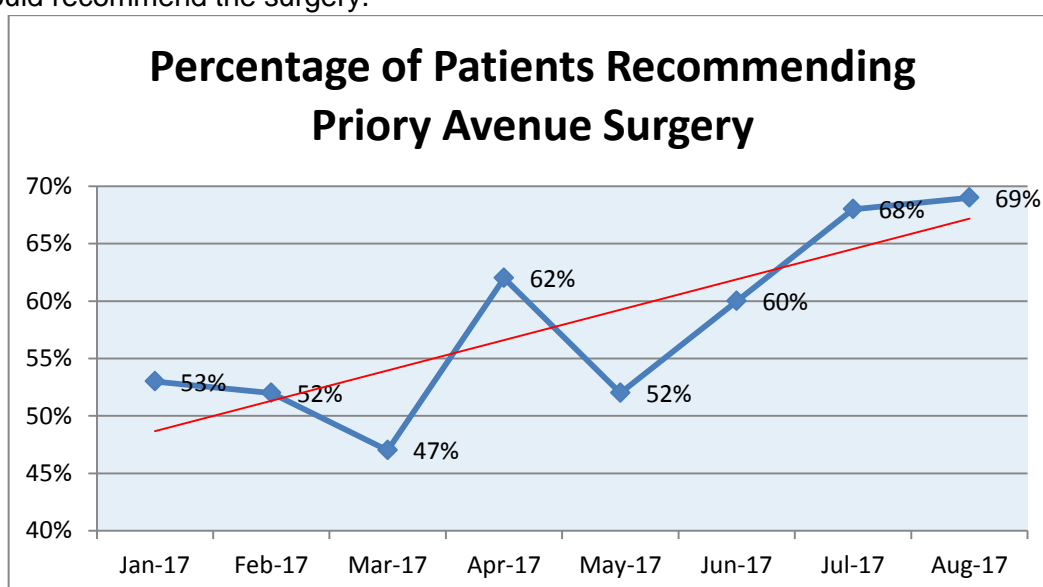
Communications from Leeds have been limited to newsletters in January and February. Website maintenance with up to date information is problematic.

Over the past 18 months, over 1000 patients have left the patient list. Overloading other local surgeries is not the way forward. It is far better to stabilise the existing service.

Much of the PPG effort is directed towards improving the patient experience within the practice. The PPG also seeks to improve the patient experience in other parts of the NHS, social services and the voluntary sector. In the last year PPG activities included:

- The continuing promotion of the Internet facilities for appointment bookings, repeat prescription requests and access to test results. This has benefited both patients and the surgery. The uptake is one of the highest in the area. We are pressing for a greater range of appointments to be bookable on line, including the flu clinics.

- Making better use of the most highly qualified staff through the more appropriate use of prescribing pharmacists and advanced nurse practitioners.
- Raising the alarm when the repeat prescription service became unreliable and repeatedly highlighting shortcomings. The service became wholly reliable in June with the appointment of a second part time prescribing pharmacist.
- Raising concerns with the CCG over proposals to stop high street pharmacies managing repeat prescriptions on behalf of patients. The proposal has since been dropped.
- Pressed for a patient information screen in the main waiting area to address a communications gap between patients and the CCG, Public Health Reading and NHS England. It had arrived on 5 September.
- The PPG has attended and contributed to meetings of
 - The North and West Clinical Commissioning Group, (NWRCCG)
 - The NWRCCG Patient Voice Group (meeting of PPG chairs and CCG)
 - The South Reading Patient Voice Group
 - The Primary Care Commissioning Committee
 - Healthwatch Reading
 - RBC Heath and Wellbeing Board
 - National Association for Patient Participation
- Supporting CCG's awareness campaigns by displaying posters in the surgery.
- BHFT had a stable doctor work force and shared the named doctor responsibility between permanent and locum staff. With the exception of Dr Naqvi the BHFT locums have all been replaced. Dr Chirnside joined the permanent staff in December. In the last 3 months, we have been emphasising that we now have a stable work force of permanent and locum doctors. We would like to see a return to the arrangement that nominated doctor responsibility was shared with the locum doctors. Some patients would prefer a greater proportion of female doctors
- Promoting the monthly Friends and Family Test survey (would you recommend this surgery?). On a number of occasions, committee members have handed out the forms to ensure that enough data are collected for the survey to be considered reliable. It has taken time for the improvements initiated early in the year to work through. Results from May, June and July show that gradually a greater proportion of patients say that they would recommend the surgery.



Francis Brown
6 September 2017