Woodville Patient Participation Group (PPG)

Minutes of meeting held on 13th August 2024 at 6:00pm

Present : Karen Gothard – Practice Manager
Lyn Hackett
Harry Jolley
Micky Locke
Nick Locke – PPG Chair (WoodvillePPG@21JubileePark.com)
Danielle Marratt – Operations Manager
Jenny Slawson
Peter Slawson
Alan Wright
Ann Wright

Absent / Apologies : Sabyta Mackay

Previous Minutes

40 It was noted that the out-of-hours contract for the services provided at the Heartwood building expires at the end of March. The local GPs have been asked whether they wish to bid for taking over the service – to open extended hours and see any Swadlincote area patient. Woodville already opens during evenings and weekends when necessary.

2nd April – The partners have submitted their expression of interest, based around seeing Woodville patients in the Woodville Surgery during extended hours. That approach is grounded in Woodville patients not being high users of the existing service.

14th May – The Integrated Care Board (ICB) has indicated that surgeries must work towards sharing of patients, with seeing only their own not being acceptable. The PPG's view was noted but does not make any difference.

25th June – It was confirmed that Swadlincote Unified Services for Health Improvement Limited (SUSHI) will continue to run the out-of-hours service until October.

13th August – No change.

46 A new Surgery website, using the latest NHS branding, will go live soon. It was a requirement for all GP Surgeries to fall into line. Once it becomes accessible, feedback would be welcomed.

14th May – Carried forward as the new site is not yet accessible, whilst staff training is taking place.

25th June – Staff training has been completed and a preview version of the site has been checked. However, the supplier has advised that it now cannot go live until mid-July.

13th August – the new site is now live.

49 It was agreed that mentioning the PPG on the Facebook page would make sense but suggesting that potential attendees should email the Surgery, just so that there is some awareness of likely numbers. **Karen**

14th May – Carried forward.

25th June – Carried forward.

13th August – It was decided that we were being over cautious

around the potential number of attendees, so will now mention the PPG on Facebook, under the strapline “your NHS, your say”.

51 The screen in reception still states that all comments received by the Practice are reviewed by the PPG, which is not the case. A few other minor issues with the displays were noticed while the members were waiting in reception – Nick will mail a list to Karen.

14th May – The contract for the reception touch screen has expired. Replacement of both that and the display screens is being progressed, with a common approach across the Swadlincote surgeries.

25th June – This is ongoing and comes under Laurence Rickards’ remit.

13th August – It has emerged that some surgeries have already renewed their own contracts, meaning that the standardised approach is not currently viable.

55 It was noted that with Prostate Specific Antigen (PSA) testing, there had been some confusion with text messages being sent and then conflicting information being given by receptionists. That led to a discussion on how the templating of calls works – and we will have a demonstration at the next meeting. **Karen**

25 July – Collette very kindly gave a demonstration. It was clear that even with the templates in use, the receptionists’ role is a lot more complex than just following a script. It is also clear that from an Information Technology (IT) point of view, a lot more could be done to streamline the process. An obvious example was where the template relates to a minor Urinary Tract Infection (UTI) – at the very end of the questioning a message pops up to say “patient is diabetic, pharmacy not appropriate” – so why waste time on all the other questions if UTI plus diabetic patient immediately rules out the pharmacy option. Nick would be happy to discuss with Laurence Rickards.

13th August – It was noted that the previous demonstration only covered a very small area of the templating. We would welcome a further demonstration.

60 ***Note that Woodville Surgery has no connection with the matters raised in this item.*** **Nick**

The meeting felt that the objectives in the Primary Care Network (PCN) Terms of Reference document were really more aims than objectives. Objectives would typically be specific, have targets or numbers to allow measurement and a timescale by which they could be achieved. The wider documentation was felt to be waffly and lacking in substance, with hopes for the future, not plans – as examples:

- It was hoped that Ragsdale House would be open to patients soon – *when is soon? What are the blockers?*
- Urgent care would become the main priority…identified as a way of reducing waiting time – *when will the priority change? How will it reduce waiting times?*
- Expressions of interest, advise on process as soon as possible – *Why is the process not defined already?*

It is now unclear what the structure of the PCN is, as we believe that Lisa has moved on. Nick will check whether we can get someone to our next meeting to discuss.

13th August – our concerns over the efficacy of the PCN have worsened. A note explaining the specifics is attached to these minutes. We would appreciate a PCN member attending our

next meeting to discuss.

Matters Arising

63 Two members attended the walking group event on 1st September, to find that it didn't happen. It had been cancelled due to the forecast weather. The surgery had called all the people who had registered. It was agreed that future cancellations would be published on the Facebook page, to try and reach people who had not pre-registered. **Karen**

64 Feedback from the recent PCN PPG meeting was discussed (see attached note). It was agreed that Nick will attend the next PCN meeting on 9th October and, subject to confirmation, Lyn the following one.

65 It was noted that CHEC "one of the UK's leading providers of community healthcare" has been sending emails to Nick, all starting "Dear Danielle". Nick will investigate. **Nick**

66 ***Note that Woodville Surgery has no connection with the matters raised in this item.*** **Nick**

The group has gained a deeper understanding of SUSHI (see minute 40). It is a private limited company, with the directors being four doctors from the local area. Currently, it has capital and reserves of ~£6,000.

We are aware that the previous equivalent of SUSHI, Swadlincote Health Initiative (SHI) had surplus funds of ~£580,000 when it was wound up – and we note that sum was to be divided among the members of the company, rather than being used for patient care. We presume "members of the company" means the directors – one of whom is now a director of SUSHI.

We have also noticed that there is a company newly registered at Ragsdale House, called Swadlincote Primary Health Resources Limited (SPHRL). That has one director, who is also a director of SUSHI (and previously SHI). Presumably there is some relationship with the PCN, which we would like to understand as, typically, limited companies exist primarily to make profit rather than to provide healthcare – and we are concerned to see that best use is being made of the limited funding available.

Nick will ask the PCN to arrange for this to be explained to us at our next meeting.

Any Other Business

67 A member had called 111 and was given an appointment in Oadby which is 25 miles away. When that was queried, an appointment in Loughborough was offered, with both

	appointments being at around 18:00. Ultimately, the member visited the Swadlincote facility when it opened at 18:30 and was seen within fifteen minutes. The issue was the distances that it was being suggested a sick person should travel, because there is no suitable local facility.	
68	A member queried whether having two issues to discuss requires two appointments with both ANPs and doctors. Karen confirmed that to be the case.	
69	The member who had previously reported an issue with blood test appointments noted that the confusion has continued. The root cause appears to be the need for more attention to detail when appointments are being made.	
70	A member asked whether any Covid jab sessions were planned. Nothing is in place at present and, if anything is arranged in the future, it will most likely be at community pharmacies.	
71	A member noted that a note added to a prescription request, asking for a change following a review by a clinic at Derby hospital appeared to have been missed, as the change was not done and no contact to explain why was forthcoming	**Karen**
72	At the next meeting, we will discuss whether we want to change the time of some/all of our future meetings to be during the day.	**All**

Date of Next Meeting

Tuesday 24th September 2024 at 6:00pm

The PPG's concerns with the Primary Care Network

We asked some questions of the PCN (see minute 60) and shared the minutes:

> *"I have attached a copy of the minutes from our meeting on Tuesday for your interest. Laurence may be interested in items 46, 50, 51 and 55. Perhaps you could share the minutes with him.*
>
> *Item 60 gives some thoughts from our members and asks whether someone from the PCN would be able to attend our next meeting on 13th August."*

However, there was no response.

We remain unclear on the purpose of the PCN (not just the PCN PPG) and we have no visibility of what it is actually achieving.

We are aware that Ragsdale House was acquired many months ago and that the PCN was operating from alternate premises before that. We were told in April that it was not possible to see patients at Ragsdale House until the Care Quality Commission (CQC) had carried out their inspection. Lisa confirmed that she had completed the first interview with the CQC, following submission of the required information and that it was *hoped* that Ragsdale House would be open to patients *soon*. Unfortunately, "hoped" and "soon" are extremely vague words.

In July, we were told that "additional policies" had been requested by the CQC. Did this requirement not come out from the first interview and, if it did, why has it taken so long to address? There was also mention of changes at the CQC and implementation of a provider portal – we would like to understand exactly what impact this has had on progress, as neither of those area should be allowed to affect the provision of patient care.

April to July represents a further three-month delay and, so far as we can ascertain, there is still no actual planned date for Ragsdale house opening to patients. Things just seem to be drifting with no visible benefit to patients whilst, presumably, costing money in salaries.

Lisa explained that we would be the first PCN to deliver this kind of innovative service. We know the aspirations, but we would like to understand exactly what is being delivered currently.

Lisa noted that urgent care would become the main priority for Ragsdale House. Would we not be better investing time, effort and money in creating a proper urgent care centre for Swadlincote?

We believe that some administrative staff are now employed by the PCN. What are they doing? Why are they needed as, presumably, the salaries being paid to them could otherwise be used for patient care?

We were told at our last meeting that Laurence was ensuring that a common approach to display and check-in screens was being taken across the Swadlincote surgeries. Now we have learned that is not happening. When Lisa visited our PPG meeting, much was made of economies of scale and standardisation. This feels like failure at the first opportunity.

Turning to the PCN PPG, the overall view of the PPG delegates at the 10th July meeting was that the extra layer of PPG meetings was likely to be a complete waste of everyone's time. Although that view was clearly expressed, it is not apparent from the meeting minutes.

The Terms of Reference (TOR) for the PCN PPG need to be clarified as indicated in the 10th July minutes.

At the 10th July meeting, a question was asked about what services would be delivered from Ragsdale House and how that would support the surgeries. It was explained how it was *hoped* that the roles at Ragsdale House would contribute to alleviating the pressures on surgeries for routine health issues. Again, the vague word "hoped" and absolutely no clarity on what is actually going to be delivered from the location, or when delivery will start.

All of the surgeries except Woodville are concerned as to how their patients could travel to Ragsdale House by public transport. Assurance was given that this was considered prior to the property being selected. Whilst there is a bus stop close by, it is not believed to be served by any bus routes which pass the other surgeries.

The PPG members wanted to know how success of the facility would be measured. The response was described as "waffle". The Capacity and Access Plan is used to measure service delivery – what is that plan and how is service delivery measured? The members were also told that the Integrated Care Board (ICB) receives data with which it monitors how services are delivered – what data and how is it used for monitoring?

The minutes from 10th July report that "generally, the feedback from all practices is that they are enthusiastic about services being developed at Ragsdale House". That is blatantly not true – the attendees were all sceptical about how it could be made to work.

The minutes also report that Woodville Surgery gave "no feedback" – again, not true. Our attendee expressed our PPG's scepticism about the whole PCN project.

It was noted that nobody had volunteered or expressed any interest in the Chair or Secretary roles within the PNC PPG. Our PPG's view is that both would be thankless tasks, especially with no clear direction of travel for the PCN.

We are aware that Dr Mark Rooney (of SUSHI, SHI, and SPHRL fame) is the Clinical Director of the PCN. We note that he was not present at either of the two PCN PPG meetings that have been held to date.

We believe that the PCN is a pilot scheme for the rest of Derbyshire – we can only hope that appropriate lessons are learned before any attempt is made to continue with the roll-out.

From our current understanding, it seems that the number of clinical staff at the PCN is outnumbered roughly twice over by the number of administrative staff – does that really need to be the case, as it doesn't seem to be the best use of valuable financial resources.