**Minutes of Patient Participation Group (PPG) Meeting of Dr. Singh & Partners and Dr. Reily & Partners**

*DATE:* Tuesday 17th January 2017

*TIME:* 13:00 – 14:15

*LOCATION:* Sub-wait area, Dr. Singh & Partners, Bedworth Health Centre, High Street, Bedworth CV12 8NQ

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| *ATTENDEES* |
| *NAME* | *INITIALS* | *ROLE / REPRESENTING* |
| Dr. Andrew Godfrey | AG | GP Partner – Dr. Singh & Partners |
| Dr. Jacob Cain | JC | GP Partner – Dr. Singh & Partners |
| Dr. Liam Massey | LM | GP Partner – Dr. Singh & Partners |
| Dr. Amer Zurub | AZ | GP Partner – Dr. Singh & Partners |
| Dr. Peter Hickson | PH | GP Partner – Dr. Singh & Partners |
| Dr. Clive Reily | CR | GP Partner – Dr. Reily & Partners |
| Elizabeth Gilbey | EG | Practice Manager – Dr. Reily & Partners |
|  | JH | Senior Administrator – Dr. Singh and Partners |
| Ross Chadwick | RC | Reception Manager – Dr. Singh and Partners |
|  | BM | Practice Secretary – Dr. Reily and Partners |
|  | AP | PPG Member – Dr. Singh & Partners |
|  | AW | PPG Member – Dr. Singh & Partners |
|  | SL | PPG Member – Dr. Singh & Partners |
|  | GT | PPG Member – Dr. Singh & Partners |
|  | LC | PPG Member – Dr. Singh & Partners |
|  | SU | PPG Member – Dr. Singh & Partners |
|  | EL | PPG Member – Dr. Reily & Partners |
|  | SP | PPG Member – Dr. Reily & Partners |
|  | CJ | PPG Member – Dr. Reily & Partners |
|  | MP | PPG Member – Dr. Reily & Partners |
|  | AN | PPG Member – Dr. Reily & Partners |
| Jenni Northcote | JN | Warwickshire North Clinical Commissioning Group (CCG) |
| Dan Ibeziako | DI | Engagement, Communications and Marketing Lead (Warwickshire) – NHS Arden and Greater East Midlands Commissioning Support Unit (CSU) |

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| *APOLOGIES* |
| *NAME* | *INITIALS* | *ROLE / REPRESENTING* |
| Dr. Sukhdev Singh | SS | GP Partner – Dr. Singh & Partners |
| Hillary Jackson | HS | Practice Manager – Dr. Singh and Partners |
|  | GS | PPG Member – Dr. Singh & Partners |
|  | JB | PPG Member – Dr. Singh & Partners |
|  | FM | PPG Member – Dr. Reily & Partners |
|  | TR | PPG Member – Dr. Reily & Partners |

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| *MINUTES* |
| ALL ATTENDEES WERE GIVEN A BRIEFING DOCUMENT, OUTLINING THE AGREED MERGER BETWEEN DR. SINGH & PARTNERS AND DR. REILY & PARTNERS PRACTICESPH explained that conversations between both practices have taken place re: merger.- Issues around recruitment and retention of GPs both locally and nationally.- Has been some difficulty recruiting to Dr. Reily’s practice.- CCG and Practices feel that a merger is the best way forward.JN stated that the CCG want to retain capacity to serve local community.- If a practice is left with one partner, CCG and NHS England have to look at the viability of a single partner practice.- Options are to merge or distributing patients of that practice across other local practices.- CCG feel that merging is the best approach – there isn’t a viable alternative and they want to retain a local practice.- The two practices were keen to merge. PH discussed the potential advantages of having a bigger practice: Dr. Singh’s practice has, so far, not had problems with recruitment of staff and are currently a training practice; a bigger practice can offer and attract specialist services; PH believes hospitals will approach surgery as the merged practice will be the biggest in North Warwickshire; no need for a new building; the telephone system can be integrated; in theory, computer system integration should be relatively simple.- The smaller details and logistics have not been worked out yet (e.g. locations of Doctors’ rooms) but a merger is important in the context of delivering a modern service.- Both practices would hope they have the support of the PPGs.- The only GP planning to retire at present is Dr. Castells (Dr. Reily’s practice)AP expressed concern that 6000 patients all under one Doctor may put pressure on the merged practice. PH clarified that it is not just one doctor from Dr. Reily’s practice that will be integrated with Dr. Singh’s practice. There are other doctors at Dr. Reily’s practice who will come across as part of the merger; it is just that there will only be one additional partner (Dr. Reily).JN explained that the CCG are keen to have staff and patient engagement.- The CCG are aware of and have discussed capacity issues.PH pointed out that a recruitment process for additional Doctors is currently underway and highlighted that some Doctors are not too far away from retirement. CR explained that if a smaller practice has a vacancy it leaves a bigger hole to fill – in the initial period after the merger CR will be increasing his hours.JN informed attendees of the General Practice Forward View where more opportunities are available for bigger practices – this will be a big practice but not a ‘super’ practice. PH explained that the merged practice list size will initially be under 20K patients but this may increase. SL queried what the upper limit is before the patient list has to close and PH clarified that this is a conversation that the practice would have to have with the CCG. AP stated that patients may worry that they can’t get an appointment. PH re-iterated that the key messages are that neither practice is closing and the services being provided will be the same (i.e. appointments, Doctors, clinics etc.). The role of the PPG is to communicate these messages. PH acknowledged that there are hurdles to overcome but both practices hope to provide as seamless a service as can be. PH admitted that there may be the occasional hiccup and there may have to be some downtime whilst the IT systems are integrated. SP queried whether both practices currently use the same online services system. PH and RC clarified that this was the case. JN stated the purpose of this conversation was to explain what’s happening and listen to concerns.JN stated that the CCG intend to put some communications material together.THIS WAS REVIEWED IN THE AFOREMENTIONED BRIEFING DOCUMENT. JN explained that the proposed communications are to be done as a collaboration. Patients may be more comfortable discussing their concerns (if any) with their fellow patients. JN explained that certain communications proposals do have cost implications and the CCG would prefer to do joint practice and PPG communications – this is the best way to manage mixed messages. AW suggested using Community Forums where a slot could be booked and this would help cover the local area, DI stated that this could be looked into. JN proposed fielding both a staff and PPG member. AN queried whether patients will be written to individually. JN explained that this was difficult and expensive to do – it has been queried with NHS England and it isn’t obligatory for a practice merger. GT suggested investing in a franking machine. AN questioned whether patients will actually care that the merger is taking place. JN explained that DI has connections with local councillors. DI clarified that letters are not normally done when practices merge. AP queried when people will know that the merger is taking place. SU expressed concerns that the service provided will be less personal and questioned whether Doctors will actually know their patients. AG clarified patients will still have a choice of Doctor. PH explained that nowadays not all Doctors want a career in one practice – there will inevitably be change and the key is recruiting well into any vacancies. CR explained that the model being proposed is preserving the traditional GP model to the best extent possible. AG pointed out that personnel changes (i.e. retirement etc.) will happen regardless of the merger. JN reiterated that the retirement of Dr. Castells has created this situation and a need to react to it – the aim is to be open and honest about the situation. EL queried how the merger will affect staff other than Doctors. JN confirmed that all staff have to be consulted by law and the CCG have requested specialist Human Resources support to facilitate this. PH confirmed that there was no short term plan for redundancies; job roles may need to be slightly amended but there is the expectation that there will be additional recruitment rather than redundancy. CR pointed out that his practice has had difficulty recruiting staff due to the ongoing uncertainty surrounding his practice. JN stated that this merger may give staff job security.GT pointed out that to all intents and purposes, this isn’t a massive change for the patients and it is more down to the mechanics of how things work going forward. CR mentioned that the practices are already working well together.AP questioned whether the PPGs will remain and in what format. PH stated that this was a decision to be made amongst the PPGs. GT suggested that this is announced to the media as soon as possible. PH advised that devising a name for the new merged practice is an important role for the PPG – all of the partners of both practices believe that there should be a generic practice name rather than one specific doctor leading the name of the practice but PH again re-iterated that this is not about a practice closing. AN suggested a logical name would be Bedworth Health Centre. EG queried when the name will be finalised and PH requested that name suggestions are sent to EG and or RC. AN pointed out that the extra services delivered at Bedworth Health Centre (e.g. Physiotherapy, Podiatry etc.) are peripheral to the practices. PH stated that there is the potential to merge services and JN stated that we must be aware what other services impact on health. PH requested that JN clarify any conflict of interest that the CCG may have with peripheral services and the practices. JN advised that the press releases and communications are to go out within a week and requested that the information from this meeting is embargoed until then. The schedule should be a Councillors’ briefing, a press release and finally PPG members to begin circulating information.AW queried if more meetings will take place whilst this process is ongoing. PH stated that the PPGs should arrange a joint meeting and then come back with an agreed date. JN confirmed that the CCG would be happy to attend any such meeting.  |