



## **Granta Medical Practices PPG meeting minutes**

Thursday 6th June 2024. 17.30-19.00

Sawston Medical Centre and online via MS Teams

Chaired by Dave Arnold, PPG Chair. Minute-taker Julie Drap

**Present** : PPG members: 10 in person and one on line. Granta Medical Practices : Dr Reem Al Shaikh, Dr Tim Wright, Tim Harrison, Sandra East, Stefan Scholtes

**Apologies for absence** : 6

### **1. Update on status of Patient Brochure (Maureen Haldane)**

After a great deal of work by Dr Tim Wright, Sandra East, Maureen Haldane and other members of the PPG the final edition of the brochure should be published in July. It was agreed that the brochure is a useful compendium of information for the entire patient population and not just patients new to the practice. The latest version has been thoroughly checked for inconsistencies.

The brochure will be available both electronically and in hard copy with some large print versions. Hard copies will be available in GMP surgeries.

### **2. GMP: Structure function and ownership (Tim Harrison)**

GMP was formed six years ago with the amalgamation of Linton and Sawston practices because of sustainability issues in meeting patient needs operating as separate surgeries. GMP now consists of Sawston, Linton, Barley, Great Shelford, Royston Market Hill and Royston Health Centre practices. Together these form the Granta Primary Care Network/Integrated Care Neighbourhood, within the Cambridgeshire and Peterborough Integrated Care System, governed by the Cambridgeshire and Peterborough Integrated Care Board (CPICB). Royston practices are now referred to as Granta West.

GMP is owned by its 16 partner GPs. They carry the financial burden and oversee clinical responsibilities. The business operates by means of a board team of Directors comprising the Chair : Stefan Scholtes, Duncan Sconce : Clinical Director, Olga Starobinskaya : finance director, Tim Harrison : CEO and four GP Partners.

Having surgeries /health centres under one management team results in efficiencies and more flexibility in use of resources. For example, it eliminates the need for individual practice managers.

GMP has a total patient population 58,500

Finance primarily comes from NHS England based via the CPICB.

Practice income depends upon numbers of patients, performance metrics eg diabetic care, patient care in Care Homes, childhood immunisations, and QOF (NHS quality and outcomes framework) .

The QOF is a component of the GP contract, introduced in 2004. Achievement is measured via indicators in four areas, known as 'domains' and includes payments for management of long term conditions, for additional roles eg paramedics, clinical pharmacists.

GMP operates as an independent employer of its staff.

GMP has 40 GPs but not all are working full time. Full time amounts to 4 twelve hour days per week.

GMP feels that it is not too big to care; the management of the practice is designed to free doctors up to implement their clinical activities to the best of their abilities.

Dispensaries are not included in the GMP contract and Tim pointed out that the costs of medications are not being covered by the level of reimbursement.

He also pointed out that space in Sawston in particular was at a premium with all rooms used.

#### *District Nurses*

Working hours of the district nursing team is difficult to understand as they are not employed by GMP and they work off site. They have computer links with the practices, and are well supported by GMP, but who unfortunately feel that admin rather than care is their priority. Communication could be better.

In response to the question : does GMP provide Private Eye Tests ? the answer was no as it is not cost effective.

#### *Appointments*

The new phone system is generally working effectively, improved by the ring back system. Urgent and non urgent appointments are managed at each site based upon need.

### **3 The political climate and effect on GP contracts: Dr Reem Al Shaikh**

Dr Reem Al Shaikh gave an impassioned presentation on the state of Primary Care showing a critical level of underfunding that has simply not kept pace with inflation for many years. She produced publically available data that show that NHS GPs provide the majority of clinical care for patients in the UK with falling numbers of doctors. The proportion of the NHS budget afforded to Primary care is around 2%

From published survey data, Reem demonstrated that what makes patients happy and satisfied is not ease of access for an appointment but seeing the doctor they know. So the media focus on patient dissatisfaction with getting an appointment is actually misplaced.

This government is not investing enough in Primary care; GPs want fair funding.

Reem suggests that we all write to our MPs asking them to fund primary care properly. She has a template letter which Sandra will give us access to. ( note that this happened just after the election was announced).

### **4 Developments in care within GMP : Dr Tim Wright**

Dr Tim Wright covered the services which GMP are now able to offer to all their patients.

Net staff increases :

- 3 new GP Partners
- 6 new salaried GPs (5 in Granta West in 2024)
- 1 Advanced Nurse Practitioner
- 5 Nurses
- 2 Healthcare Assistants
- 1 Clinical Practitioners (specialising in Diabetes)
- 7 Receptionists
- 2 Dispensers
- 1 Admin clerk
- Psychiatry Consultant
- Mental Health Practitioner
- 1 Physiotherapist

- 6-8 UWACS (Urgent Wrap Around Care South) clinicians UWACS comprises of a team of nurses, paramedics, HCAs and an on-call GP. We can take referrals from the ambulance service and paramedics “at the scene”

Delivery of services is based upon continuous improvement.

GMP needs the help and support of the PPG. Suggested a PPG newsletter to outline GMP developments and services for patients . Other communications routes via social media promoting what GMP does to give a positive message to patients. Screens in surgeries to be more informative.

The King’s Fund has resources that inform about the NHS and primary care issues.

Collect positive stories (note GMP receives one complaint per day but only one message of praise per week).

**Action : PPG Committee will discuss the creation of a newsletter.**

5. The integrated care system presentation was postponed until the next meeting.

6 Date of next meeting to be arranged based on availability of GMP staff.

7. Close of meeting 19.00