

**MINUTES OF THE GMP PPG MEETING
THURSDAY 31ST JANUARY 2019, SAWSTON PRACTICE**

Present from Granta Medical Practices:-

- James Morrow – GP & Managing Partner
- Gerard Newnham – Strategy Director
- Kelly Austin – Social Navigator
- Sandra East – Communications Manager
- Olga Starobinskaya – Finance Director & Interim COO

Present from Granta PPG:-

- Martin Lewis – PPG Chair
- Jan Cassidy – Secretary of PPG Working Group / Patient's Forum (temporary)
- Julie Draper – Chair of PPG Working Group / Patient's Forum (temporary)
- PPG members x 19

1. Welcome and especially to those members from the Great Shelford practice. Introductions and round of names. There were no apologies for absence stated in the meeting (but some were sent prior to the meeting).
2. Update from GMP by James Morrow describing the background and countrywide position of primary care and where this practice sits now.

On 1.4.19 a new contract for GPs starts. The government intends to spend £20 billion on primary care in the next 5 years with £4.5 billion on primary care, mental health and community services.

The long term plan is to have practices with between 30,000 - 50,000 patients. Money will not be given to practices unless they reorganize and collaborate.

We are in a very advantageous position, as the four merged practices are the right size (43,000 patients) and we have been organizing ourselves ahead so as to be ready for this new contract. We look forward to being able to give our patients first class care.

This year the practice was awarded Training practice of the year. We have three registrars and medical students from Cambridge University and one of the London medical schools.

Approximately 80 patient members of the PPG have provided email addresses. There is a proposal for the PPG to become a virtual group. One comment from the floor suggested that any patient who gives their email to the GMP will be invited to join the PPG virtual group. This would help to make the PPG more diverse and GMP would thus have a broader idea of patients' needs.

3. Kelly Austin GMP Social Navigator plans to visit groups of elderly patients in local communities who are perhaps unable to access email and who may live alone. She will encourage feedback by publishing in village magazines and putting up posters. She will connect with Parish councils and other community organisations to develop a network of support. Another comment from floor suggested that we should use social media and that patients' stories are most indicative of need.
4. News from the Great Shelford practice:
 - The psychological well-being team from CPFT will be based at Shelford Practice. Potential to see 30 patients per day and nine part time psychiatrists will run the service.
 - The hearing aid clinic has moved next door from the practice to the Free Church.
 - The Shelford practice is not fit for purpose. Olga has been negotiating with NHS property services to improve the building but with little success. GMP is interested to hear from anyone who has local knowledge of land ownership, or any intelligence or knowledge. There will be capital available. The intention is only to negotiate a lease for the next 3-5 years. There is a strong commitment from GMP to maintain a surgery at Gt Shelford.
 - GMP intends setting up secure prescription collection sites in all the villages.
5. An important comment made from the floor was the need for trust between PPG and GMP, that new projects are aimed at meeting the needs of patients.

There is still a big mismatch of monies given to hospitals and primary care particularly between the areas of Cambridge and Peterborough Primary care trust. Peterborough is much more deprived than South Cambs. We have an affluent population and the highest level of life expectancy in the UK.

For the first time a GP (James Morrow) has a seat on the Governing Board of Addenbrookes Hospital. This board is genuinely working with Primary and Secondary care services (hospital services) and is determined to divert funds to services for patients, nearer to home. Our PPG is an exemplar of this practice and the clinicians wish us to guide and enthuse everybody to be a sounding board for what matters most to patients. It's important to realize that when considering health and well-being, that of the problems reaching the clinician, 90% are social and community in origin and only 10% truly medical.

At present the practice receives £135 visit patient per annum whereas one visit to A and E costs £145!

Questions and observations to James from the floor:

- How are the mental health services run for the practice? At present we have mental health workers, working alongside the practice. (Prism) In the future we would like a team embedded in our practice able to give a first class service to all who need it.
- We need a map to help us understand the structure of the NHS
Action: James will provide
- Cambridge and Peterborough Health Care Trust (CPFT) are running at a deficit. A meeting with the five cross party MPs will be discussing this tomorrow.

6. Olga Starobinskya's report

A few facts: we are one of the largest practices in the area; 43,000 patients, with 33 GPs over 5 sites, 20 practice nurses, dispensing on 3 sites, 3 clinical pharmacists, one social prescriber (particularly helpful) 3 advanced nurse practitioners. Management and admin teams. Finance Director and receptionists. However, GMP is a young practice; how can we best be efficient and effective and deliver first class care to all our patients? We aim to build teams, communicate and listen well. We should all have the same purpose and vision.

In a recent survey, the Family and Friends test, where leaflets were left in reception to be picked up by patients going to see clinicians, there were 272 responses, 95% of our patients said that they would recommend the practice to others. The national average is 77%, with Cambridge and Peterborough Health care trust, 82% similar to an annual Ipsos Mori poll.

7. AOB

7.1 New PPG Working Group (WG) temporarily chaired by Jan Cassidy pending election of officers for PPG, upcoming.

Jan explained the functions of the WG:

- Developing a constitutional framework for GMPs' PPG
- Working collaboratively with GMP to improve services to patients

At present there are 11 people on the WG, all with energy and complementary skills keen to deliver the above two strategies.

All members of the WG are members of the PPG (meeting quarterly). We are hoping that at least two members of Gt Shelford practice will join the WG so that it begins represents patients across GMP.

Action: Gt Shelford patients to email Jan if they're interested in coming along to our next WG meeting on Monday 25 February 2.30pm, The Old Butchers café, Balsham. jc@jancassidy.co.uk

7.2 We envisage that the chair, vice chair and secretary are the same people for the full and the WG of GMPs PPG. For more details, see the draft TORs attached to these Minutes. Committee membership will be limited to one year, renewable if the person and both groups agree. We would like the constitutional process to be in train by the next PPG meeting on the 30th April.

7.3 Everyone registered as a patient with GMP is automatically a member of the PPG. In future, the PPG chair (when elected) will set agendas for future meetings of the PPG, in collaboration with GMP.

7.4 The PPG needs a Home page on the GMP web site. It was suggested that screens in individual surgeries could run information about the PPG and direct patients to the PPG Home page on GMP website for more information.

Action: Sandra East

7.5 Kelly our social navigator is developing a Chatty café scheme. (See attached) She is interested in hearing from anyone who knows where there are suitable venues within the vicinity of GMP practice.

Action: Kelly and everyone

8. Date of next PPG Working Group meeting: **Monday 25 February Old Butcher's café Balsham 2.30pm**. If anyone would like to come along to see what we do, please contact Jan: jc@jancassidy.co.uk, you'll be most welcome.

Date of next PPG meeting: Tuesday 30th April 6.00pm at Granta Sawston