

**VICTORIA AND MAPPERLEY PRACTICE PPG MEETING  
HELD 4 DECEMBER 2014 AT VHC**

**Present:**James Pam (Chair)Sue Clague (Minutes)Anne Hardy. Ingrid Green. William Brown. Susan Hawksford. Deborah Main. Catherine Wallis. Alan Wilson. Hilary Clarke. Jane Hodgson. Michael Prentis. Christine Roach. Katherine Twigger. Cath Verhoeven. Julie Lester- George. Dr Husein Mawji. Dr Farah Elias. Dr Cassandra Nightingale. Collette Saxon DPM.

\*VHC patients = 5 Mapperley = 10

**Apologies:**Peter Benn. Helen Crowder. Patricia Graham. Susan Jones. Helen Thompson.

**Financial Report**

Dr Mawji was present for the first part of the meeting and gave an informative and transparent update on practice finances which was appreciated by all.

Since 2004 GP practices have received a “global sum” based on capitation, which for Victoria and Mapperley in 2013/14 was £535k. This covers a cohort of 8000 patients and, in response to a question, Dr Mawji explained the formula for the allocation of the fixed sum. This is based on patient demographics and definition of the location of the surgeries. For this surgery the core sum is circa £64 per patient. In addition they can qualify for quality & outcome (QOF) and enhanced service monies, eg nursing home support, minor surgery; in 2013/14 this amounted to approx £280k. The total practice turnover last year was £980k taking account of both global sum allocation, QOF, enhanced services and other reimbursements; this included some reimbursements which will be non-recurrent in 2014/15 (eg maternity locum charges). Budgets are under significant pressure and appear to be reducing year on year. Staff expenses are predicted to be £350k in the current financial year (including employer’s pension contribution and tax). Rent/rates/non-reimbursable service charges at Victoria are £60k (an increase of over £20k from previous year). The balance of the income is spent on service and maintenance costs. GPs are self employed and the partners’ earnings are dependent on the financial performance of the practice, and can vary considerably. There is also a cash flow challenge as receipt of various incomes can be delayed into Jun-July the following year, squeezing cash in the last quarter of the year (Jan to March).In the current climate there has to be meaningful incentive for GPs to take on new/additional work, as the existing workloads are extremely difficult to manage.

There is a serious issue over succession within general practice as younger doctors are not attracted to the current set up which is significantly different to being a doctor in a hospital where there are better employment benefits and fixed salaries.

There is a separate budget for drugs which is managed in conjunction with Nottingham City CCG. The drugs budget for Victoria and Mapperley is £980k and the GPs have an ongoing programme of best value for patients. It was emphasised that drugs would not be refused in cases of need. GPs are also monitored on all onward patient treatment costs (emergency admission, outpatient referrals, A&E costs) which amount to circa £5.5m for this practice.

There was a question on GP commitment to the newly formed PPG and Dr Mawji reaffirmed the partners’ commitment to this group and disclosed that the practice received £3.5kin 2013/14 for participating in the patient participation service. It is thought that this funding will be withdrawn after 2014/15. GPs have up to 50 patient contacts per full working day. There was a further question on pressure on front line reception staff and how they might be better supported in handling the volume of patient interfaces both at their desk and by phone. Dr Mawji responded that there had

been recurrent discussions in this area, and that presently a decision to focus resources on online appointment booking and prescriptions which was ongoing.

Dr Mawji left the meeting and Drs Elias and Nightingale joined.

1. James Pam (acting Chair) welcomed everyone to the meeting and everyone introduced themselves.
2. Minutes from the previous meeting were approved with one amendment; there are two full time and five part time partners at the practice.
3. There were a number of action points from the previous meeting;
  - Detailed Patient demographics. Collette has an update of this and will attach the notes to these minutes.
  - Elected Chair and Secretary. It was agreed that the group should focus on agreeing its role, focus and priorities and, until then a rolling system of official roles will operate. James and Sue agreed to continue in their temporary roles for the next meeting. It is hoped that a permanent arrangement can be found by March 2015. The group membership is now 29. The frequency of meetings was discussed and it was agreed to keep to quarterly formal meetings attended by GP's and for the group to have an interim meeting to help shape the required agenda for the PPG. James will email/post a date and venue for the first interim meeting to be held in January. The focus for this meeting will be to decide on a suitable mission statement and agree a constitution. Bill recommended a look at the website of the Chaddesden (Derby) practice for some good ideas on best practise.
  - Staff photos. It was agreed to use the photographs of the GPs from the surgery website with names of all other staff (no photographs). The practice was asked to consider staff name badges for all employees. The practice was also asked to provide a list of services offered at each surgery, together with any GP specialities (including languages spoken). Collette will follow up with the partner/admin for agreement and implementation.
  - Website. Collette reported some improvements but more are needed. Again there was a suggestion to look at other practice websites to adopt best models. Collette to follow up.
  - Mission Statement/Constitution. This has been covered in the section on officials.
  - Friends and Family. This is a new mandatory questionnaire that has been introduced to engage patient opinion. There are two questions on the form; the first one is decided centrally and the second one can be locally devised. Collette tabled three options that the GP team had discussed and the group agreed to adopt the following question for the local one..."What improvements would you like to see". Collette agreed to incorporate this into a new print run of the form by January 1<sup>st</sup> 2015. There was discussion about the communication to patients of this new feedback form which could be improved. James recommended that individuals could inform themselves of this NHS development by looking at guidance on the NHS website. The Questionnaire is anonymised. The practice will collate suggestion from the feedback and share with the PPG group.
  - Improvement to Services. Covered above.

## **Today's Agenda Items**

### **1. December Newsletter**

Collette reported that this has been produced and is available at receptions. There was animated discussion about the visibility of this communication which needs to improve. Collette agreed to post the newsletter on the website.

## **2. Building work at Mapperley Surgery update**

Work at 858 is continuing with minimal patient disruption and should be completed by end January. There was a request for improvements in the seating provision within the waiting area and Collette is investigating feasibility of upgrading this.

## **3. Friends and Family Test**

Covered in above section

## **4. Data/Confidentiality**

There is a national initiative to share patient data on an anonymised basis. Current patients need to opt out if they do not wish to have their patient files shared in this way. New patients are asked upon registration.

## **5. CQC Visit VHC 3.11.14**

The verbal feedback from Drs Nightingale and Elias was positive and the inspectors had witnessed visible examples of good patient care. Three members of the PPG (Julie Lester-George and Anne Hardy – VHC and William Brown - 858) had been interviewed as part of the inspection and gave balanced views.

## **6. AOB**

Nothing

## **7. Next Meeting**

March 19<sup>th</sup> 2015 1pm at VHC site.