



Parkside Medical Practice

Dr Deolkar, Dr Foster & Dr Hughes

Bulwell Riverside Centre, Main Street, Bulwell, Nottingham, NG6 8QJ
Tel: 0115 9279119 Fax: 0115 9130692 www.parksidemedicalpractice.co.uk

PATIENT PARTICIPATION GROUP

Minutes of Emergency PPG Meeting held 23 April 2015 at 5pm

Present: The meeting was attended by 15 members of the PPG and the practice was represented by Dr Foster, Dr Deolkar, Dr Moss Langfield, Louise Owen (Practice Manager) and Carol Worthington (Reception Supervisor)

This meeting had been called at short notice to advise PPG members of the plans for future integrated working with Leen View Surgery.

Ms Jacey Joyce (recently appointed PPG chair) and all members of Parkside Medical Practice staff introduced themselves and Dr Foster thanked everyone for attending at little notice. Dr Foster emphasised that there was one agenda item only for this meeting which was integrated working with the neighbouring practice. This would be a significant development for the provision of GP services within the Riverside building and Dr Foster further emphasised that Parkside Medical Practice had only known about the possibility of integrated working since the beginning of April.

Dr Foster explained that the situation had arisen due to Leen View Surgery experiencing difficulties around the recruitment and retention of GPs within their surgery and these difficulties had reached a point that could threaten Leen View's future and their delivery of GP services. Leen View Surgery had approached Parkside Medical Practice at the start of April for assistance in providing some GP resources. Parkside Medical Practice had considered the approach extremely carefully and sought advice from the Local Medical Committee (LMC), the Clinical Commissioning Group (CCG), NHS England and solicitors and accountants. After due consideration Parkside Medical Practice had agreed that they would try to support Leen View Surgery and the plan was currently being finalised.

From the beginning of May 2015 three of the Parkside Medical Practice partners – Dr Foster, Dr Hughes and Dr Moss Langfield – would become partners in Leen View Surgery and would provide 1 day's clinical support each on a weekly basis with the aim of stabilising the neighbouring practice. Dr Deolkar had chosen not to be involved in the work with Leen View Surgery and would be concentrating all her time at Parkside Medical Practice. Dr Foster stressed that none of the Leen View Surgery staff would be joining Parkside. The 2 surgeries would continue to function in the short to medium

term as separate practices and the time lost at Parkside would be backfilled by locums straight away and advertising for a salaried GP would commence.

Dr Foster further explained that if Parkside Medical Practice had not chosen to support Leen View Surgery that surgery would fail and would either be taken over by a caretaker organisation or would close and the patients would be dispersed amongst other local practices. In this instance it would have been likely that Parkside Medical Practice would have been required to absorb a significant number of Leen View patients on to our list which could have been more destabilising for us.

The longer term aspiration would be that ultimately the 2 practices would merge.

Questions from the PPG

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| 1. Is this a temporary service? The PPG expressed some concern that Leen View surgery would be benefitting from regular doctors whilst Parkside Medical Practice would be using locums. | <i>The obvious aim is not to use locums but to recruit a salaried GP, however in the short term locum cover will be necessary.</i> |
| 2. Why will Parkside Medical Practice be able to recruit salaried GPs when Leen View Surgery has not been successful? | <i>Parkside Medical Practice had successfully recruited a 4th partner recently and it is hoped will present a younger, fresher more dynamic team which will attract applicants.</i> |
| 3. Couldn't Parkside Medical Practice partners just advise Leen View Surgery rather than working there? | <i>If we had chosen not to support them by providing clinical sessions then Leen View would close. The effects of watching a neighbouring practice fail would have been extremely destabilising.</i> |
| 4. A member of the PPG commented that this situation was similar to failing schools being taken over by more successful schools and that this was a very positive thing that Parkside Medical Practice was doing. | <i>Parkside staff thanked the member of the PPG for this comment.</i> |
| 5. What will be the financial implications on the surgery? | <i>Locums cost in the region of £95/hour and can charge more for home visits etc. and unfortunately there is a sellers' market in operation at present. Salaried GP rates vary depending on experience. The most important aspect is that we can recruit permanent staff.</i> |
| 6. Both practices have name boards with the names of the doctors on. Leen View used to have 4 or 5, what happened to all their doctors? | <i>The Leen View doctors left in a staggered fashion but the board was not updated in accordance.</i> |
| 7. Will the Parkside GPs be working a whole day at Leen View? | Yes |
| 8. What happens if patients ring on a day | <i>Dr Foster re-emphasised that this meeting was</i> |

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| when a doctor is working at Leen View? Can appointments be pre-booked? | <i>not to discuss the appointment system. Patients requiring a specific doctor would be advised of the particular days when he/she was based at Parkside and Parkside patients would not be able to see their 'usual' GP at Leen View. Dr Moss Langfield noted that patients do prefer certain doctors and would be welcome to call back on specific days but that in a real emergency patients should feel comfortable in seeing whichever doctor was available.</i> |
| 9. Can we be advised of the doctors working pattern? | <i>Yes, posters and website to be made available. (Also see Appendix 1)</i> |
| 10. Are the 2 practices funds being joined together? | <i>No, in the short to medium term the 2 practices will continue to operate independently and Leen View Surgery will recompense Parkside partners for their time.</i> |
| 11. If Parkside is successful in recruiting another permanent doctor we will still have 5 doctors when things are back on an even keel? | <i>That is the aim.</i> |
| 12. Is a merger in the background? | <i>In the longer term it is likely that the aim will be for the practices to merge. A large practice with 15 000 patients may be able to offer more streamlined care than 2 smaller practices.</i> |
| 13. A member of PPG suggested that patients should consider how they would feel if the tables were turned and Parkside Medical Practice was struggling and that they should hope that Leen View Surgery would support Parkside in the same way. | <i>Parkside staff thanked the member of the PPG for this comment.</i> |
| 14. Will the nurses be moving across? | <i>There are no plans for this to happen – it is solely GP time that is required.</i> |
| 15. How do the Parkside doctors feel about the plan? | <i>It will be quite stressful working across 2 practices, but the alternative would have been to stand by and watch Leen View Surgery fail. In the short term it will be quite painful but there should be long term benefits around learning/sharing opportunities for both practices and ultimately more stability for patients.</i> |
| 16. Why is there a shortage of doctors? Are they moving abroad for more money? Will the new pension arrangements have an effect? | <i>Doctors are retiring early, moving abroad due to better working conditions and fewer GPs are in training. General Practice is extremely hard work and fewer doctors are choosing to be GPs.</i> |
| 17. How long will Parkside doctors give this new arrangement? | <i>Difficult to give a precise timescale and it will be dependent on successfully recruiting salaried GPs. We can withdraw after 6 months, stay the same or possibly proceed to</i> |

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| | <i>full merger in the long term. Given a free choice we would not have chosen to undertake integrated working at this particular time but circumstances required that we had to make a fairly swift decision.</i> |
| 18. Why did 3 doctors choose to go across and not 2 (or 4)? | <i>More doctors mean that the pressure will be spread more evenly. Dr Deolkar had chosen not to join Leen View but was fully supportive of her partners in doing so.</i> |
| 19. What happens if other local practices fail? | <i>Either another practice will takeover or the patients will be advised to join other local surgeries. In the case of very small practices the patients are told which other surgery to join, but Leen View is too big for this to happen.</i> |
| 20. Do doctors from abroad have to requalify to work in this country? | <i>This depends upon the country of origin.</i> |
| 21. Will Parkside Medical Practice be actively involved in recruiting staff to Leen View? | <i>Yes</i> |
| 22. Could there be some requirements put in place to ensure that new doctors work as GPs? | <i>Possibly, but it would be quite difficult to enforce.</i> |
| 23. Why have the demands on GPs increased? | <i>Several factors including an aging population which requires more input and increased amounts of paperwork.</i> |
| 24. Do we get additional funds for people over a certain age? | <i>The practice receives a basic amount of funding for each patient which is the same regardless of age or the number of times a patient attends the practice. Increased funding can be obtained if we offer services based around specific diseases.</i> |
| 25. What do Leen View patients think about the plan? | <i>They were grateful that support was being offered to their practice.</i> |

As a final comment a member of the PPG wished the Parkside partners good luck.

The patients were thanked for their attendance and the meeting closed at 5.50pm.

Contact details for chair:

Ms Jacey Joyce – any member of the PPG wishing to speak to Jacey is asked to contact Louise (practice manager) in the first instance and your details will be passed to Jacey to get in touch with you. Thank you.

Next Meeting

The next quarterly meeting of the PPG will be held on Thursday 25 June at 6pm.

Appendix 1

Parkside Medical Practice – GP Clinical Sessions

| Day | Parkside Medical Practice | Leen View Surgery |
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| Monday | Dr Hughes Dr Moss Langfield | Dr Foster |
| Tuesday | Dr Foster Dr Deolkar | Dr Moss Langfield |
| Wednesday | Dr Deolkar Dr Moss Langfield | Dr Hughes |
| Thursday (am only) | Dr Deolkar Dr Foster Dr Hughes | |
| Friday | Dr Deolkar Dr Foster Dr Hughes | |

These are the usual working days for our GPs but please remember that they do attend ward rounds in local care & nursing homes and also take annual leave so may not always be available on the days listed above.