

4 Sep 19

**THE ALNEY PRACTICE – PRACTICE PARTICIPATION GROUP (PPG) MEETING –
1430 ON 3 SEP 19**

Present:	Apologies
Philip Tagg (PT) Practice Manager Rachael Banfield (RB) Health Care Assistant Jeremy Base (JB) Jennifer Taylor (JT) Megan Birchley (MB) Ken Newman (KN)	Katherine Holland (KH) CCG Pamela Dewick (KD) Geoffrey Gidley (GG) Mark Weaver (MW) Nadia Schneider (NS) Carol Kurylat (CK) Taras Kurylat (TK) Denise Leach (DL) Nicky Milligan (NM)

1. PT welcomed attendees to the meeting and thanked them for expressing an interest in establishing a PPG. He explained the background to the former PPGs for the pre-merger practices:

- Cheltenham Road Surgery's PPG was made up of members of the 'Friends of Cheltenham Road Surgery', which was a registered charity with the principal aim of raising funds for the surgery, to be spent to the benefit of its patients. The Friends ceased to operate several years ago when several of the members became too old to continue and there were no volunteers willing to take on committee roles. Subsequent attempts to create a replacement PPG were unsuccessful.
- College Yard and Highnam had a PPG, which ceased to be active around the time of the merger.

2. PPGs aim to be representative of the practice population and have a principal aim of meeting on regular basis to discuss the services on offer, and how improvements can be made for the benefit of patients and the practice. This initial meeting aimed to set the scene and agree a way ahead. PT also indicated that as a result of the practice merger we will be liable for a CQC inspection before the end of Mar 20, with the potential that they will wish to speak with the PPG at that time.

3. PT introduced KN who had previously been a member of the Friends and had, since the demise, continued to represent the practice at Gloucestershire-wide PPG meetings run by the Clinical Commissioning Group (CCG). KN said that one of the key messages he had taken away from those meetings was the need for effective 2-way communication. PT advised that The Alney Practice had a new website (launched this week) and hoped that this would facilitate improved communication.

4. JB had brought with him several points that he felt were worthy of discussion within the PPG but while discussions were free-ranging, we focussed on a few specific areas: Primary Care Networks (PCN); and practice telephones. PT explained the background and aims of the PCN, which is a NHS England initiative:

- The Alney Practice is a member of the North and South Gloucester PCN along with the Churchdown, Hucclecote, Brockworth and Longlevens Surgeries.
- We are the largest of the Gloucester PCNs with a total patient 'list' size of around 54,000 (the minimum PCN list size is 30,000).
- NHS England, through the CCG, sets the direction of PCN travel. By achieving delivery requirements (including initially the introduction between us of Improved Access appointments (principally between 1830 and 2000 on weekdays and on Saturday mornings)) PCNs attract additional (innovation) funding to offer additional services, potentially including physiotherapists, paramedics, advance nurse practitioners etc.

5. On the topic of telephones, PT stated that delivering an effective telephone system for patients and staff alike had been one of the most challenging aspects of the merger. He recognised that intermittent issues with the effectiveness of the broadband link between our sites had contributed to the frustrations being experienced. PT explained that issues are reported to our provider as they occur but that we are taking a particular focus during September.

6. JB also asked what we felt were the benefits of the merger and asked about the impact on patients of the closure of College Yard. RB explained that merging our staff had broadened the skills we are able to offer our patients. The closure of College Yard had not impacted significantly on patients traditionally using that site and PT assured those present that the effect on these patients (especially the more vulnerable amongst them) had been fully considered as part of the merger application process. PT also confirmed that we now have more GPs than the individual pre-merger practices, all able to work across sites, and that no clinical or administrative staff had left specifically as a result of the merger. Our current patient list size is in the region of 12,400 just 100 fewer than the pre-merger lists. College Yard and Highnam Surgery was also a single-partner practice and was vulnerable contractually to closure had anything happened to that partner. Merging with Cheltenham Road Surgery had provided resilience in the provision of NHS primary care from the Highnam site, and security of employment for the staff. Once a new surgery is completed at Quayside, there may be a reduction in our list size if former College Yard patients choose to register there.

7. The frequency and timing of PPG meetings were discussed and it was agreed that quarterly would be appropriate. PT agreed to liaise with the CCG in order to deconflict. Initially, however, meetings on a more frequent basis would be appropriate. A meeting would therefore be arranged for Thursday 24 Oct 19 beginning at 1730. Key items at that meeting would be to try and agree the Chair and a Secretary, and a willingness for PPG members to share their contact details.

8. The meeting closed at 1540.

P TAGG
Practice Manager