

Minutes of PPG Meeting held on 29th June 2023 at 2.00 PM

Present: Leslie Sher, Cecil Taitz, Dr D Ruben, Sandra Handerek

The meeting opened with an update on patient access to appointments and waiting time for appointments.

It was explained that the surgery has lost some staff members over the past twelve months, with the retirement of Dr Tang and other staff leaving due to travel issues or moving elsewhere and that replacing them has proved difficult. This is mainly due to a general shortage of clinical staff in the UK at present. The long promised additional GPs have not yet entered the market as training times for GPs is 10 years, so although the government had promised to recruit many more within five years, they are not yet available to work as it takes twice that amount of time to train them.

The shortage of staff also extends to Advanced Care Practitioners, who are nurses trained to a higher level, as lots of surgeries are seeking to hire them to fill the gap left by the insufficient supply of GPs currently. Although the surgery has been attempting to recruit both, we have not had many responses from either ACPs or GPs.

We are now finding Physician Associates starting to become available however. These began being trained a few years ago following the American model of using them to fill gaps left by the traditional doctors and more highly skilled nurses. They are widely used in American hospitals. Only one doctor may be needed to supervise multiple Physician Associates, as they are highly trained and can cope with all sorts of issues, but may need a doctor to prescribe, even if they may know what medication might be needed. They can therefore fill the initial gap for reviewing patients, but may need to seek the assistance of a doctor if they encounter a patient with a more complex problem. We have been interviewing these (Physician Associates) potential recruits and have just made an offer to one person who has accepted. Once this person joins the staff, it will enable us to increase the number of patient appointments available substantially as they work full-time, although they may need a little more time per appointment. This addition to the staff should help free up some of the doctor's time to be able to sign prescriptions and spend more time analysing test results etc. We therefore feel this will help us improve the service we are able to provide to patients.

Although surgeries do currently have the benefit of some assistance provided by Primary Care Network (PCN) staff such as care co-ordinators, health and well-being coaches, physiotherapists and pharmacists, this benefit may be limited both by the fact that they will only be helping one surgery's patients for a limited time each week. Their time is divided between the four member surgeries in the PCN that Langstone Way Surgery is part of, and they may also be engaged on particular projects that do not directly help the surgery with patient enquiries.

A discussion of the finance structure for GP surgeries followed as the result of a query about whether surgeries have any input into how they are funded. It was explained that surgeries have no input into this process and simply have to manage on the funding they are given. This is set by the government.

The majority of this funding comes from the standard sum paid per patient to the surgery each year. This however does not necessarily reflect the true cost of patients to the NHS, as the number can fluctuate over the year as the NHS attempts to deduct patients they feel may have left the area following checks they make to see if patients who have not visited the surgery recently are still resident in the locality. If patients do not respond to such contacts, they can be wrongly removed from the list and the funding that is paid to the surgery for them is also cut. If the patient subsequently does contact the surgery as they are still resident in the area, we have to re-register them, but there is then a time-lag of several months before the associated funding for that patient is restored. Surgeries are not informed if patients are removed from the surgery list in this way and

only find out when the patient again contacts us about something. GP surgery funding is therefore unstable to a degree and may not always reflect the demand being experienced by the practice. Patient numbers are rising at Langstone Way Surgery because of the housing developments in the area. The funding for the Surgery is based on a historical number of the patients and as a result, funding per patient is lower than it would be because of the higher current patient roll.

The PPG Chair was wondering if the PPG might be able to help patients get a better understanding of the pressures on surgeries currently and of the pressure on appointments. It was pointed out that the on-line booking system AccuRx is very popular with patients, but that this then leads to appointments being filled within minutes each day so that it quickly has to be closed as capacity has not only been reached, but exceeded. We do offer patients the chance to ring for an appointment if they do not have on-line access, but this of course also results in the phone lines being very busy and people having difficulty getting through, so there are no easy answers to the problem of access to appointments.

We discussed whether it might help to revise the Practice Leaflet and add more information about these kinds of issues there or whether something might be added to the website on the subject also.

The PPG might also be able to add something that they could send out to patients or add to their website to help people understand why it can currently be difficult to book appointments.

In summary, what patients should be made aware of are the following points:

- Physician Associates are being recruited, with the first PA anticipated as joining in the 3rd quarter of 2023. This will result in more appointments being available. The Physician Associates will be closely managed by an existing Langstone Way GP.
- Once Physician Associates are in place, this should allow doctors more time to be able to issue repeat prescriptions and speed up this process.
- The introduction of Physician Associates should also enable doctors to devote more time to interpreting test results, so that these should be available more quickly.