

Wye Surgery  
Minutes of Stakeholder Meeting  
Wye Church  
Monday 31<sup>st</sup> October 2011  
7.30-9.00pm

Present      Chairperson – Dr Jolyon Miles      **Action**

Dr Alan Fox - Partner

Dr Jessica Crouch – Salaried GP & Wye Surgery ACCG Representative.

Mrs Jo Shepherd – Practice Manager

Mrs Helen Goodman – PPG Wye Surgery Liaison

Mrs Mandy Godden – Administrator.

1)      **Introduction by Dr Miles.**

Dr Miles opened the meeting by welcoming and thanking the audience. He then explained that should the fire alarm go off the church should be evacuated and pointed out the emergency exits.

Dr Miles then introduced himself and other members of the panel. Dr Miles explained that the meeting is now a legal requirement of GP practices. The purpose of the meeting is to inform and obtain feedback from patients because the government wants to them to have a say in how health services are provided locally.

Dr Miles went on to explain the mechanism of commissioning whereby the locality obtain quality healthcare for patients within a financial budget. This means that things are going to be rationed and you will have a say in what.

Dr Miles explained that locally the Health Provision has been organised by the Primary Care Trusts (PCT's) but under the new coalition health bill the PCT's will be dissolved in 2013 and replaced by Clinical Commissioning groups, in this area we come under the Ashford Clinical Commissioning Group (ACCG). It was originally thought that GP's would be involved with the commissioning but as this has evolved it is very much a multi-agency setup.

Dr Miles then introduced both Dr Fox and Dr Crouch to the group and explained briefly what each Dr would be talking about. Dr Miles explained that there would be a question and answer session at the end and requested that people wait until then to ask their questions, he also informed them that there would be a feedback form available at the end of the meeting for those that wished to leave some feed back. Also there were some cards for leaving email addresses if patients wanted to be able to be contacted by email regarding other future events and meetings.

2) **Dr Jessica Crouch** – Dr Crouch introduced herself to the group and explained the roles of the Ashford Clinical Commissioning Group (ACCG) and the Clinical Commissioning Group. A copy of Dr Crouch’s speech is attached to these minutes.

3) **Ashford Clinical Commissioning Group Commissioning intentions and Priorities 2011/2015 – Dr Jessica Crouch**  
A list of the Commissioning Intentions and Priorities for the group is also attached to these minutes.

4) **Low Priority Procedures (LPP).**  
Dr Fox explained that due to the financial constraints some procedures have now been put on what is known as the ‘Low Priority Procedures’ (LPP) list. Some of these procedures would not surprise the group, things like Botox for cosmetic reasons, Breast Augmentation and cosmetic surgery. There are also things like Hip/Knee replacements and cataract surgery. This does not mean that these procedures will not be carried out in the future but it is intended that Dr’s meet perhaps stricter criteria before referring patients, for example patients who are awaiting joint replacements may be required to be within a weight band before surgery, thus reducing the cost of after care and possible extensive care following surgery. With cataracts there may be a minimum sight lost requirement before surgery would be considered.

5) **Wye Surgery Current and Proposed Future Services / Commissioning V Providing – Dr Allan Fox**

Dr Fox explained informed the group of the services currently being provided by Wye Surgery for Wye patients and some services for patients from other practices.

**INR Clinic** – available to patients who are on warfarin.

**Minor Surgery Clinics** – have been running for over ten years and are open to patients both from Wye and other surgeries.

**Hearing Aid Clinics** – A relatively new clinic to the surgery but one which has been very successful, a one stop shop where patients have a hearing test and then fitting for the hearing aid.

**General Surgery** – Patients see the consultant in the surgery and then if surgery is required it can be done at either the local NHS hospitals or St Saviours or the Chaucer at no extra cost to the NHS.

**Gynaecological Clinic** – has been running for several years for patients of Wye Surgery but is hoped to be extended to include patients from other surgeries.

**ENT Clinics** – Run by consultant who can perform many procedures in the Surgery, only for Wye patients.

**Cardiology Clinic** – Run under the GP with special interest scheme (GPSI) open to patients from both Wye and other Surgeries and run by Dr Fox. This clinic has the advantage of patients being able to carry out diagnostic testing that would normally be done in hospital.

Dr Fox also has access to other services at the WHH like echocardiograms at a reduced wait for patients.

Dr Fox went on to explain some of the advantages to patients using these clinics, they include

- Being seen by the consultant themselves and not a SHO or registrar.
- Consultants would then carry out any procedures that needed doing.
- Often shorter waiting lists.
- Costs to NHS are cheaper and normally fewer repeat visits.
- More convenient to the patient, clinics run more to time and free parking.

Dr Fox then explained some of the possible future clinics that may be available at Wye Surgery both for our patients and patients from other surgeries. These include.

- Ophthalmology Clinic
- Urology Clinic
- Echo Cardiology Clinic
- Dermatology Clinic

## 6) **Summary Care Records – Dr Allan Fox**

Dr Fox spoke to the group about letters they may soon be receiving from the PCT about Summary Care Records. He explained that this is a system where by minimal patient information is downloaded to a central spine to hold information such as, Diagnosis's, Medication and allergies. Dr Fox went on to explain that a lot of medicine is handled by out of hours services and the clinicians have no access at present to patient's medical records. Whilst this would make available a very brief summary it could be helpful in some circumstances. Dr Fox went on to say that the partners have some doubts about the accuracy of the information as there are many different clinical systems used through out the country. The group were informed that this is an all inclusions project unless they opt out. To close Dr Fox informed the group that the Surgery had been told by the PCT that this was unlikely to be up and running within the next twelve months.

## 7) **Questions and Answers – This is a sample of some of the questions :**

- 1) **Many of us find the Dr's on duty at the Out of Hours service difficult to understand, what can be done about it?**

Dr Fox explained that he is involved with the training of GP's and that there is some concern about the quality of the trainees

coming through and that for some of them English is there is often their second or third language. It is felt that there are insufficient people of good quality coming through and this poses many challenges.

**2) With the introduction of many new Clinics, is the surgery thinking of increasing the parking capacity at all?**

Dr Fox said that the plan was to hold the additional clinics outside the normal working hours of the Surgery and to utilise the facilities perhaps in the evening and lunch times.

**3) Could the committee structures be explained again?**

As this is a lengthy document it was agreed that it be included as an attachment to these minutes.

**4) Are we going to get to the end of the year and have no money left?**

Dr Miles informed the group that this is unlikely to happen as the finances are reviewed on a monthly basis, however towards the end of last year GP's were being asked which procedures could be delayed

**5) Do the Partners feel that these changes are going to be an improvement?**

Dr Miles and Dr Fox felt that these changes will bring some improvement. In the past the rise in the cost of procedures and drugs have risen drastically. Both Dr's agreed that by getting GP's involved it may help in reviewing wasteful referrals.

**6) Why can Consultants not carryout operations on Saturdays and Sundays?**

Dr Fox explained that this could quite possibly happen but there would obviously be costs involved, due to the requirement of support staff.

**7) If patients from other Surgeries are using the services of Wye Surgery are there surgeries being charged?**

Dr Fox explained that there are set tariff prices for all services and that if a patient is seen here then there surgery are charged accordingly and vice versa if a Wye patient goes to another Surgery for treatment we are charged.

**8) If patients go to the Out of Hours service or A & E are the surgery charged?**

Dr Fox explained that there are set tariff prices for visits to A&E and they go up according to how long a patient is there and if they are admitted. We are also charged for any tests that are carried out and medications issued. The education of the public is vital in the correct use of such services and a child visiting

A&E for a prescription of Calpol could end up costing the surgery several hundreds of pounds.

**9) As the Surgery is obviously suffering financially is that why they have switched to a Premium rate telephone line?**

Dr Miles informed the group that many hours had been spent discussing this subject and he did not want to move away from the topics being discussed. Dr Miles informed the group that more information had been put on the website regarding the telephone system @ [wyesurgery.co.uk](http://wyesurgery.co.uk).

- 8) **Dr Miles then thanked the audience for attending again and reminded them of feedback forms available on the way out. The meeting closed at approximately 8.30pm**