PPG Meeting Notes, 29 March at the Brook Surgery, Chalgrove

Present:

- Dr Chris Binns
- Lynn Baker
- Neil Topping
- Doreen Hobbs

- Nicky Smallbone
- David Lee
- Apologies, Carole Montague

The meeting consisted of an informal Q & A session with Dr Binns which included discussion on the following. Dr Binns was happy for the notes to be published to a wider audience.

- NT asked whether CB whether he thought that the recent changes to NHS pensions would help with recruitment/retainment of staff.
 - CB felt that the impact was likely to be fairly limited but might be attractive to, typically, senior consultants who were in the highest paid groups.
 - CB felt the increase in GP's leaving the profession was more down to the stresses of the job rather than financial considerations.
- NT raised the issue of Practices handing contracts back due to the knock-on effect of inability to recruit new GP's to replace retiring ones.
 - CB was not aware of any specific NHS plans to counteract these types of instances.
- NT questioned whether CQC inspections included any judgement of sustainability of Practices specifically related to staffing issues.
 - o CB was not aware of any such issues being part of CQC inspections.
- NT questioned what happens if a Practice is forced to terminate their service and hand their contract back to the NHS.
 - CB advised that every UK citizen is entitled to treatment and care under the NHS. In instances where a Practice is forced to terminate, the patient list is offered to other Practices in the hope they will be able to be accommodated.
- NT asked whether CB thought that the PCN (Watlington, Chalgrove, Thame and Wheatley Practices) was producing the intended benefits.
 - CB expressed the opinion that the Chiltern and Brook Practice is at a disadvantage due to the patient population of the two Surgeries being much smaller than Them and Wheatley.

- Having said that, some benefits have been derived such as physio and Pharmacist. However, the bulk of the workload tends to be that of a bureaucratic one which falls on the Practice Manager.
- According to figures obtained by NT, there are 500 GP's in Oxon. Of which 100 are classified as being in training.
- CB felt that the fact that young hospital doctors have felt compelled to take strike action does not bode well for the future of the NHS generally.
- CB feels it is unlikely that of any of these new doctors in training will be able to take over any GP Practices as and when partners come up to retirement age.
- Overall, there are predictions of a "perfect storm" whereby many of the active GP's in Oxfordshire (and nationally) are coming up to retirement age in a very narrow time frame, not long into the future.
- NS expressed concern that many people she comes into contact with have a
 perception that it is very difficult to get an appointment with a GP these days.
 - o CB talked about trends in recent years.
 - Traditionally each patient was seen twice per annum.
 - These days it averages out at 9 to 10 times pa.
 - Some 80+ years of age patients are being seen up to 14 times pa.
 - The business model is that the Practice receives £150 pa for each registered patient.
 - This business model is not sustainable.
 - A new doctor has just been recruited (after 8 months of trying). This
 means the Practice is fully staffed. There is no more funding available
 for any more GPs.
 - Having said that, there has always been the facility to see a patient the same day for those who genuinely need a same day appointment.
 - However, it is a fact that most appointments are now available after a two week wait.
- NS and DH commented on how well the new doctor has been received at Watlington.