

Notes of Meeting - Changes at Nettlebed Surgery – 11 March 2024

Present – NSMT Trustees
Colin Allum (CA)
PPG Committee Members
Anthony Morris (AM)
Dilys Wilde (DW)
Gillian Ovey (GO)
Wendy Ayre-Tilsbury (WAT)
William Murdoch (WM)
Dr Ravpreet Kaur
Harman Singh (HS)
Satnam Brar (SB - Henley Coaching Partnership)
Ann Sadler (AS Notetaker)

Apologies - NSMT Trustees
Stan Ainsley
Rosemary French
Tim Jones
PPG Committee Members
Annabel Boshier

Harman introduced himself – Consultant Cardiologist at a London Hospital, specialist in heart failure, husband to Dr Kaur, currently employed at Nettlebed as a part-time Business Advisor working with the Henley Coaching Partnership, Employment Lawyers, and the Integrated Care Board for Buckingham, Oxon and Berks (the ICB). His intention today is to give a perspective on the current position at Nettlebed Surgery. He is aware of speculation in the community and invited those present to offer their understanding of the current position.

The Committee / Trustees Current Views

GO had been a patient at the practice for many years both before and since its move to Wanbourne Lane. She reported that the practice had always been exemplary, but the past few weeks had been a disaster, with many patients furious that a GP, who had been at the surgery for many years and was very well respected, had been made redundant. She felt that the practice needed to rectify this.

AM pointed out that this is a country-wide problem, not peculiar to Nettlebed, and that patients needed to be supportive. Funding is being cut, not just in the NHS. We need to help the surgery find ways of saving money – perhaps technology, although WIFI in this area will be a problem.

CA felt it important that he should be at the meeting – he had heard rumours – “people being made redundant, doctors reducing hours, nurses to go”.

DW was keen to understand the position first-hand.

WM was concerned as to whether 2 GPs would be enough. All were keen to understand the position with regard to Dr Barton, Dr Silver, and the surgery's viability going forward. All those present interacted with the practice attendees to ask questions, clarify what was said, offer options and provide positive feedback and support.

GO had been keen to understand where SEOX fitted into the current structure¹.

Outline of the Current Position at Nettlebed

HS explained that the issue of funding is not confined to Primary Care; the NHS is having to find ways of reducing costs – an example in secondary care being the introduction of virtual wards. Costs are going up, funding is going down.

HS explained funding streams. The Global Sum is a per-patient annual sum paid to practices – This has remained similar for years with minimal rise each year. Other funding is received for meeting set targets. Additional funding streams have come up over last few years which includes the 'Pharmacy First' initiative, funds have been provided to employ non-clinical staff and non-GP staff e.g. GP Associates, who may be utilised to take some of the work from doctors. As a small practice the funding available to Nettlebed is insufficient to allow any significant use to be made of the funding.

As with most practices, the percentage of aging patients at Nettlebed has gone up, increasing demand.

Covid

The reason is currently unclear, but Covid seems to have accelerated other health conditions with the subsequent increase in demand. Technology has been rolled out in an effort to support demand e.g. to monitor patients occupying 'Virtual' beds.

GP Cover

Nettlebed traditionally supplied 18 – 20 GP sessions² a week.

In October 2022 Ravpreet was invited to join the practice. Later, the existing partners, who like many other GP Partners across the country no longer wished to have the pressure and responsibility borne by GP Partnership, and were considering selling the business and the building. In deciding to purchase HS explained that they were keen that Jules and Lisa should not retire but should remain at the practice to allow the new partnership to learn from Jules' and Lisa's vast experience. Understandably Jules and Lisa were keen to reduce their workload and agreed to stay as Salaried GPs working 6 sessions / week (3 days) on an

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ICB – Integrated Care Boards replaced CCGs. Nettlebed is part of the amalgamated Bucks, Oxon and Berks (BOB ICB).

Localities – replaced by Primary Care Networks. In the case of Nettlebed we are part of HenleySonNet PCN which includes The Hart, The Bell and Sonning Common Medical Centre. SEOX is South East Oxon, through which the extended hours service is provided across the area.

² A session is just over 4 hours and there are usually 2 sessions in a day, AM and PM. The recommended safe limit for GPs is 25 patients per day (2 sessions).

enhanced salary. Lisa has exceptional knowledge of how General Practice and Primary Care work, how dispensary services work, and of business in general, so HS explained that they were pleased to have secured the ex-Partners. Ravpreet was providing 6 sessions for a period of time last year and then increased to 8. Ravpreet will increase sessions to 10 to ensure some of clinical sessions are covered. We now have a clinical pharmacist who will be providing some clinical sessions.

Funding

The way in which NHS funding works, the first 3 months of the new partnership saw very little income attributable to the new partnership. New nurses were taken on and the payroll bill doubled within a short period of time.

The NHS contract currently being offered to GP practices provides no real-terms increase in funding for the coming years.

NHS Digital require us to adopt new technology, which HS has been able to utilise in an award winning way in his role as a Cardiology Consultant, and which has great potential to benefit patients across both Primary and Secondary Care. But at Nettlebed Surgery we want a hybrid system where those that have a clinical problem and cannot use technology to be able to come and see a GP face to face, and to know that the GP cares about their wellbeing.

Options

The new partnership has had to look at all the options for increasing income and/or reducing costs. That has included putting staff on notice of potential redundancies. As at the date of this meeting (11 March) no staff member has yet been made redundant although we know that this will be inevitable.

We are looking to ensure that the number of session slots is not depleted. We are looking at how those slots are utilised – what is the demand - and who is best to service the slot – doctor, nurse, HCA, Care Coordinator, Social Prescriber?

There is an indication that NHS rules may change allowing us to host specialist clinics at Nettlebed e.g. consultants for heart, diabetes etc reducing the need to wait for a hospital appointment. This would accommodate HS running a Cardiology clinic at the practice periodically, and utilising other specialist consultants.

The independent business consultants assisting the practice in reviewing the options are clear that the current business model is not sustainable. HS explained that he and Ravpreet have dismissed options that involve closing the surgery. They are determined that with the help of Lisa, the consultants, and support of the ICB they will be able to find solutions that will sustain the practice for the benefit of staff and patients.

Communication and the Community

The practice is bound by protocol to ensure that any information issued is accurate and approved by the consultants and ultimately the ICB. A message has been posted on the website and is available in hardcopy in the practice. In the meantime rumour, speculation, and inaccuracies have circulated in the community.

Potential Redundancies

All staff have been made aware of the potential for redundancies. At this time (11 March) no staff member has been made redundant. One staff member has elected for voluntary redundancy. Appraisal questionnaires have been completed for each role within the practice reflecting each staff member's role within the organisation and the terms of their contract. Each staff member is being assessed against the set criteria.

The next stage of discussions with staff is expected to be in the next couple of weeks. It is likely that clinical staffing levels will revert to the level that they were previously e.g. 2 Nurses, 2 GPs and 1 HCA.

Conclusion

HS expressed his gratitude to PPG Committee members and Trustees for their understanding and support.

It was agreed that a WhatsApp group should be set up for the PPG Committee, and another for the Trustees so that updates could be forwarded securely. Ann to gather telephone numbers for each group and forward to Dilys and Anthony.

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