**Notes of the Proceedings of the Patient Engagement Events**

**Wednesday 26th March 2025 at 12.30 p.m. and 6.30 p.m. at The Phoenix Theatre**

**Rationale**

Drs Ruth Harding and Dean Eggitt, partners in both Bawtry and Blyth Medical and The Oakwood Surgery decided to hold these meetings to update Bawtry and Blyth Medical’s patients with regards to progress towards a full contractual merger of Bawtry and Blyth Medical and The Oakwood Surgery, and also to address any concerns that patients might have about the quality and quantity of care available since they took over from Drs Dorothy Thomas and Ting-yiu Wong in April 2024. These notes are the collated proceedings of both meetings.

**Presentation**

Dr Eggitt led both meetings and opened each one with a presentation he had put together. Each meeting was also attended by Dr Harding, members of staff and representatives of both practices’ Patient Participation Groups. The presentation itself has been made available on the practice’s website. Dr Eggitt used the presentation to explain what the practice has been doing over the past year. Each of the headings below represents a theme of the meeting.

**Merger**

The main topic for discussion was the nature of the progress made in merging Bawtry and Blyth Medical and The Oakwood Surgery. Dr Eggitt explained that no merger has as yet taken place. This is because as Bawtry and Blyth Medical is part of Nottingham and Nottinghamshire Integrated Care Board and The Oakwood Surgery is part of South Yorkshire Integrated Care Board, and an agreement needs to be reached between these two organisations to authorise both the contractual merger itself and the transfer of funds associated with Bawtry and Blyth Medical to South Yorkshire, within which the merged practice will sit. Despite having informed both Integrated Care Boards in May 2023 that this was our intention, no agreement has as yet been forthcoming, now two years later. As it stands at present, we are aware that a draft memorandum of understanding between the two Integrated Care Boards has now been created, but has not as yet been approved. We have been given various projected dates for this merger to take place, all of which have come and gone with no merger. The most recent projected date we have been given is 30th June 2025. Due to these prolonged delays, Drs Harding and Eggitt undertook to take over Bawtry and Blyth Medical’s contract as of 1st April 2024 to allow Drs Thomas and Wong to move on. The prolonged uncertainty regarding our merger has created significant challenges in managing what are still two separate practices across two Integrated Care Boards and two Primary Care Networks. Although these challenges were anticipated, they were taken in good faith to be temporary. As it stands, a temporary arrangement has become much more long-term than we were led to believe, and thus those challenges have become far greater with the passage of time.

**Primary Care Network Membership**

A Primary Care Network is a group of independent practices that work together to deliver the Network Directed Enhanced Service, a contract which provides various kinds of additional care for patients, such as extended opening hours. The Oakwood Surgery is currently a member of the Central P.C.N. in South Yorkshire and Bawtry and Blyth Medical is a member of the Larwood and Bawtry P.C.N. in Nottingham and Nottinghamshire. When The Oakwood Surgery informed Central P.C.N. of its decision to merge with Bawtry and Blyth Medical, Central required it to leave. We have attempted to find another P.C.N. which would be willing to accommodate us without success. We have attempted to establish a new P.C.N. with o other practices without success. The Integrated Care Board has the right to assign a practice to a P.C.N. in situations such as these. Unfortunately the I.C.B. has repeatedly refused to do this for unknown reasons. This leaves the practice in a very precarious position. If we lose access to a P.C.N. our patients will no longer be able to access additional care through us, and may have to access such care through another as yet unknown provider. There are also significant financial consequences for the practice if we are not in a P.C.N. which may result in losing a member of staff. As with the merger, this situation is also currently unresolved.

**What We Said v. What We Did**

In the initial Patient Engagement Events we undertook in September 2023 we undertook to maintain all of the services that Bawtry and Blyth Medical currently offers, including keeping both sites open and retaining all existing members of staff. Since then we know that this has not been the case. Where it has been possible for us to do this, we have don it. Both sites are open and will remain so. Bawtry Health Centre is rented from N.H.S. Property Services Ltd and Blyth Surgery is owned by Dr Thomas. Drs Harding and Eggitt are in the process of purchasing Blyth Surgery from Dr Thomas. Dispensing services remain available to eligible patients at both sites. We have maintained the same average number of appointments available per day. We have maintained the full range of services we used to offer, including minor surgery, teledermatology, I.N.R. monitoring and extended hours. We also intend to make Bawtry and Blyth Medical into a G.P. training practice which will create additional capacity and improve the overall quality of care. We have also introduced new quality measures, such as palliative care reviews and safeguarding reviews.

We have however had to react to changing circumstances. It was initially the case that we anticipated that Drs Thomas and Wong while stepping down from partnership would remain with the practice as salaried G.P.s for a period of 1-2 years. Unfortunately both Dr Thomas’s and Dr Wong’s circumstances changed and they requested an expedited departure, with Dr Thomas leaving at the end of June 2024 and Dr Wong at the end of August 2024. Although it is true that Dr Wong did ask to stay after informing us of this, by the time that he did we had already offered the position and so were not able to accommodate his request. We have also had a new Practice Nurse and new receptionists since then. In response to these changes, we have also tried to diversify the team by introducing Advanced Clinical Practitioners such as Ms Amy Beth Jones and Mr Richard Harris, Clinical Pharmacists such as Mr Daniel McNulty, Nurse Associates such as Miss Kerry Wigham and Health Care Co-ordinators such as Ms Mandy Goodall. We have also ensured that our remaining staff and all newly recruited staff are able to work across both practices so that we can work as closely as possible across all of our sites. We acknowledge patient concerns about the lack of a female G.P., but it is possible for Dr Harding to see patients who request a female G.P. at The Oakwood Surgery. We also have a female Advanced Clinical Practitioner who offers face-to-face appointments on both Wednesdays and Thursdays and can deal with almost all the problems that a G.P. would be able to deal with. We did identify this as a challenge early on and recruited Dr Vimbainashe Bizabani to meet that challenge. Unfortunately Dr Bizabani was unable to remain with us as she has chosen to redirect her career.

One of the main changes that we know our patients have found particularly difficult, is the removal of freely prebookable appointments. After our initial trial we have now reintroduced a very limited number of freely prebookable appointments and have also extended this to The Oakwood Surgery. We took this decision due to the high incidence of appointments booked with a G.P. that could have been dealt with in a different way, but also due to the very large number of appointments wasted through patients failing to attend. It is of course still possible for clinicians to book follow-up appointments in advance. We are continually reviewing this system to ensure that we offer the appointments we have in as efficient a manner as possible.

We have also taken the decision to end the ordering of repeat prescriptions via telephone as of 1st May 2025. Most G.P. practices now do not allow this, including The Oakwood Surgery. This is for reasons of safety and efficiency. There is a significant risk in communicating a prescription request via telephone that the request will be misheard or even not actioned at all as there is no written record. Having a written record means that the practice can track the request better. It also means that we will be able to free up a considerable amount of telephone time, so improving patients’ experience of our telephone system. Please be assured however, that those patients who are unable to make prescription requests via electronic means, or in person will still continue to be permitted to request their prescriptions via telephone. A list of such patients is being compiled.

**What You Can Do**

One of the questions that was asked by a number of patients was what patients can do to help the practice in its current difficulties. Indicative votes were taken of the patients present upon a motion requesting the respective practice I.C.B.s to urgently resolve the issues of contractual merger and P.C.N. membership. These votes were unanimous in favour at the 12.30 p.m. meeting and unanimous with one abstention at the 6.30 p.m. meeting. Dr Eggitt will co-ordinate a formal letter to the respective I.C.B.s with the Patient Participation Group. Dr Eggitt also encouraged patients to join the Patient Participation Group. One patient further suggested a petition which could be signed by patients at Bawtry and Blyth Medical’s receptions. The text of the letter will be published upon our website as well.