MINUTES OF THE GREAT BENTLEY PATIENT PARTICIPATION GROUP MEETING

HELD ON THURSDAY 17 MARCH 2016

AT 6.30PM IN THE MICHAEL WRIGHT ROOM, GREAT BENTLEY VILLAGE HALL

Chaired by Melvyn Cox

Present: Charles Brown, Vice Chair/Treasurer
Barry Spake, Communications & Membership Officer
+ 14 Members
Richard Miller, GBS Practice Manager

1. **Welcome, Introduction**

The Chairman welcomed everyone to the meeting.

2. Apologies for Absence

A couple of apologies were recorded, and our secretary, Judy Ward, was wished a speedy recovery following the occurrence of a Detached Retina.

3. **Minutes of the last Meeting**

No points were raised and approval for the Minutes was given.

4. **The Big Care Debate 2 – Invitation to participate**

Chairman Melvyn reported that he had attended the initial meeting and that once again the focus was on discovering what the people of Essex had experienced in health care matters. It was pleasing to hear that the CCG was keen to hear of any waste or duplication within health services, but there was the possibility that any reports may not get back up the chain high enough to reach those people that can effect change. There is still the desire to improve services whilst under ever tightening budget restraints. The aimed for savings are £14M each year for four years. There is to be a new focus on Digital Healthcare where it is thought that large savings can be made.

5. **Digital Health Care**

Melvyn said that he would ideally have liked to get a guest speaker on this subject but this was not possible due to our small audience size. Also it might prove to be a rather 'dry' and inherently technical subject, so instead he would attempt to pass on the content of a summary he had read on the subject from a paper published in February 2016 entitled "Delivering The Benefits of Digital Health Care".

What does "Digital Health Care" actually mean? It means delivering better healthcare through new Digital technologies. The report suggests that Digitally healthcare is 10 years behind other industries. There are over 43,000 Medical Apps available and although many are intended for healthcare professionals others are suitable for use by anyone. Only 2% of those questioned had any Digitally enabled transaction with the NHS although 75% admitted using the Web for health information. In addition 71% of the population now had a "smart" phone. It is considered most important that Analogue/paper routines are replaced and not just added to by a layer of Digital recording on top. The attempt to reduce costs is perhaps contradictory to the probable high costs of introducing new routines.

6.

7.

8.

9.Digital Healthcare needs the following: -

10.To encompass and support new ways of working

11.Culture change

12.To solve problems, not create them

13.Competent Analysts to get the full benefits from electronic data

14.Sharing of data across disciplines

15.Security of personal data , otherwise resistance from both Patients and Healthcare professionals

16.

17.Q. Comment from members - the NHS has already spent a large sum on such technology but not very successfully!

18.A. True - a previous spend of £10B under the National Programme for IT had not yet proved to be worthwhile. The summary had concluded by suggesting that we are at a "Digital tipping point".

19.

20.**6. NHS Approach to Change**
Melvyn said he would summarise from a recent paper of this title.
The NHS wishes to increase the rate of change but still needs to save costs. This is of course contradictory but their thinking is that to spend more now will save money/problems later. There are two main types of change - Technical change and Adaptive change. Technical change where a solution is known and has to be implemented and Adaptive change where new methods need to be developed. The latter is inherently more difficult, more demanding and more costly. The NHS has been trying for two years to plan forward using 93 clusters of CCG's but not successfully. However they will not give up on this scheme and will now proceed with 44 clusters of CCG's. It is noted that even internally this has been questioned. The UK is trying to treat a growing, ageing and more demanding population without spending more money, in fact less money! 83% of the UK health spend is by the NHS and yet amongst 30 countries we were 11th from bottom when expenditure is measured against our GDP (Gross Domestic Product). However Richard Miller suggested that this is because the NHS is actually quite efficient!

21.7.Surgery News -

Richard Miller advised that Dr Freda Bhatti had been re-elected onto the NE Essex CCG and that he too had been elected as a 'lay' member.

Also advised that there is to be a "Transformation Fund of £700M available for Surgeries to improve Primary Care and that they are to form part of the Committee to determine how a share of this should be spent in our area.

There are new 'Key Performance' figures now published on our website and Richard intends to use such statistics to further improve our Practice.

The Surgery will undergo a CQC inspection on Wednesday 23 March 2016 which will last all day. This is the first such inspection for 3 years, but will in future be an annual event. Melvyn surprised the assembly by advising that the PPG Committee were requested to attend.

DNA's where mentioned again this month and members questioned whether the Surgery should be invoking a penalty on persistent offenders, but Richard commented that this was both unpalatable and rather impractical. Melvyn commented that at a recent 'group PPG's' meeting this subject had

been discussed in some depth and other local surgeries where sending out letters on either a 1st or 2nd offence whereas we were only doing this after the 3rd such offence.

There was also discussion about the booking of medical reviews, mainly concerning the lengthy wait experienced of late. Richard advised that the partners had agreed to fund an additional P/T doctor, providing that recruitment was possible. It is noted that there is an overall shortage of GP's in our area.

Judy Bishop commented upon a lengthy wait when telephone lines were engaged, which she fully understood, but commented that the automatic message given appeared not to lead to any conclusion. She praised the Surgery for their recent good care upon her attendance.

8. AOB

The growth of housing development in the area is still of concern and Melvyn asked Richard whether the Surgery's boundaries can be restricted in able to curtail the number of patients to remain within the capabilities of the Surgery. Richard said that this was not an option available to them, only closure of their patient list could be applied for and this too was impractical.

9. **Date and Time of Next Meeting**: Thursday 21 April 2016 at 6:30pm in the Mitchell Room where we return for the remainder of this year.

Melvyn thanked everyone for coming to the meeting which closed at 19.45.

Melvyn Cox

Chair PPG
(In Secretary's absence)