

Minutes of the Great Bentley Patient Participation Group

Thursday 17th April 2014

Chaired by - Melvyn Cox

Present :

Charles Brown - Vice Chairman/Treasurer

Barry Spake - Communications Officer

Sharon Batson - Secretary

Dr Bhatti – Senior Partner

13 members present

1. Welcome and apologies for absence

Chairman welcomed everyone to the meeting

Apologies received from Richard Miller

2. Minutes of last meeting

Agreed

3. Planning Application – Restaurant 43

Main concerns are smell of cooking and noise coming through open windows and further problems caused by lack of parking spaces.

Peter Balbirnie asked that all concerns are sent TDC so that they can be included in any agreements issues.

General discussion about concerns and whether the green could be used for parking

Linda will call this into committee but advised that is likely to go ahead. The date for comments on planning application has already passed.

This led into a general conversation regarding the surgeries option to merge practices/opening books to patients from outside the current area. The general feeling from the surgery is that this will not be an option at this stage.

4. Outreach Report – CCG Big Care Debate Summary Meeting 27/2/14

NHS summarised Shane Gordon's presentation mainly consisted of the same questions that our PPG had asked him.

They are working to join forces together, the days of the old fashioned doctor are gone.

Summing up NHS are short of money, the budget increases will not cover the rising need.

A very detailed document has been issued and our PPG was one of the major contributors succeeded only by Thorpe.

5. Outreach Report – Health Forum/CCG Management meeting

CCG group officers have been replaced, PCT commission not all services at hospital are made up of officers and doctors.

Improvements in discharge rate – CCG are carry out better planning and when patients arrive their discharge is planned at this time.

Concern over surgeries – CCG are trying to recruit more doctors. People are having to travel to other surgeries and if no surgery available in the area then being sent to hospital which is adding to the strains they are already under.

Concerns over the closure of Harwich/Clacton maternity units – this was carried out as a safety issue on the labour ward due to lack of midwives.

1 midwife to 39 patients in Colchester , 1 – 17 in Clacton and 1 – 14 in Harwich. The midwives were upset as decision made without consultation.

The future of the units will be discussed at review meeting on 12 June. The CCG are trying to recruit more midwives.

Health Forum

2 members of the board are on the forum

Keo review – looks at the hours junior doctors are working and having to act-up, CCG are applying pressure to ensure senior doctors are on duty.

Accounts of CCG and hospital have a discrepancy of £1,000,000 by the board meeting this had risen to £2,000,000. The finance director has advised the matter has been resolved, and the coming year the financial deficit is £3.2million.

There is great deal of fraud taking place, mostly within the Primary Care dept, not all intentional and there is currently an anti-fraud review taking place.

Treasurers Report

Account is currently not open but application in place with Co-op bank. Discussion as to whether an account could be open at Lloyds as this is where the surgery banks – Dr Bhatti to look into this.

6. Outreach Report – Ambulance Working

NOTES ON
VISIT TO THE AMBULANCE WORKING GROUP MEETING
TUESDAY 18TH MARCH 2014 (10 - 12 am) ROOM 16a
PRIMARY CARE CENTRE, TURNER RD, COLCHESTER

There were approx. 12 people present incl. Melvyn Cox, Alan & Judy Bishop from Gt Bentley PPG.

Steve Box from the AS attended and was asked to outline the current status for the area.

He advised that the Regional spend is £176M and that our CCG share is £14.5M. There were 480 qualified paramedics planned for the Region by 31/3/2015, this covered 6 areas in total. This would be followed up in the following year with a further 450 personnel and the full compliment would be met the next year to a total of 1,200. Our CCG currently has 168 and we are fully staffed.

There are 19 CCG's in the Anglia Region, with Suffolk being the lead negotiator, and the others paying a fee for this service.

From the existing Budget 6 Replacement ambulances are currently being purchased for our CCG and 4 totally new ones in addition. Paramedic cars are to be reduced as they have restrictions in capability.

Although we are fully staffed in this area there is still a serious deficit in capability and the AS is seriously stretched.

Some of this is caused by 'inappropriate' calls, whilst some are caused by system bureaucracy - two examples are 'Care Homes' which all have a 'no lift policy' following an inmates fall and 'Care Line' who cover themselves against making a mistake by passing all 'fall' calls to the AS.

SB advised that only 48% of attended calls actually entailed transport to hospital. He explained that the 'call centre' read from a screen led script asking questions to determine whether an ambulance should be sent. After hearing of some totally inappropriate calls which were attended, MTC asked SB whether he considered that the 'script' was appropriate as clearly the AS makes too many wasted journeys and the 48% 'pick up' was low? He was quite reluctant to comment (in case he was quoted probably) and replied that the 'script' was designed at a National level and that the AS therefore had no control or even input.

SB said that there were further conflicts with 'receiving hospitals' inability to take in patients that the AS delivered and also some Drs calling for the AS where it was not appropriate. He maintained that overall procedures were now more complicated than last year and this added to the strain.

Other attendees wished to query the suitability of the 111 AS (provided by private coy IC24) and SB said that he had lost some staff to this rival (who paid more but somehow beat NEEAS on the bid budget) but overall the system does work since the nearest ambulance attends regardless of whose it is.

SB also said that a number of people called ambulances as they thought that they would be seen more quickly at Hospital, he assured that this was a fallacy.

It was suggested that the AS might spend more on public education as to when and when not to call an ambulance. SB explained that they did not have much of a budget

for this beyond the current campaign "A & E Won't Kiss It Better". Some attendees criticised this campaign but your PPG said that they supported it. SB said that an earlier campaign offering 'coaching' and a group contact to all the Care Homes in our area had not met with a single response. There was considerable discussion concerning Ambulance response times and the unrealistic target of 8 minutes that had been set at a National level. AB & JB outlined a recent case that they had witnessed and how it had taken 90 mins to get an ambulance to Gt Bentley after someone fell at 9am. There was much further discussion but none that was able to reduce attendance times mainly due to the complexity of the problems outlined by SB.

Anthony Marsh is the new 'Head' of the AS and has instigated many changes even without higher approval - mainly achieved by working within the already agreed budget.

The Chairman then thanked the attendees and advised that minutes would be circulated. He then declared that he saw no benefit in future meetings and terminated the meeting.

I have since received the 'Minutes' of the meeting and it may be that further meetings could occur.

7. Hollies Surgery News

Nothing further to report

8. Any Other Business

Careline now have trained staff that are able to help if someone has a fall, rather than calling an ambulance.

Meeting closed at 7.40pm

9. Date of next meeting

Thursday 15th May 6.30pm Great Bentley Village Hall - Michael Wright Room