

Minutes of Great Bentley Patient Participation Group

Thursday 20th March 2014

Chaired by – Melvyn Cox

Present:

Charles Brown – Vice Chairman

Sharon Batson – Secretary

Dr Freda Bhatti – Senior Partner

Richard Miller – Practice Manager

Approx 50 members present

1. Welcome and Apologies

Melvyn Welcomed those present including Dr Shane Gordon

Apologies received from Barry Spake

2. Minutes of Last Meeting

Agreed

3. Guest Speak – Dr Shane Gordon, GP and Chief Officer, Clinical Commissioning Group

The CCG has been in place since April 2013 and is the local NHS statutory body providing hospital and community services in our area, but does not cover general practice as this is provided by NHS England.

Big Care Debate – looking at the future of the health service in the Colchester/Tendring areas. 1000 people have been involved in the last 4 months. The main topics are to look at changing the way NHS listens to the people it serves and being more available, and to make local general practice responsible for health services commissioned in the area.

Circumstances we find ourselves in 2014 – The Health Service is very protected with regards to funding, services not needed to be slashed as drastically as within Social Services. However the growth in funding is not as fast as the growth in need. More people not working and paying tax, the older you get more medical conditions are likely and therefore costs more money.

£400 million allocated to Colchester/Tendring CCG per annum

£200 million allocated to NHS England for the area per annum.

Under pressure to do more with the same money, £20 million more work in new year with the same money as last year. If a cut of £20 million was to be made this would be equal to cutting every GP surgery in Tendring, half the medicine prescribed each year or 1/3 of all operations each year. This is likely to be the case every year for the next 3 years.

The Plan to meet the challenge is to change the delivery of services.

Faults in Cancer Services not due to cuts but due to money not stretching far enough for volume of need.

Maternity challenges – pressure on funding, not enough money and midwives for demand. Surgeries unable to recruit doctors.

The future plan to make things better is to provide
Lots of support in the community to look after yourself
Good access to services when needed
Ensure that services join up effectively
Efficiently dealt with at all times

Changes in Services

Local GP's have just won contract to take all blood tests in the surgery commencing later in the year. Several surgeries are in talks about merging services/resources/doctors as this allows them to stay viable.

Hospitals and CCG working together across Essex to provide the best services to keep them in the area.

4.Refreshment Break

5.Questions to Dr Gordon

Alan Bishop

Finances/Wastage, received a copy of health forum paperwork for him and his wife, posted in separate large envelopes a cost of over £2 per time. Melvyn advised he had received the same and paperwork could have been put in smaller envelope for much reduced cost, even though he had elected to receive communication by email.

Dr Gordon took sample of envelope and will investigate.

Susan Henderson

Will the CCG plans be published?

Dr Gordon advised that the plans are currently with the Health and Well Being board to be signed off in April and then they will be published on CCG website, last years are currently available to view. Feedback is available via the Health Forum, PALS, website, Twitter, Facebook or in writing.

John Leggett

Praised the service he had received as believed he would have to go to Cambridge/Ipswich for the treatment he needed but was offered an appointment on a Saturday morning in Walton, and was very happy to be dealt with locally.

Dr Gordon advised that this service and been introduced to reduce the number of people going to hospital but this had not proved to be the case so unfortunately as not cost effective it will not continue.

Anna Winter

With surgeries merging and the choice of a GP becoming available from 1 October how can this logically provide the best service to an ageing community?

Can the PPG effectively change any of the plans in place?

Dr Gordon advised that not necessarily a logical solution but a necessity to save money – less buildings/staff costs will enable the service to be provided more efficiently.

Access to surgery – As older people do not have facility to travel then telephone appointments would be appropriate, with visits from community nurses. Also in time the transport links would adapt to deal with the changes.

Surgeries are not being forced to do this but it may be they cannot afford to stay separate, this however is not an issue for Great Bentley.

Dr Bhatti advised that even though we are a strong practice we need to move with the times, and as Frinton/Walton are struggling it maybe become evident that we will have to be involved in supporting them. The patient expectation of the surgery man need to change. Once choice is given , then people can chose the service that best suits their needs.

Richard Miller – if patients vote with their feet, this will bring more patients, how will the surgery cope.

Dr Gordon – more patients will bring more funding allowing the change of dynamics and providing more space, adapting to the changing needs of the population. With regards to effectively changing the plans, the election may do that anyway.

Theresa Hern

Continuity of Care – provided by surgery doctors, be aware of and read notes before seeing patients.

Dr Gordon agreed that a very good level of service was provided by Great Bentley, but advised that pressures of time can make it not possible to always achieve this.

Judy Bishop

Is involved in lots of things at Colchester hospital and wanted to point out that peoples grievances are not caused by those they deal with directly but are caused from higher up. There are lots of groups/forums that make a difference, and wanted to ask people to join these and to do all they could to help and support our surgery.

Dr Gordon advised that it can be hard sometimes to see the sense in some decisions that come from higher up but it is the responsibility of local services to make these things work.

Alan Green

Maternity Closures – why – due to funding ? shortage of midwives?

Review in June – will Clacton re-open. Impact on local community and transport. Have SCOPE been involved? The moral of the staff is low and they feel they are not cared about.

Dr Gordon advised that more money has been spent on maternity services this year than last year. It is very rare to have smaller maternity units as they are not always cost effective to run. The unit is not closed completely, it is still providing pre and post natal care, but not currently delivering babies. This has been caused by long term sickness of midwives and there not being enough to maintain Clacton unit effectively and provide safe care.

There is a shortage of midwives and they are currently in the process of recruiting 5 ½ full time midwives. They are still delivering a good level of care even during emergency caesarian – priority is always safety. The department are currently managing a crisis, but normal service will be resumed at Clacton and there will be a review in June which will include public consultation.

It takes time for a new team to bring about changes, but the new team at Colchester are working very hard to bring in changes as quickly as possible working with a staff of 4,000 people. The concerns raised will be passed onto the board by Dr Gordon and also by Dr Bhatti as she has been appointed to work with the member of the board responsible for maternity care.

Judy Bishop

Has had a meeting with the new Director of Nursing Dee Hackett. The whole management team at Colchester has been replaced and this is now working well. The current Chief Executive is a temp post but a permanent Chief Exec is currently being recruited and will be in place in approx 6 – 9 months.

Graham Horton

With regard to the cancer services is it the clinical service of the admin services that were in question?

Dr Gordon advised that failings in administration were the main reason for the problems that occurred, however he feels that clinicians are responsible for the care and there should be combined responsibility between managers and doctors to provide an excellent level of service. To ensure this does not happen again there are now doctors and nurses on the board and they are accountable for services.

Linda Elliot

What are long term provisions for care of elderly, community matrons?

Dr Gordon advised that working together with Health and Social Care to arrange for all services to be coordinated is good practice. Reduces number of people that need to stay

in homes but not the number of people in hospital. Better medical to try to maintain care in the community.

Bidding for the 3 year contract for community matron will take place in the autumn, through the Care Closer to Home project. Currently community matrons are liaising with social workers and this is working well.

Melvyn thanked Dr Gordon for his time, who said he would be happy to continue questions after the end of the meeting and that there was a public board meeting at Columbine Centre in Walton at 2pm on Tuesday 25 March and all were welcome.

6. Hollies Surgery News

PPG Project update

Lighting is now in place and working

Disabled Spaces – slow progress is being made and Richard will keep the PPG informed.

7. Treasurer

Charles Brown has agreed to be treasurer

Proposed by Melvyn Cox

Seconded Sharon Batson

John Leggett

All agreed

8. Any Other Business

Melvyn mentioned that if anyone is having problems opening emails to let him know as he has a software programme that will solve that.

Also welcomed anyone at the meeting that was not a member of the group to complete form and return.

9. Date and Time Next Meeting

Thursday 17 April 6.30 pm

Mitchell Room

Meeting Closed 8.15pm