

MINUTES OF THE GREAT BENTLEY PATIENT PARTICIPATION GROUP MEETING

HELD ON THURSDAY 21 APRIL 2016

AT 6.30PM IN THE MITCHELL ROOM, GREAT BENTLEY VILLAGE HALL

Chaired by Melvyn Cox

Present: Charles Brown, Vice Chair/Treasurer
Barry Spake, Communications & Membership Officer
Dr. A. Nambi, Partner, + 13 Members

1. **Welcome, Introduction**

The Chairman welcomed everyone to the meeting.

2. **Apologies for Absence**

A couple of apologies were recorded, and it was noted that some members may wish to leave early for the Queen's birthday celebration being held on Gt. Bentley Green.

3. **Minutes of the last Meeting**

No points were raised and approval for the Minutes was given

4. **Digital Health Care**

Melvyn said that following the publication of the article that he had reported on last month, there had been considerable 'chat' on the web concerning various aspects of the report. However, one of the most amusing was from Paul Rice who is head of Technology Strategy, Digital Health Team, who as an Irishman himself, felt free to re-tell an Irish joke. His joke goes as follows :- An Englishman asks an Irishman for directions to a certain place, after much thought the Irish chap says "Well, if you want the best way to get there I wouldn't start from here, if I were you!"

And the point, of course, is that this is where Paul Rice finds himself in relation to the introduction of digital technology.

Another aspect commented heavily upon was the fact there are 5 major suppliers of medical practice software in use across the country's clinics and surgeries and that none of them are compatible, which will be a major hurdle to integration.

On a slightly different tack - Nigel Edwards, Chief Executive of the Nuffield Trust, has commented that the last reorganisation of the NHS left parts of it broken and that managers have been frantically trying to fix this. He begs that no more changes be made until the fixes are in place, since this could cause more harm than good.

5.5. **Brexit**

6. Melvyn introduced this subject saying that he wished it to not be a 'political' issue at the meeting and that he was not yet committed to a decision, but only that he wished to comment upon some data that had been noticed. This was the fact that the government admit to the EC costing us £8.8Bn per year (incredibly this is £25M per day!) and that the NHS has apparently run up a deficit of £2Bn. Stated simply it would appear that not being in the EC could enable savings that could 'wipe out' the NHS deficit in just 3 months or so! Of course things are never this simple in practice but it appears most compelling. There was considerable discussion amongst those members present.

7.6. **Open Forum**

8. Melvyn stated that the NHS committed in 2015 to a 5 year plan to introduce 48Hr access to initial medical consultation and for surgeries to be open 8am to 8pm. He then asked Dr. A. Nambi to tell us how our surgery might progress towards such targets.

9. Dr Nambi answered saying that the NHS had run various trials on such access and that some confusion had arisen as not everybody even wanted it. The NHS or the government may need to fund some incentives for this to happen.

10. The next subject was introduced by a member who wished to know why incoming calls are now recorded and under what right the surgery now records calls and whether we can 'opt out' if we wish to?

11. Dr. Nambi suggested that we refer this question to Richard Miller, Practice Manager for a fuller answer. He stated that only incoming calls are recorded and that this is done for security and training purposes. They are only listened to in the event of a query arising. He thought that an opt out may be available.

12. Your chairman has taken these points up with Richard and reports as follows: -

13. Richard says that there is in fact no legislation governing recording calls but there are guidelines which state that callers must be told that it is being done. This is, of course, exactly what our surgery does. There is not an opt out to the recording of calls. Richard confirms that calls are only listened to in the event of query, so very few in fact ever get reviewed. However, he adds, that the process has proved invaluable in several aspects of improving the service that the surgery provides.

14.7. Surgery News

Dr. Nambi informed us that the Surgery has obtained additional Part Time cover by Dr. Katy Daniels who will be taking around 32/33 appointments across 2 days per week. Also Beth McClean is currently the registrar under training with Dr O'Reilly.

£2.4Bn extra funding has been allocated to Primary Care Cardiology and Dr Nambi is the lead Doctor in this endeavour.

A member asked whether we have retained Phlebotomy services and this was confirmed by Dr Nambi as our surgery is part of a local consortium which won a 3 year contract just 12 months ago.

The number of 'DNA's' (Did Not Attend) was requested and the following numbers were given -

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|-----------------|----|---|--|
| March 2016 - | 81 |) | |
| February 2016 - | 81 |) | Chairman says: Much lower than the other |
| January - | 58 |) | surgeries that I have direct contact with. |
| December 2015 - | 91 |) | |

8. Next Meeting

Our next meeting will be at 6.30pm on Thursday 19 May 2016 in the Mitchell Room when our guest speaker will be Anne Coupe-Harris who is a care worker with Dementia.org. Her visit is in the middle of National Alzheimer's Awareness week. Melvyn stated that whilst this subject may not be exciting it is non-the-less exceptionally important and added that we should 'forget' what we think we know about Dementia and come along and learn the facts. Perhaps also dispel some myths.

Courtesy of Alan and Judy Bishop we can look forward to having refreshments at this event - do please support.

The meeting concluded at 7.20pm

Melvyn Cox - Chair PPG
(In Secretary's absence)