

West Mid Beds Locality Patient Participation Group

Thursday 20th July

Boardroom, Houghton Close Surgery, Ampthill

Attendees:


Dave Simpson – Healthwatch Chair	DS	Doreen Stoddart - Houghton Close	DSt
Allan Elliott - Flitwick	AE	Roland Browne – Oliver Street	RB
Ted Marchant - Greensand	TM	Dr Michelle Saint – Houghton Close	MS
Paul Tichener – Oliver Street	PT	Paula Fleming – PCDM, BCCG (Notes)	PF
Bill Holes – Barton (Gooseberry Hill)	BH	Sian Pither – PDM, BCCG & Notes	SP
Beth Collins – Business Manager, BCCG	BC		

In attendance:


Nikki Barnes- BCCG	NB
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Item No	Item	Action
1 1.1 1.2	Welcome and Apologies Apologies were received from Gill Hiscox – Barton, Mandy Regan – Houghton Close, Graham Youngman – Asplands, Richard Brown - Barton and Ann Nevinson - Greensand The group welcomed Nikki Barnes, Primary Care Modernisation Lead BCCG, Beth Collins, the new Business Manager for Central Bedfordshire Localities and Paula Fleming, Primary Care Development Manager, BCCG.	
2 2.1	Minutes from the Previous meeting 11 May 2017: The minutes were approved as correct.	
3 3.1 3.1.1 3.1.2 3.1.3 3.1.4	Actions from the Previous Meeting: All actions were agreed as completed with the exception of: 3.1.8 Terms of Reference for PPEF to be shared Action – SP to rewrite the LPPG TOR in line with new governing structure. This will be possible when details of the new PPRC are available (see below 3.1.2). DS gave an update on recent changes to PPEF. It has been agreed that the governance of the PPEF should be altered and the existing PPEF structure dissolved. The new structure is called the Patient and Public Reference Committee (PPRC) and will report directly into the Governing Body. Membership will be expanded and the new committee will meet more than quarterly, and be aligned to the individual surgery patient groups to facilitate better information flow between patient groups and the Governing Body. Comms will be coming out to publicise the changes.	SP

3.1.5	GH has written to JM with regards to engagement and has not yet received a reply.	
3.1.6	4.4.7 - all PPG members to check if there is a 'Be Clear on Cancer' poster in the Practice Waiting Rooms - TM noted that there did not seem to be a local Cancer Contact for the surgeries regarding leaflets and posters.	
3.1.7	Action – SP to look into what resources can be bulk ordered by the locality office for the practice and circulate website link for resources.	SP
3.1.8	4.9.1 Action - DS to contact East of England cancer awareness website re: Kidney Cancer Support Network	DS
3.2	BC fed back on Accountable Care Systems (ACS), outlining that the move towards this approach means that health and social care should be place-based in the future to make the best use of available funding. The ACS approach seeks to enable better care of the elderly by primary care, community services, secondary care and social care working together. However it is early days for this approach.	
3.2.1	BH raised the role of Public Health advice and guidance for patients in order to support their own health issues, as there has been little local information.	
3.2.2	SP noted that Healthy Living Seminars will be rolled out in the Locality starting in Sept/Oct when the topic will be respiratory care advice and guidance for patients. The venue will be Flitwick Town Football Club. Future seminars on diabetes and hypertension will also be available.	
3.2.3	Action – SP to circulate dates and details of Healthy Living Seminars when available.	SP
3.3	Previous Topics Update log was discussed. It was agreed to add a column to show when an action was completed.	
3.3.1	Action – All - the Previous Topics Update log to be shared with PPGs	ALL
3.3.2	Action – SP to keep the log updated for next meeting	SP
3.4	TM commented that he had not received feedback on the BLMK STP Engagement events. SP noted that she had been informed by Ruth Adams at BLMK that an email with feedback had been sent to all those attending the events the previous week.	
3.4.1	BH noted that he had read the report on the website and it was 41 pages long. This was too long and a concise executive summary with the decisions taken in laymen's term was required	
3.4.2	Action – TM and PT to check email spam folder. SP to circulate email from Ruth Adams	TM, PT & SP
3.4.3	Action – SP to feedback to Ruth Adams that a concise executive summary of the decisions taken in laymen's terms is required	SP
3.4.4	DS said that all four of the STP Healthwatch groups have been asked to put together a questionnaire to find out about the public's knowledge of the STP. They will then compile a report for BLMK at the end of September.	
3.4.5	Action – All Members to ask their PPG members to complete the survey at https://www.healthwatch-centralbedfordshire.org.uk/survey-for-sustainability-and-transformation-plan/	ALL

<p>4</p> <p>4.1</p> <p>4.1.1</p> <p>4.1.2</p> <p>4.2</p> <p>4.2.1</p> <p>4.2.2</p> <p>4.2.3</p> <p>4.2.4</p> <p>4.2.5</p> <p>4.3</p> <p>4.3.1</p> <p>4.3.2</p>	<p>GP Forward View Delivery - Presentation by Nikki Barnes, Head of Primary (Community & Social) Care Modernisation, BCCG:</p> <p>NB talked through the below presentation.</p>  <p>GP Forward View Plan</p> <p>The GP Forward View Delivery Plan sits alongside the GP Forward View and looks at the following areas:</p> <ul style="list-style-type: none"> • National shortage of GP's and Practice Nurses • Increased demand for GP services • Funding for GP surgeries <p>The key deliverables are:</p> <ol style="list-style-type: none"> 1. Primary Care Home model of care 2. Workforce development 3. Infrastructure developments <p>NB stated that the Primary Care Home model would be based on populations of 30-50,000 and comprise a hub in which multi-disciplinary care teams would be situated. For example, practices may have a physiotherapist and a mental health professional based in the building alongside GPs, practice nurses and HCAs.</p> <p>It may also be possible to share some back-office functions with the aim of freeing up some time for GPs.</p> <p>MS noted that employing a clinical administrator had led to some improvement in the workload for GPs at her surgery, although it had not saved money.</p> <p>NB said that there will be 7-8 hubs throughout Bedfordshire with one based in West Mid Beds in the Ampthill/Flitwick area. Mental health workers, social care workers, community health workers and, as far as possible, some GPs will be based in the hub.</p> <p>NB said that there is some funding to start scoping this work.</p> <p>AE raised concerns about Flitwick Health Centre having unused capacity. NB responded that NHS Property Services have said that the building is adequately utilised. BC said that the space was used as a touchdown office by Community Staff rather than as a clinic.</p> <p>A discussion on the proposed changes was held. BH raised a case in Luton, where a GP Practice had handed back their contract, as an illustration of the pressures on practices to run in line with a business model. BH also mentioned that sharing back-office functions, for example IT, does not always work as all practices need to take part.</p> <p>RB supported the idea of multi-disciplinary teams but asked if there had to be a physical hub, then when would this happen? NB responded that the hub in WMB was 3-4 years away. The new Community Health provider will be told that it is their responsibility to set it up within existing buildings.</p> <p>AE mentioned the large increase in the number of new houses in the locality, and</p>	
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	<p>the pressure that this will place on existing sites. NB replied that they should have access to Section 106 funding. DS stated that this has not yet been available to practices, however, NB stated that it will be made available and directed towards hubs.</p>	
4.3.3	<p>MS asked about the difficulties of creating a hub when the relevant buildings have differing arrangements in place; for example some are PFI buildings, some NHS and others privately owned with leases up to 25 years long. NB responded that the business case will have to take account of this situation.</p>	
4.3.4	<p>DS mentioned the wish for many patients to see their own doctor and that there will need to be education for patients before the new system takes effect.</p>	
4.3.5	<p>MS and BH mentioned that the new system raises transport problems for many patients. NB said that public transport will be taken into account. TM mentioned that transport will be a particular difficulty in light of the move to enhanced hours opening.</p>	
4.3.6	<p>NB mentioned that problems with parking and buildings are being handled as part of a cross-Bedfordshire estates planning group and that CBC are keen to get the hubs ready.</p>	
4.3.7	<p>NHS Property Services is looking at all the NHS owned properties in Bedfordshire (42 at present) and may be able to sell those that are not of use. This money could then possibly be used for Hub developments.</p>	
5	<p>Introduction by Beth Collins – Business Manager, Central Bedfordshire Localities</p>	
5.1	<p>BC reported back to the LPPG on progress against the locality development plan</p>	
5.1.1	<p>Home visiting service for the frail elderly: The funding had been received from NHSE and this service is now recruiting. BCCG are looking to achieve match funding and a bid has been submitted to the Better Care Fund.</p>	
5.1.2	<p>Primary Care Home Site: BCCG have applied for funding for this, and have been successful.</p>	
5.1.3	<p>Clinical Pharmacists: The second wave of Clinical Pharmacists are currently being recruited.</p>	
5.1.3.1	<p>DS expressed support for the role of clinical pharmacists. TM said that funding for them has been squeezed. MS agreed and said that they were not a cheap option but were still cheaper than a Locum GP.</p>	
5.1.4	<p>GP Future Leader scheme: A funding bid has been successful.</p>	
5.1.5	<p>Extended Access: Early days in the roll out and patient's voice will be used. Funding has been secured for scoping work.</p>	
5.2	<p>With regard to the proposed changes, TM and DS expressed concerns over the need to have the workforce in place to deliver the plans. NB stated that the CCG are going to work with Universities in developing the workforce.</p>	

<p>6 6.1</p>	<p>Ambulance response times SP circulated a hand-out with information about ambulance callout times for the local areas.</p>  <p>Ambulance Performance Times L</p>	
<p>6.1.1</p>	<p>BH asked about students in Luton and BC replied that they should register with a GP.</p>	
<p>7 7.1</p> <p>7.1.1</p> <p>7.1.2</p>	<p>Luton and Bedford Walk-In Centres BC noted that the Centres have different providers:</p> <p>Luton service is covered by HUC and is appointment only via 111.</p> <p>The Bedford Walk In Centre service is provided by Putnoe Medical Centre and is currently under review.</p>	
<p>8 8.1</p> <p>8.1.1</p> <p>8.1.2</p>	<p>Any Other Business BH raised that the lack of phlebotomy funding in practices. A discussion was had on the funding of this service. MS noted there had been a cut in funding for surgeries resulting in patients having to attend the hospital service.</p> <p>BC noted the hospital was unable deal with the rise in demand and the way the service is provided is currently under review. A business case was going to the Governing Body to enable practices to provide phlebotomy services again with the appropriate funding.</p> <p>TM said that another issue is space in which the workers can carry out blood tests and raised the possibility of a mobile phlebotomy unit. DS said that previously NHS Properties had stopped the use of mobile units in Ampthill.</p>	
<p>9 9.1.</p>	<p>Date of next meeting Due to Gill Hiscox being unable to Chair, the date of the next meeting was agreed to be changed from 19 October to 9 November 2017.</p>	