CLEVEDON MEDICAL CENTRE
PATIENT PARTICIPATION GROUP
minutes of meeting 28 October 2013

Guests from Sunnyside PRG:

Sean Greene	Roni Douglas
Sheila-Radford-Burns	Gordon Irvine
Chris Phillips	Bev Cockerill

Attendees:

Ian Davis (ID)	Clevedon Riverside Group
Peter Cole (PC)	The Green Practice
Bryan Robertshaw (BR)	The Green Practice
Valerie Lush (VL)	The Green Practice
Maggie Blackmore (MB)	Clevedon Riverside Group
John Chedzey (JC)	Clevedon Riverside Group
Leigh Chedzey (LC)	Clevedon Riverside Group
Lynda Morris (LM)	Clevedon Riverside Group
Karen Hathway (KH)	The Green Practice GP Partner
Matt Hoghton (MH)	Clevedon Riverside Group GP Partner
Nina Tilton (NT)	The Green Practice, Practice Manager
Martin Hime (MHi)	PRG Chair

Apologies:

Mo Griffiths, The Green Practice

Julie Davidson, Clevedon Riverside Group, Practice Manager.

Minutes: Nina Tilton

Future of services at Clevedon Community Hospital

Dr Mary Backhouse, Chief Clinical Officer of North Somerset Clinical Commissioning Group and Claire Thompson, Project Director gave a brief presentation on scope of the project to commission future clinical services at Clevedon Community Hospital. Attendees were given copies of the slides. MB explained that the MIU will not be part of the review. In the long term the provision of beds on the site will be an issue it will be difficult to comply with new clinical regulations.

The building of a new hospital will not be revisited as it is too costly. There are four different options currently under consideration:

- Do the minimum
- Inpatients remains as it is and outpatient and diagnostic services are developed further using the existing outpatient space.
- Inpatient provision is delivered elsewhere and outpatients/diagnostics/day care is developed in its place.
- Something else.

Following this presentation there was a Q and A session. The questions were answered by Mary Backhouse, Claire Thompson, Matt Hoghton or Martin Hime as appropriate.

Q You talk about different options but where will the money come from? Regarding the extra outpatient clinics will the recently re-modelled outpatient suite be changed again?
A A full costing of the options will be done. The rooms are as they are but we will need to ensure that the facilities are appropriate. Patient care and dignity is paramount.

Q Why is this evening's meeting so short?

A MH explained that we have used our usual PRG meeting for this presentation and confirmed that we will try to arrange further meetings if required.

Q Travelling to Bristol is getting worse and worse so more local services would be useful.

A This is acknowledged. There will be times when expertise that is only available in Bristol will be needed but part of the project is looking at how we can bring other services closer to home.

Q If you are thinking about expanding outpatients where will the consultants come from?

A They will come from the existing clinics as the work is moved out of the centre.

Q But won't this make them uneconomic?

A We will of course have to match demand and economics.

Q What about training?

A There is no reason why doctors in training cannot be rotated in remote clinics as well.

Q Local nursing homes are full and there aren't enough spaces. For example, Clevedon families have to use Nailsea homes which can be difficult for visiting etc.

A We are looking at the market and will have to test the market to see what is available. If the funding is there then the spaces should follow.

Q There will be a larger elderly population in future and out-sourcing and home closures is making the situation worse.

A It is important to say that we don't want to close the beds but standards are going up and they may not be sustainable in the future. So we may need a plan B. There are also 18 rehab beds in WGH.

Q What about medical cover?

A There are different models in other hospitals. At the moment the Clevedon GPs cover the hospital. In other sites there is a nurse led model but it depends on the size of the facility and the number of patients. One option being considered may be a dedicated geriatrician post.

Q Would this make it more like the former convalescent homes then?

A No there would be a much higher level of skills.

There was a general observation which expressed concern that the current 24 hour medical cover would go.

Q Different trusts are involved in the transfer of patients. Will the clinical systems be robust?

A Connecting Care etc. will help to ensure robust patient handover.

Q What about the youngsters?

A It is certainly important to think about the different patient groups. < 3 years' are not treated at MIU. Children's services are increasing specialised and Bristol Children's Hospital is likely to remain the preferred place of treatment for children.

Q There is much talk of the 7 day health service. Is this factored in?

A It has been talked about for a whole year. E.g. the MIU is already open 7 days. Still a lot of work to be done but there is no extra money on the table.

MH observed that dermatology and ophthalmology clinics would be especially useful at CCH. Also the old scanner is rarely used these days and that ongoing maintenance of the equipment is a problem. Perhaps the council support could be an option.

Q How do we assess what would be useful? Surely we have to work out what's in demand.

A It is true it is not an exact science. We will look at other hospitals and decided

whether it would make a viable clinic. Plus we will tap into local knowledge such as GPs, patients, clinical commissioning groups etc.

Q You mentioned that one of your patients had chemotherapy locally? Is this really a possibility as the oncology department is so difficult to get to?

A Yes it is possible. Whitchurch is already doing it and patients seem to prefer the convenience and camaraderie.

Q Who decides about car parking?

A That is a council decision but we work with the council on this.

Q Does the patient have any choice about where to go for diagnostics?

A MB explained that she and many other GPs do try to have the conversation in the consultation to review options. At the moment because of the redevelopment of Southmead it is difficult for GPs to know if a scan will be done at Southmead or Frenchay but that problem should disappear shortly once the new Southmead building is complete.

Q In terms of where patients can go, Bristol patients seem to have the choice of being treated at the Nuffield hospital. Why can't North Somerset patients?

A Nuffield and the Spire are Choose and Book options.

Q You mention relocating patients from CCH to homes. What about the district nurse service? They seem to be able to do less and less and if you are ambulatory then they won't visit. This doesn't seem to be very community minded. They are difficult to get hold of and don't do what they used to. Patients are worried.

A Complicated leg dressings etc. are being looked at. Concerns regarding the community ward service can be lodged via the CCG website www.northsomersetcc.nhs.uk

MHi asked if another meeting was required. MB explained that updates and information will be available from www.northsomersetcc.nhs.uk and feedback can be given via enquiries@northsomersetccg.nhs.uk

MHi also advised the meeting that there is a meeting of Healthwatch on 21 November 2013 1330-1500 in room 2 of Clevedon Community Centre. All welcome.

At this point the guests from Sunnyside PRG left the meeting.

The minutes of the July meeting were approved.

PRG survey results and the 2013 telephone service project

MHi summarised the results of the 2013 PRG survey. 322 responses across the two practices. It was noted that the results are skewed because, as in previous years, most respondents are retired. The headlines are:

- 80% favoured option 2 when contacting the practices by phone (i.e. a queuing system where calls are answered in strict rotation).
- Nearly all wanted to be advised of their place in any telephone queue but few wanted to be updated about seasonal/new services whilst they were waiting for their call to be answered.
- 59% liked the idea of text reminders for appointments but 39% didn't.
- 89% of respondents thought that wider access to patients records by hospitals etc would be a sensible step as long as safeguards regarding confidentiality are in place.

NT explained that the phone project is proceeding to plan. A provider has been chosen for a five year contract. The conversion date is 11 December and we will have local numbers. We are now agreeing the finer detail and a meeting will be arranged by JD to involve the PRG rep (Mrs P Cowie).

One member asked if the new system would remove the need for patients to have to phone back to secure an appointment. NT explained that release of appointments is phased and we work hard to match availability to demand but can't always get it right.

PRG agreed that a further PRG meeting just on the phones and patient records before Christmas would be impractical.

Medicine Management Team's Self Care week

MHi read out details for a local self care week to raise awareness of other options available to patients without the need to use GP/MIU facilities. Feedback was requested. The PRG was generally supportive but felt that it should concentrate on:

- Directing patients to trusted internet sites.
- Correct and clear sign-posting

They were happy to support a display in CMC but wondered how the success of the programme would be evaluated and felt that it shouldn't be a one off – it should be integrated and be followed through. It was recognised that there would bound to be pitfalls and the odd incident of a patient perhaps being put off contacting a GP when it was appropriate but the advantages probably outweighed the disadvantages. There was general concern about a possible increase of 'diagnosis by internet'

There was comment that the CRG 5 minute 'sit and wait' surgery was very good and patients liked the 'two tier' approach.

Concern was expressed that pharmacies are making phone calls to patients to see how they are getting on with their medication. It was felt these calls were unnecessary and intrusive.

KH summed up the thoughts of the PRG as wanting to make sure that self care is safe.

A member asked whether it was the patient's responsibility to contact the GP about test results or visa versa.

Mh explained that if there is a problem the GP will contact the patient or ask the reception team to book an appointment to discuss. He normally advises that if they've heard nothing after a week or so to contact us. It is slightly different with hospital tests as GPs can't always see the results. They can access some systems but not all (including WGH) and may not know what the hospital management plan is.

A member pointed out that our posters in the waiting room are too far away and patients don't like to wander across the waiting room to read them. It would be preferable to have a notice board by reception/self check in screens and/or the corridor.

Also, members would like to be notified by e-mail of external meetings etc. e.g. the forthcoming Healthwatch meeting. **Action NT and JD. MB agreed to circulate the CCG meetings schedule.**

Meetings for next year

Having agreed that a meeting before Christmas was not practical, meetings for 2014 to be the same as this year i.e. the last working Monday of January, April, July and October 6-7pm.

NT announced that she would be leaving the Green Practice at the end of the year to take up a post with North Somerset CCG. Her successor will be confirmed shortly.