

CLEVEDON MEDICAL CENTRE PATIENT PARTICIPATION GROUP minutes of meeting 27 January 2014

Chair: Martin Hime

Minutes : Alison Lee

Attendees:

Peter Cole (PC)	The Green Practice
Bryan Robertshaw (BR)	The Green Practice
Valerie Lush (VL)	The Green Practice
Roy Davies (RD)	The Green Practice
Mo Griffiths (MG)	The Green Practice
Pat Cowie (PC)	The Green Practice
Jennie Briscoe (JB)	Clevedon Riverside Group
Karen Hathaway (KH)	The Green Practice, GP
Matt Hoghton (Mho)	Clevedon Riverside, GP
Julie Davidson (JL)	Clevedon Riverside Group, Practice Manager
Alison Lee (AL)	The Green Practice, Practice Manager
Martin Hime (MH)	PPG Chair

Apologies

Ursula Marks , The Green Practice

The Minutes of the October meeting were approved

There were no matters arising

The Chair welcomed Alison Lee, the new PM for the Green Practice to the meeting.

Public Meeting- Clevedon Community Hospital 30 Jan 2014-01-29

PC asked if it were true that the CCG were looking to move the hospital beds into one of the local nursing homes. MH advised that this one of the three options being considered. The main function of the hospital was rehabilitation and it would be possible to undertake this in a home if the current staff were transferred with the beds along with the appropriate funding.

JD advised suggested that as many people as possible should go along to the meeting to make their feelings known. Unfortunately the date clashed with another meeting which a number of the local GPs would need to attend but a statement would be read out at the meeting from the GPs. The meeting would have no executive function but would be an opportunity for the public to air their views.

The chairman was asked where Liam Fox (MP) stood on the issue and he offered to forward a copy of an email he had received which gave some indication of the MP's his views. It was understood that he was supportive of the hospital. The future of the hospital was linked to the future of Weston Hospital and it was understood that a decision in respect of Weston was due in April.

New Telephone System

JD outlined the background to the recent changes to the telephone system for the two practices.

The contract with the previous provider had not been due to run out until 2014 and it had been too costly to buy out of the contract until fairly near to the end of the contract. The new system, introduced on 11 Dec 2013, allowed for local numbers and, in response to a previous patient survey, enabled calls to be put into a queuing

system. Unlike the previous arrangement patients would not be required to listen to messages and information before their call was put through. The system was computerised which would allow the teams to manage the queues as effectively as possible. Training for staff was ongoing.

Anyone ringing the previous numbers would be advised of the new number to call.

To date patient response had been good, although members questioned how the patients had been notified of the change. JD advised that it would have been too costly to write to every patient but the details were on signs in the surgery, on the website, in the practice leaflets and had also been in the local paper. Details had also been attached to scripts in advance of the change. It was suggested that the new numbers be added to the automatic response email for on-line booking and ordering of repeat medications and it was agreed to take that forward.

Extended Hours

PC asked how patients had been notified of the availability of extended hours. He was advised that details were on the website, in the practice leaflets and on scripts. The days and times varied between the practices and if a patient particularly requested a time outside of normal hours they would be advised of the next available appointments in those categories. It was requested that patients who were unable to use a website were not disadvantaged and it was acknowledged that it was important that information should always be made available in all formats.

Patient Surveys

A previous patient survey had suggested that some 40% of patients would be interested in on-line access to booking and cancelling appointments and the re-ordering of scripts. GP practices are now required to offer this service and both practices had recently set up the appropriate systems.

The numbers of patients who had already registered to use the system had been very encouraging.

Any patients who wish to use this facility could do so by contacting the practices where they will be given a user name and password unique to them. A small proportion of GP appointments are being made available every day for on-line booking and if unused they can be brought back into the normal system and if there

are too few more can be added. The balance of these as compared to those available for booking by phone or in person will be reviewed on a regular basis. JL and KH gave a brief outline as to their current arrangements for same day and pre-bookable appointments in the different practices. The aim of both practices being to meet the need for both types of appointment. It was acknowledged that whilst it would always be possible for a patient to be seen by a GP within a very reasonable time period, holidays, sickness and other commitments may mean that a patient may have to wait considerably longer to see a specific GP.

It was suggested that patients may be going direct to A&E if they were unable to get an appointment at the particular time that suited them. It was also noted that there were considerably more community based services than previously and that patients may sometimes be confused as to where they should go in the first instance.

Practice Boundaries

The Chairman was asked if patients would soon be able to register with any GP regardless of where they lived. JD advised that practices had recently been asked to draw up an outer boundary in addition to their normal practice boundary, although it may be difficult for GPs to be able to provide visits to these areas. There was also the question of how GPs would be paid if boundaries were abolished. It was expected that the abolition of boundaries would happen at some point in the future despite the fact that the recent pilots had actually proved unsuccessful, other than in large cities.

Budget Cuts

A member asked how the practices would be affected by budget cuts in the NHS. MHo advised that the main cuts were in social services which had impacted on the District Nursing teams and in the transfer of funds to health and social care. The percentage of funds to GPs had reduced. JD outlined how GPs now looked to develop more effective and efficient patient pathways to help in reducing costs.

LAWCY Federation

MHo provided details of a recent initiative by the Riverside Group to link with other practices in the area to improve services and reduce costs, in such areas as research and the sharing of staff.

Hospital Choice

PC asked if a patient could choose the hospital they want. He was advised that generally this was the case. Some specialities were available in most of the local hospitals but others may be limited to one or two of the larger providers. There was a brief discussion as to the relative merits of Weston hospital v the Bristol hospitals. It was noted that the Government had suggested that they would be looking to introduce a star rating system for hospitals.

Patient Education Events

JD outlined the plans to run a series of patient education events. Suggestions included diabetes, back pain, child health and caring for people coming out of hospital. AL outlined details of a successful men's health event in Bridgwater. Patients attending such events would be offered the opportunity to feedback their views and comments to help in formulating future events.

PC asked if there were courses for the general public in resuscitation. The Red Cross were one organisation that did provide such courses.

AOB

None

Date of Next Meeting

April 28th. This would include an item on Research in Primary Care