

CLEVEDON MEDICAL CENTRE PATIENT PARTICIPATION GROUP minutes of meeting 31 March 2014

Chair: Martin Hime

Minutes: Julie Davidson

Apologies: Dr. Karen Hathway, GP Partner, The Green Practice; Val Cowie, patient, The Green Practice, Bryan Robertshaw, patient, The Green Practice.

Attendees:

Name	Practice
Ursula Marks	The Green Practice
Ian Davis	Clevedon Riverside Group
Valerie Lush (VL)	The Green Practice
Roy Davies (RD)	The Green Practice
Mo Griffiths (MG)	The Green Practice
Martin Hime (MHi)	Chair
Matt Houghton (MH)	GP Partner, Clevedon Riverside Group
Julie Davidson (JD)	Practice Manager, Clevedon Riverside Group
Alison Lee (AL)	Practice Manager, The Green Practice
Jennie Briscoe (JB)	Clevedon Riverside Group

Visitors

Jan Blews (JBI) & Ruth Gazzane (RGa) of North Somerset Clinical Commissioning Group representing Julie Kell (apologies)

Minutes of last meeting

Minutes were sent to attendees after the last meeting and were displayed on Medical Centre notice boards in the waiting rooms and also on the practice web sites.

1. The Procurement of Community Services for North Somerset

Apologies were received from Julie Kell and Ruth and Jan have stepped in. JBI addressed the meeting.

Thank you to the PRG for inviting us to obtain your feedback on the up and coming procurement of the community health services contract. The contract includes provision of district nursing services, bladder and bowel services, children's services etc. The current contract expires on 31st March 2016 and the current contract value is £23 million.

This is the pre-procurement phase before a new contract will start in April 2016 and this stage involves the commissioners (North Somerset Clinical Commissioning Group, NSCCG) visiting communities to obtain their feedback. The message is to tell us what is good, what is bad, and what you would like to be procured in the new contract. At this stage, we have a blank page. Information obtained from this listening exercise will help to form the ideas for the next stage in June when we compile an outline specification for the new contract.

JB : Asked if members of practices can voice their opinions?

JBI : Advised that the listening exercise is open for all North Somerset residents to comment upon, and feedback forms can be found on the NSCCG website. (Copies will also be made available in Clevedon Medical Centre waiting rooms). Deadline for sending feedback to NSCCG is May 31st, 2014.

Refer to presentation handed out by JBI (attached to Minutes).

The current contract provider is North Somerset Community Partnership whose contract has been extended to accommodate safe handover times to the next provider if they are unsuccessful in the tendering process.

JBI explained the timetable for procurement in the handout:

- Jan - May 14 > evaluating the current contract and listening to find out what the public, local health and social care commissioners want. Defining what NSCCG can afford to pay.
- During May 14 > NSCCG will plan details of the tendering process and what potential contractors will be expected to provide.

- End of May 14 > NSCCG Governing Body will allow the procurement process to begin from June 2. The opportunity to provide services will be advertised.

The procurement process will be commercially confidential, but where possible, details will be shared by the NSCCG.

It is possible for more than one provider to deliver community healthcare in North Somerset if required.

Refer to Commissioning Cycle on the handout which shows the four phases of commissioning. Stage 1 is Analyse and Plan (now), Stage 2 is Design Pathways, Stage 3 is Specify & Procure, Stage 4 is Deliver & Improve.

Refer to Community Health Services on the handout which outlines the existing 26 community services, delivered free of charge to the people of North Somerset.

This includes seven multi-disciplinary community nursing teams, Children's services e.g. Health Visitors; Clevedon Community Hospital; a joint learning disabilities team; specialist services focussing on patients with specific needs such as: diabetes, dementia, chronic lung disease and stroke.

Refer to 'Services we need' on the handout. Adult and children's services (0-24yrs) are being procured at the same time.

RGa: Bristol has more intermediate care in use. For example Bristol is moving patients from hospital into residential homes, but North Somerset tries to move the patients back home with support from community and social care teams, where it is appropriate, or we use the safe haven beds scattered around North Somerset (9).

JBl: The PRG is asked for their thoughts on services we need in North Somerset.

MH: Can we focus on troubled families who have a high impact on health and social services?

JBl : Health and social care services are coming together to look at situations more holistically when they see the patients; same as for patients who are discharged from hospital, and for their Carers too.

MH: The problem for North Somerset is that we have a net migration of elderly patients coming into our care homes and they arrive with no medical, social or family information. Can we make it an area of excellence for us in comparison to the difficulties this presents now?

VL: Shared the experience of the lack of residential care beds in North Somerset because people are being imported to Clevedon and so Clevedon people are pushed out into Nailsea care homes and the surrounds. This is unsatisfactory.

ID: The first 6 weeks of residential care post discharge from hospital is marvellous in North Somerset. After 6 weeks, patients are not monitored very well. ID explained that he would like to see a single point of contact in place in order to coordinate medical and social care. ID's experience is that there is also no management of social care package prices and no integration of care services. His experience has shown that this is time absorbing for patients and their families, and very frustrating. It also presents financial difficulties to patients when they have to pay for residential care. ID strongly believes that someone should be in place in NSCCG to monitor the contracts with social care companies and he would wish to have a single point of access for all health and social care services please.

JBI: refer to diagram 'What we think North Somerset community health services should look like'

NSCCG wants to respect patient's wishes for their health and care provision, mental and physical needs, and wishes to ensure equality of care and access is fair to all in North Somerset. There is a desire to locate services where patients need it, and to consider the implications of transport where services cannot be located close to home. Hospital stays need to be as brief as possible as hospital care is very expensive. There is a desire to deliver the healthcare in the community supported by health care plans and self-care where appropriate. Good quality standards of care are required.

JBI asked please can everyone complete the feedback form of their wishes and return to NSCCG (details on the form).

Clevedon Medical Centre will add the form to their practice websites and a box to collect responses will be made available at the medical centre reception.

MHi: Expressed his grave concerns for this process and he wishes to know how much does the contracting process cost? Where is the expertise in NSCCG to conduct this procurement exercise? The contract is worth £ 23m, so by necessity it needs to be a 'tight' contract, which is professionally well managed. MHi would prefer 'hands on' management in preference to a contracting process. Also of great concern is the communication between health services delivering healthcare. MHi respects commercial confidentiality, but this is also of great concern. This is a public service, spending public monies and we don't have access to this information.

RGa : Responded explaining that we are where we are. A brief has been given to conduct this process and it has to be delivered. We need to foster a good relationship.

MHi : Stated that the most strategic priority he believes is communication.

How much will NSCCG prioritise quality versus cost?

How much will NSCCG prioritise the integrating of primary care (GP services and community health services) and secondary care (hospital services) ?

How will this independent organisation (NSCCG) manage these priorities to ensure patients get what they want and need?

RGa : NSCCG needs to make sure any contracted organisation can deliver an integrated care model.

JBl: The process is being delivered by NSCCG. Bristol NHS Procurement are helping NSCCG to do this, but certain strategic level requirements of this contract are not negotiable e.g. the financial viability of a company bidding to deliver this service, their staff turn-over etc., The legal tendering process will streamline the candidates.

MHi : Asked to be advised of the cost of the contracting process and how much money it will cost to service the ongoing monitoring of the contract.

ID: Expressed his concerns for this process to be accurately monitored, it also needs a clear and simple complaints process for patients and their representatives.

JBl: The PALS service is available to handle patient complaints by liaising with all providers, conducting the investigation and reporting back in a timely manner.

AL: Agreed that this is a costly procurement process, which gives her concerns over potential redundancy bills or employment transfer costs of staff employed by the existing contractor, if they do not retain the current contract.

Also if skilled staff are subsequently transferred to a new provider, AL is concerned how those personnel will respond to changes to their employment terms and conditions, which can result from decisions by management on how to operate services differently in accordance with the budget. AL gave an example from Somerset where community nursing teams lost their office bases to work from cars with laptop computers. She believes that in these types of circumstances, there are high risks of losing quality skilled staff.

RGa: responded that the duty of care remains and services have to be delivered. NSCCG have the responsibility to specify how services are delivered.

MHi: This reaffirms his point that a 'tight' contract will be needed and he also expressed his concerns for the shifting of priorities during the period of the contract. External factors can have impacts during the time-frame of the contract.

MHi : Wishes to be informed by NSCCG of the strategic priorities for this contract.

JBl : Responded that the specification for the contract will be advertised and tendering organisations will have to demonstrate they can deliver the contract.

MHi: Expressed his concerns that the future of Clevedon Community Hospital is linked to the future of Weston General Hospital. (Part of this contract funds the staff for Clevedon Community Hospital).

RGa: Responded by saying that it is a fragmented health care system we have.

JB: Expressed her concerns when decision-makers and who are not at the point of care can create maddening situations which are not practical for service delivery, and the consequences of such are detrimental to patients and staff.

RGa: Commented that the NSCCG has good feedback from GP practices and GPs in the NSCCG organisation, so concerns would be raised if such difficulties arose.

ID: Questioned if there existed an Ofsted equivalent organisation for health and if so do they carry out inspections of health service contractors? -

JBl : Responded that CQC (Care Quality Commission) is the healthcare equivalent and yes there are inspections / audits. For example, Clevedon Community Hospital has been inspected recently by CQC.

The discussions ended due to time constraints and Jan and Ruth thanked the PRG for their time and consideration.

2. Agenda for April's PRG Meeting

JD: The Agenda for our meeting on April 28th is available in draft today. We will have visitors from the primary care research network coming to talk to the PRG members about research activities and how patients can be involved. Your chair person, Martin Hime will look at the April agenda to add any other topics, but suggestions from PRG members are always welcome. Please notify the practices.

VL: Asked for updates on the future of Clevedon Community Hospital to feature on each agenda please.

3. Action Plans

JD: Gave a brief update on the practice action plans in regard to the change of telephone system and numbers at the medical centre. The activity levels of patients still ringing on the 084 telephone numbers remain. Therefore the medical centre is paying to retain a message service to give patients the new telephone numbers or divert them, up until June 14, when it will be reviewed again.

A copy of the action plans were circulated at the meeting and are available on the practice website and in the medical centre waiting rooms.

4. Any Other Business

- ID: Asked who runs Clevedon Community Hospital?
MHi : Responded that the current provider is North Somerset Community Partnership and whoever wins the new contract will also run the hospital.
- ID: Asked who owns the land purchased for the new hospital in Clevedon?
MH: Believes NHS Property Services owns the land and we have no news as to what will happen to it.
- JD: Notice of tomorrow's North Somerset CCG Governing Body meeting was given out. The meetings are open to the public and the venue varies by month. Tomorrow's meeting is in Clevedon.

The next PRG meetings are scheduled for

Monday	28 April, Clevedon Medical Centre, 6-7pm
Monday	28 July, Clevedon Medical Centre, 6-7pm
Monday	27 October, Clevedon Medical Centre, 6-7pm