<u>Robert Frew Patient Partnership Group</u> <u>Minutes of 88th Meeting Held 18th September 2017</u> <u>At The Robert Frew Medical Centre</u>

Present

Lesley Cogan	Chair
Jacqueline Coleman	Vice Chair
Alan Ursell	Treasurer
Jean Ursell	Secretary

John Langley, Karin Stidolph, Janet Whitaker, Jan Johnson, Lesley Baldry, Ally Boor (Whyte) and Dr Tayo.

The meeting commenced at 6.45 pm.

88/01 Apologies.

Apologies were received from Joan Nutley and Dr Ogunsanya.

88/02 Minutes from last meeting and matters arising.

The minutes were accepted as a true record and signed accordingly. Brian Levitt attended this meeting which was a meeting with John Leslie from the Brentwood and Basildon CCG.

88/03 Questions to John Leslie.

Question 1 :- John was told that the new service was good but was not easy to get to without a car. He was told that some appointments were not on the lists the phlebotomists had and that it was still difficult to get an appointment for Wickford as we only had 2 half days compared to other areas. John was not aware of this .

Question 2 :- John said that the Market Road contract was ending not that the surgery was being closed although he was told that the letter said that the surgery was closing. He said that the Gore in Basildon was closing as it was not fit for purpose. The people from the Runwell site were coming to Wickford for the Doctors even though most of the money had gone to Chelmsford. John said he would take this forward.

Question 4:- He admitted that the problem of transport between the hospitals was the biggest challenge.

Question 3 and 5:- There was a social prescribing pilot taking place in Pitsea and Laindon looking at the wider determinants of health such as debt, weight management plus other issues. They would like there to be people in the practices who can help plus the voluntary sector help. There was also a pilot in Brentwood where patients would have a named social worker and named community nursing staff who would work together. They are also working closely with the councils. A clinical pharmacist role will be coming.

Question 6:- The services are not as responsive as they need to be but they need the providers to listen to what we want and then to deliver it It is a challenge to get information to the public which is readable and easily understood and to get people to listen. There is nothing that can be done about the DNAs and will have to keep trying to educate patients to take responsibility for their appointments. Their expectations would have to be redressed.

Question 7:- The 5 CCGs will be forming a joint committee where they will enter into making joint decisions quicker. The pre work will be done by the 5 separate CCGs and then a vote will be taken in the joint committee. This will apply to acute commissioning.

They want to divide Basildon and Brentwood into 5 areas or neighbourhoods geographically. They will find what services are needed in each area for out of hospital services. They will work with the GP practices in each neighbourhood to find the challenges and find how to improve things. The neighbourhoods will be Brentwood, Billericay, Wickford, Basildon East and Basildon West (currently there are 4 areas. They hope to see greater collaboration between the GP practices back rooms. The CCGs are working with NHS England. They will talk to all PPGs and locality groups about all the things they want to develop over the coming months.

The full business case for the STP (Joining of the hospitals) will be going out for public discussion soon. The joint committee will meet to discuss the pre consultation business case which will then be discussed by the regional clinical senate and clinicians and then go to the regional gateway, however the pre business case consultation must go out before the NHS England investment committee meet as the STP have asked them for some money.

There was a discussion around the availability of hospital beds and bed blocking.

There was a discussion about Warfarin prescribing by the GPs.

NHS England is having a national drive on clinical triage and prospective clinical peer reviews.

Signed as a true copy of the meeting:

Chair

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