

Patient Reference Group Meeting

Minutes

Wednesday 11th June 2014

Attendees:

Tess Burchett: Chair

Daryl Laws: Practice Manager

Pauline Anniss: Group Secretary

Dr Richard Emond GP

Derek Cooper

Harold Taylor

Teresa Edwards

Marianne O'Sullivan

Gail Anspack

Roy Mason

Rachel Lee

Norma McMurdo

Paul Williams

Laura Williams

Apologies:

Maureen Montgomery

Tess welcomed everyone to the meeting, particularly new members, Paul and Laura Williams.

Matters arising from previous minutes. RM reported back on his attendance at the P.P.E.G (Patient and Public Engagement Group). It comprised groups like ours. There were lots of absences, including the Chair, Secretary and Speaker. Lots of business was put off. There was no uniformity to how often the groups meet. Our meeting has a GP and Practice manager in attendance; other groups have either a GP or Practice manager or even neither. In time, the P.P.E.G. will become more formal. Possible that the Chair will eventually attend the GP meetings. The meeting was in the Beechwood Surgery which is on the old Warley Hospital site, a magnificent space. Next meeting in September.

Patient Transport Costs. The issue was raised at the CCG and was noted but no action taken, probably because most of the practices in the CCG are based in Brentwood. RM also raised this issue at the Patient and Public Engagement Meeting. The problem came as news to the other

groups and they have Brentwood Community Transport. DC said that patients wishing to use cab firms, at the special rate he had negotiated, would need to use a code when booking cabs. This would be discussed at the next meeting.

Patient Reference Group Page on website: Rachel's overview and the minutes of the last meeting have been downloaded on to the PRG page. DL has been in touch with Sarah Bains at Anglo European in the hope that pupils from Anglo might wish to come to PRG meetings. PW suggested that pupils studying subjects like healthcare might be particularly interested. MO said that all the churches had agreed to publicise but they had received no responses.

Basildon and Brentwood CCG Update: Dr E said that the GP Practice is being restructured to enable collaborative working with Pharmacists, optometrist and District Nurses so as to focus more on caring for patients to reduce urgent hospital care. We already have SPOR (Single Point of Reference). For example, the District Nurse, OT or Physio step in to stop hospital admission. We also have hubs, ours is Brentwood Hospital.

Dr E said in our Practice there will be a "frailty" team. There will be a named person in charge of each patients care. The team will try to plan ahead in order to prevent admission. There will be regular reviews of these patients. This will eat up time from appointments. The time available for appointments will be tighter.

There are a 110 "frailty" patients on our list. They have each got to have a face to face consultation by the end of September, including some home visits. There is more money in the Practice for this service but no extra time. Also, money was withdrawn for other services, so that there is no financial gain.

Dr E said that the CCG is working on a plan to incorporate these new proposals. It may even be possible to employ a locum doctor to work on the "frailty" programme.

Dr E explained that the current model of care is that the GP looks after the patient and refers to hospital for secondary care. For more serious problems it would be a tertiary centre, eg. a teaching hospital for heart transplant, etc.

It is envisaged that some services will be centralised. For example, 'Stop Smoking' at specific centres. There are also GP's with special interests, e.g. Doctor in Wickford for eyes and a Doctor in Billericay for skin problems. There are plans to use the Community Matron (a highly trained nurse) more in cases like diabetes and chronic bronchitis.

Brentwood Patients had twice the national average stay in hospital. This was partly because of the lack of discharge planning and not having care plans. Planning social care is important too. All of these plans will all happen slowly, it will evolve. The pressure is economic. Money will have to move from acute care to community care.

There is huge pressure on GP services as 46% of GP's are due to retire in the next 15 years. Essex has the lowest GP rate per capita in the country. Need to employ 143 full time GP's. A mystery shopper survey by NHS England Essex found that there is an average 2 week wait for a GP appointment. In

order to lessen the problem we are trying to use manpower more carefully, like working with pharmacists and optometrists. We are working on finding better ways of using resources and filtering need. An idea was floated to have a triage doctor in A & E.

AOB The use of the blood pressure machine in reception has dropped off after MM, GA and RL attended the surgery to encourage use of it. The machine would be very helpful in picking up people who don't know that they have a blood pressure problem. The Practice Receptionists will be asked to encourage patients to use the machine and perhaps the signs could be improved.

Dr E was asked to provide figures relating to the budget for the practice. He replied that he would be able to supply Brentwood CCG statistics. He said that his individual drug figure was £490,000. He would bring some statistics to the next meeting.

Practice staff badges have been ordered!

A question was raised re diabetes testing. Dr E replied that the Practice offers screening to new patients, CBD check is offered every three years, there is a weekly diabetic clinic and the NHS Health Check includes diabetes testing. Patients can book testing if they want to.

Next meetings: Wednesday 3rd September 2014 and Wednesday 12th November 2014 at 7pm