

# HARDWICKE HOUSE GROUP PRACTICE

## PATIENT PARTNERSHIP

### MINUTES OF MEETING – 19<sup>th</sup> June 2015

NAME	REPRESENTATION	ATTENDANCE	APOLOGIES
John Swan (JW) Interim Chair	Patient - Clare	X	
Margaret Carpenter (MC)	Patient – Bures	X	
Nicki Garrard (NG)	Patient – Great Cornard	X	
Phil Worsley (PW)	Patient – Hardwicke House	X	
Sylvia Bambridge (SB)	Patient – Hardwicke House	X	
Mick Cornish (MC)	Patient – Great Cornard	X	
Valerie Burrows (VB)	Patient	X	
Barbara Hamblett (BH)	Patient	X	
Roland Bareham (RB)	Patient		
Sylvia Norton (SN)	Patient	X	
John Philip	Go Start		X
David Cripps (DC)	Practice Manager	X	
Sandra King	Minutes	X	
Dr Susmitha Pavuluri (SP)	GP		X
Dr James Gilmour (JG)	GP	Part	
Dr Ed Garrett	WS CCG	Part	

#### 1.0 Welcomes, Introductions and Apologies

Attendances and apologies as above.

#### 2.0 Minutes of last meeting 3<sup>RD</sup> October 2014

Everyone happy with the minutes of the last meeting.

#### 3.0 Updates

##### 3.1 West Suffolk Clinical Commissioning Group (WS CCG)

- **WS CCG Board** - DC said that he was no longer on the WS CCG board, although he was still leading some work with IT systems.
- **WS CCG Board vacancy** – Vacancy on board for one GP.
- **Community Health Contract** – Ipswich and WSH have won the contract to provide Community Health Services throughout Suffolk (services currently provided by SERCO). The new contract would cost £3m more than the existing contract with SERCO.
- **Savings** – WS CCG now has to find £10M savings per annum.
- **Community Pain Service** started – chronic pain with no underlying cause very difficult to deal with. The service is attached to Bury Physio. Moves afoot to get the service to Sudbury, not just BSE.

#### 4.0 Meet Ed Garrett

Dr Ed Garrett, COO West Suffolk Clinical Commissioning Group was introduced by PW saying that the purpose of asking Ed to attend the meeting was to see what advice he could give on who the group could increase our lobbying power. There were 2 issues in particular the group wanted to focus on.

##### **New Premise for Hardwicke House**

Existing Stour Street premises not fit for purpose. Hardwicke House (HH) putting forward a proposal to bid for Belle Vue House (BVH). BVH too big for HH needs, therefore, another partner, ideally from the health and social care sector required.

It was felt that public opinion would back BVH being used for health and social care.

MC suggested the Town Council should be on our side, but would have to remain impartial until positive bids accepted. He also said there were issues with access and what plans there were for the roundabout.

There was also the question as to whether NHS England would be prepared to contribute extra

money towards increased costs.

It was felt that the integrated care angle the way forward, particularly bearing in mind the aim of the Connect Sudbury project to get all health and social care organisations working closer together.

EG indicated the WS CCG supported an integrated approach and would support a bid. He suggested we sought the support of local politicians.

HH PPG also needed to know how it could help move the project forward.

It was suggested PPG members could carry out a survey (not a petition) to find out people's views.

### **Improved Public Transport Access to the new Sudbury Health Centre**

JP told the meeting that GO-Start's attempt to run a "circular" bus service to the new Sudbury Health Centre (SHC) had been thwarted at every opportunity to. JP said Go-Start had bid without success to date for Section 106 monies from the Bakers Mill development in Great Cornard to purchase a vehicle for the service.

Access to the SHC by public transport was difficult, there was a service from Sudbury Town Centre, but this did not tie up with incoming buses and long journey times were being experienced.

PW said he felt that Heath Service managers had no concept of how difficult it was for patients in rural areas to access health services.

EG said he had no influence over transport issues, but would raise with senior people at the council.

JS, in conclusion said as a PPG we need to be more dynamic, more structured. We need to look at how we develop issues such as Transport, Communications, Buildings – we need to structure a plan, make ourselves heard as a team.

### **5.0 Key Tasks for 2015 PP Aims and Actions**

Action plan briefly discussed. JS asked members to look at the action plan and give PW their thoughts about what should be on the plan, how the actions can be achieved, and what actions they could help with.

**Action:** Responses to PW by 26<sup>th</sup> June.

**Post Meeting Note:** Only one response received !!

### **6.0 Agenda for next meeting**

No items discussed

### **7.0 AOB**

- **Patient Surveys – MC ?** asked why leaflets were sent out asking patients to sign up for surveys when the nearest meetings were being held in Norwich and Ipswich ? Why ask people when we are too far away to take part !!

- **Local Services - ?** asked why Pre-ops and OPD appointments could not be dealt with locally. We need services back at local Health Centre to save people keep going to the WSH.

**An issue for the OOG to lobby ?**

- **Information Web Sites –** useful sources of information on organisations in Suffolk.

**Suffolk Infolink -** <http://infolink.suffolk.gov.uk/kb5/suffolk/infolink/home.page>.

**Hive -** <http://sudburyhive.org/>

**Community Action Suffolk (CAS) -** <http://www.communityactionsuffolk.org.uk/>

### **8.0 Dates of Next Meetings**

7<sup>th</sup> August 2015 VB gave her apologies.

2<sup>nd</sup> October 2015

4<sup>th</sup> December 2015 AGM