

Hardwicke House Group Practice

Patient Reference Group

MINUTES OF MEETING – 3rd October 2014

Attendees

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	
Margaret Tracey	Patient		X
David Cripps (DC)	Practice Manager	X	
Dr Susmitha Pavuluri (SP)	GP		X
Dr James Gilmour (JG)	GP		X

1.0 WELCOMES, INTRODUCTIONS AND APOLOGIES

Attendances and apologies as above.

2.0 MINUTES OF THE LAST MEETING 1st September 2014

Actions:

1. Livewell Suffolk invited to meeting, but would not be arriving until later, but did not show up by end of meeting.
2. John Philips also invited to meeting to talk about Go Start, but also did not show up.
3. NG had arranged a meeting with Nicki to progress reception displays, but meeting cancelled due to staff shortages.
4. PW emailed Annie Topping CEO Healthwatch) on 31/08/14 and had not received a reply. Email resent 03/10/14.

3.0 UPDATES

3.1 Hardwicke House Practice (HHP)

DC talked about the concerns being raised on the new GP contracts. He indicated some surgeries were closing, and the BMA was urging revolt !!

DC outlines what the changes would mean for the HHP.

£300 K reduction in income.

Return to a more restrictive service contract.

Staff losses including doctors.

Branch closures.

Reduced access.

DC said the political message being given was 24/7 service and a review of the workforce.

Draft “Dear Patient” letter attached

3.2 CLINICAL COMMISSIONING

Cancer Survival Rates - DC informed the group that the West Suffolk’s figures for survival rates on stage 1 and 2 cancers were the best in the country.

Avoiding Unplanned Admissions – DC spoke about the measures the WS CCG was taking to reduce unplanned admissions. Increase in A&E admissions at WSH was 15% pa, which is unsustainable.

Care plans being introduced for “at risk” patients. GPs to review patients and develop care plans for the top 400 and send them to the patients. It was felt some patients may object to receiving a care plan and this would have a negative effect.

Other actions were;

more joined up thinking between the various agencies, including the WS CCG working closer

to the Suffolk County Council.

6 week tele-health pilot in Sudbury – where selected patients will be provided with monitors which will send data to telephone monitoring station. The aim is to help patients manage their own conditions.

PW said the need to make changes would force the use of technology. He asked if there were any plans to allow patients to directly contact their GP by telephone or email. DC indicated this was not practical.

Health and Care review – DC reminded members that the WS CCG was holding a number of Health and Care review focus groups across West Suffolk, with one in Sudbury on 6th November. SB and PW said they would be attending. Sudbury presentation attached.

Flu Clinics – We were reminded that the annual flu jab clinics were being held on 4th and 18th October. 2000 patients were expected to attend.

DC pointed out that flu eligible patients could receive a free flue jab at any pharmacy offering flue jabs.

Contract Review – DC said the contracts for the Community Health (Serco), 111 (Care UK) and Out of hours service (Care UK) were currently being reviewed. The current contracts expire in Aug 2015.

4.0 GO START

No-one from Go Start in attendance

Action: Invite to future meeting

5.0 LIVEWELL SUFFOLK

No –one from Livewell Suffolk in attendance

Action: Invite to future meeting

6.0 PRG AIMS and ACTIONS

DC indicated that 9 practices out of the 25 in in West Suffolk had PRGs.

Finances – DC confirmed that The HHP received 27p per patient from NHS England to facilitate the running of the PRG. This money was to cover admin costs and the cost of back filling practice staff attending the PRG. DC indicated the HHP would fund the revised leaflet to promote the PRG, and would also cover admin costs eg printer ink, paper etc.

PRG Promotion Leaflet – PW tabled amendments to the text and asked for comments to be sent to him. There was discussion on the 2 doctor pictures on the leaflet. The general thought was to replace with the pictures of doctors with in-animate picture such as a stethoscope.

Action: Leaflet comments to PW within next week.

It was agreed to hand out PRG promotion leaflets at the flu clinics on 4th and 18th October. The “old” leaflet would be used as the new one would not be ready.

Action: PW to print 500 leaflets for each session.

Action: SB to hand pout leaflet at 4th Oct session, and PW / JS to do the session on the 18th.

Newsletter – As time was running out members were asked to bring ideas along to the next meeting.

Action: Newsletter ideas to next meeting.

7.0 TERMS of REFERENCE – ANNUAL REVIEW

PW asked members to review the T of R and let him know if any changes were required.

Action: Members to review T of R and notify PW of any changes required.

8.0 AGENDA FOR NEXT MEETING

AGM

9.0 AOB

PW suggested that if members did not attend 3 meetings in a row without sending apologies then they should be written to and asked if they wanted to continue with the group. This was to avoid sending information to people who could no longer attend meetings due to changing circumstances. This was agreed by all.

10.0 DATES OF NEXT MEETINGS

5th December AGM

3rd April 2015

5th June 2015

2nd October 2015

6th February 2015

1st May 2015

7th August 2015

4th December 2015 AGM