

**MINUTES OF THE ELMWOOD MEDICAL CENTRE
PATIENT PARTICIPATION GROUP (PPG) MEETING**

3 NOVEMBER 2017

PRESENT:

Ian Bowns (Chair), Jane Barrett (Secretary), John Hollands, Diane Humphreys-White, Samantha Minshull, Andy Brennan, Helen Croft, Eileen Brown, Jean Brown,

APOLOGIES:

Apologies were received from Dan Hodgkinson, Brian Cowlshaw, Sheila Ray, Dr Hodgkinson, Mr and Mrs Dodds, Margaret Charlton

1. MINUTES OF THE MEETING OF 28 JULY 2017

A correction was made to item 4, bullet point 2, which should read: "Reduction to 8 beds in Fenton Ward". With this amendment the minutes were agreed as a correct record.

2. MATTERS ARISING

There were no matters arising.

3. REPORT FROM PPG NETWORK MEETING 17 OCTOBER 2017

3.1. Presentation by Dr Ben Milton (BM), clinical lead for the CCG:

3.1.1 The CCG rating and Financial Position and Commissioning Intentions.

BM explained that demand for / cost of healthcare grows at 4% pa. National economic growth is less than this which means healthcare spending is growing at less than 4%. Monies are allocated to CCGs according to a national formula. Historically Derbyshire got less than the average but got some extra funds when available. 4 years ago the formula changed; it was deemed that Derbyshire was "over-funded" by 9% and plans were made for a progressive clawback.

A new savings agenda was introduced: "QIPP" (Quality, Innovation, Productivity and Prevention). CCGs must submit an annual plan designed to save money on recurring items. This had been partially successful and previously the gaps had been plugged with the extra funds. Last year however these were a lot less leading to a financial shortfall in Oct 16 of £2m rising to £9m in the worst case scenario, of which NHS England intended to claw back £3.5 to £4m. This year the budget increase is only 1% giving a potential shortfall of £28m. In the summer the CCG was given an assurance rating of "inadequate" in finance and leadership (capacity not competence), and in August was placed under "legal directions". The CCG has appointed specialist managers for finance and contracting. The Capacity and Capability Plan has been accepted by NHS England and the CCG has developed a Financial Recovery Plan identifying savings. After several versions NHS England have agreed a plan that would make £15m savings; the CCG expect to be out of legal directions next year.

3.1.2 Sustainability and Transformation Plan (STP): there have been big changes at management level, in particular appointment of 1 manager (Dr Chris Clayton) for all 4 CCGs.

3.1.3 Better Care Closer to Home: decisions were made later than planned as a result of delays in the consultation process and unforeseen events like the general election. There are many staffing issues to be resolved as a result of hospital and ward closures and transfers to community teams. A strong message in the consultation was that people do not want closures until the community model has been thoroughly tested. At the Cavendish Spencer and Fenton wards are currently operating as

normal; there is no implementation date yet but the changes are unlikely to take place during the winter. The MP for High Peak is going to the Health Ombudsman – he cannot change the decision but could order changes in the implementation process. The CCG is planning to buy “Beds with care” in local homes with rehab provided by the community teams; for example they are interested in beds at the new development in Brownedge Rd in Buxton.

The meeting questioned how the beds in facilities like Brownedge would be staffed and what would be the impact on existing nursing staff, and also noted that 27 beds were also set to go from the Cottage Hospital, with further implications for nursing staff. It was agreed to write to Amanda Brikmanis at the CCG to ask for further information including the proposed number of beds at Brownedge, staffing arrangements and the implications for NHS nursing staff.

Action: Ian Bowns

3.2 Update on 8:8 working:

The proposals for the High Peak group of 5 GP practices had been rejected by the CCG which was following guidelines set down by NHS England, which are very London-centric. The Network had consulted with all the PPGs and had written a letter of support for the plan, which has been re-submitted. It is hoped it will be successful but if not there is an appeal process and PPGs can offer further support at this stage (see below also).

4. UPDATE ON PRACTICE MATTERS (ANDY BRENNAN)

- Extended hours (8:8 working): the plan from local GPs is to have each one of the 5 practices open until 8pm Mon – Fri. This had been knocked back by NHS England who wanted 1 hub. However they have now issued new criteria for multi-site operations. This means they would accept the High Peak plan but on condition that Saturday and Sunday working is introduced from October 2018 (previously April 2019). The local group is looking at how to develop the model, including whether existing staff would be willing to work weekends. More information will be available at the next meeting. There was some discussion of how much actual demand there is for weekend opening (which seems to be based on a manifesto promise), and also how it would fit with existing provision like the 111 service and the out of hours provision at the Cottage.
- Staffing: A new Practice Nurse – Jessica Hancock – is to start next week, working Tuesdays and Fridays. This will help support the Practice’s work providing a “ward round” service in nursing homes, for which they receive additional funding.
- Sam is relinquishing her role with the PPG which will be carried out by Helen Croft from now on. Sam was thanked for her work and a welcome extended to Helen.
- Winter Pressures funding: this year the practice plans to increase the use of locums with an extra GP day from December.
- Prescriptions: repeat ordering by telephone will cease from 4 December, although there will be some flexibility while the system beds in.
- Waiting room refurbishment: has been revisited and less ambitious plans will be implemented including, for example, replacement of the courtyard windows and redecorating.
- Appointment systems: currently under review, including supply and demand trends, appointments with named GPs, use of the nurse-practitioners, access.
- Skype type consultations: being promoted by the CCG and under consideration at Elmwood.

5. WAITING ROOM SCREENS

It was agreed that the screens are an excellent way of communicating with patients and could be utilised more effectively, including carrying material from the PPG. Ideas suggested included:

general health info; other local services; videos from professional associations and charities; public consultations; PPG meetings. Andy Brennan is happy to act as a conduit for suggestions and the screens are maintained by Andy Butler. It was agreed to consider more specific ideas at the next meeting.

Action: all

6. FUTURE OF THE GROUP

The current constitution was drawn up in 2013 and should be reviewed annually. A copy was tabled at the meeting. It was suggested that it may be appropriate to limit the length of office-holding. Suggestions for possible speakers (to which the other Buxton PPGs and / or a more general invitation to other patients could be extended) included: The Alzheimers Society; Age UK; the Browndedge development (there was particular interest in this); Care Homes / Adult Social Care; Self-referral services; the new build on Dale Rd (independent living).

The Chair also welcomed offers from anyone who would like to take on / develop a special role. It was agreed to table this item on the next agenda.

7. ANY OTHER BUSINESS

There was no other business.

8. DATE OF NEXT MEETING

FRIDAY 9 FEBRUARY 2018, 1.30, AT METHODIST CHURCH HALL