SHIPSTON MEDICAL CENTRE

Patient Meeting
Tuesday 3rd June 2025 7.15 pm – 9.00pm
Townsend Hall, Sheep Street, Shipston on Stour

Present from the practice:

Partners:	Dr Paul Daniel, Dr Tim Marshall, Dr Emily McHale, Dr George Naylor, Rachel Vial (Business Partner)
PCN:	Ginny Tyler (PCN Manager) and Dr George Naylor (Clinical Director)
Stour Health and Wellbeing:	Bob Armstrong, Vanessa Compton
Shipston Home Nursing:	Andrew Revell, Gemma Roberts
Administrative staff:	Sally Cherry (notes)

Present from the Patient Participation Group (PPG):

Chair:	Carole Nossiter
	Marianne Westwood
	Ann McCabe
	Kathy Little

<u>Welcome, housekeeping and introductions: Carole Nossiter</u>

Carole Nossiter, Chair of the Patient Participation Group (PPG), welcomed attendees to the meeting, and asked that contributors from Shipston Medical Centre (SMC), the PPG, the Stour Health and Wellbeing Partnership and Shipston Home Nursing introduce themselves during the course of the evening.

She subsequently provided some context for the evening's agenda, highlighting both the forthcoming NHS 10 year plan, and the local opportunities provided by the re-opening of the Ellen Badger Hospital and Health and Wellbeing Hub.

Agenda for this evening

- Updates from the Practice and Primary Care Network
- How does the Patient Group (PPG) contribute?
- Stour Health and Wellbeing Partnership – 'Growing the Future'
- Shipston Home Nursing
- Summary and Close
- *Time for questions*

Updates from the Practice: Dr McHale introduced herself as one of the Partners from Shipston Medical Centre.

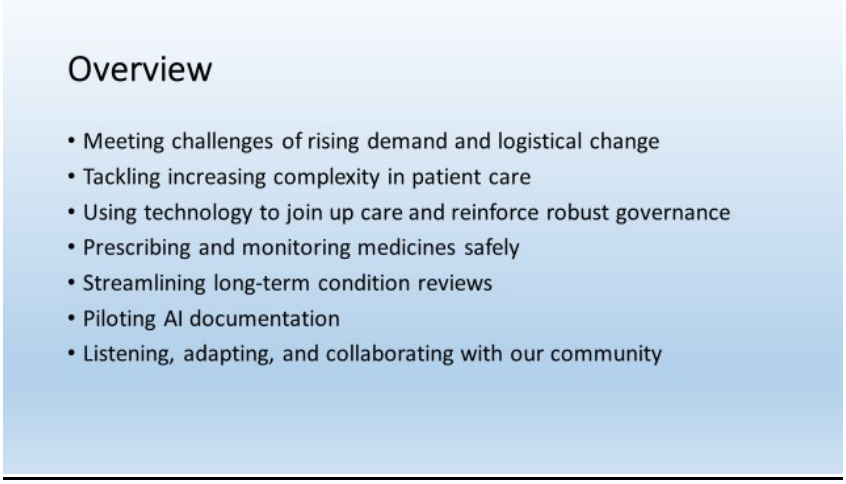
Dr McHale shared general Practice updates, and an update on staffing at the Practice. She highlighted the success of the new appointment system introduced in spring 2024, noting positive feedback from both staff and patients. Additionally, she mentioned the installation of the new ATM dispensary machine that enables dispensing patients to access their medication 24/7, and finally, that changes to medication stock control had been implemented to enhance stock availability.

The following staffing updates were then shared:

Staffing updates since the last meeting:

- Admin Team – New Deputy Practice Manager Anthea Stewart, and goodbye to Abbi Baldwin, Sue Sturgess and Catherine Haine.
- ACP – Abi Coombs last day was yesterday
- Nurses – Alison Butler and Julia Thornton who were covering Lauren Hope's maternity leave have left, although Alison continues to help us out ad hoc and on some Saturdays.
- Over 75s/Frailty Nurse – Liz Crabtree retired, with Nicola Futers joining the team in October last year.
- Changes in GP trainees – Currently Drs Yang, Eapen, Mackenzie, Stroud and Shankar-Babu on placement with us. Dr Mackenzie is on maternity leave. Over the last year Drs Kishwan, Wadsworth, Hussain and Alexander have finished their placement with us. In August Dr Stroud will be leaving us and Dr Jeries joining us.
- GPs – no changes in the qualified GP team, excepting Drs Boyle and Shipley will both be taking maternity leave later this year.

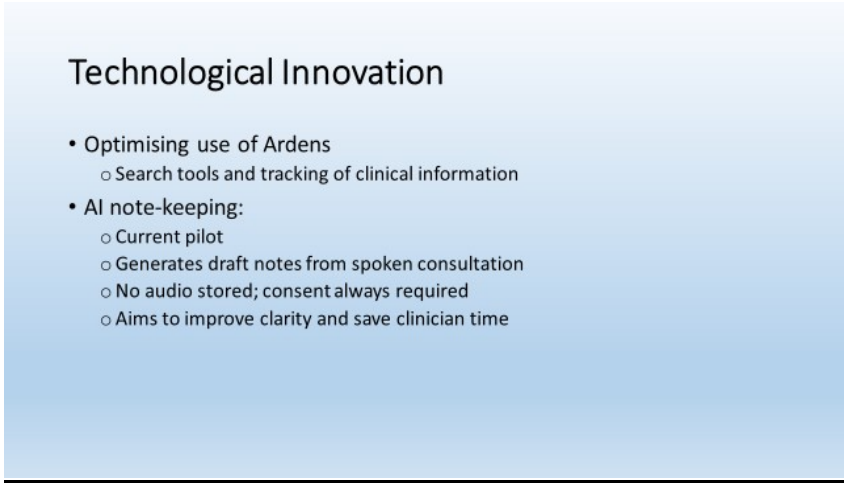
The meeting continued with an update on services from Dr Tim Marshall:



Dr Marshall explained that one of the biggest challenges for the Practice is making sure that care is joined up – with different clinicians looking after different parts of a patient's care, making sure that everything is clearly recorded and visible to the right person at the right time so that things aren't missed or duplicated.

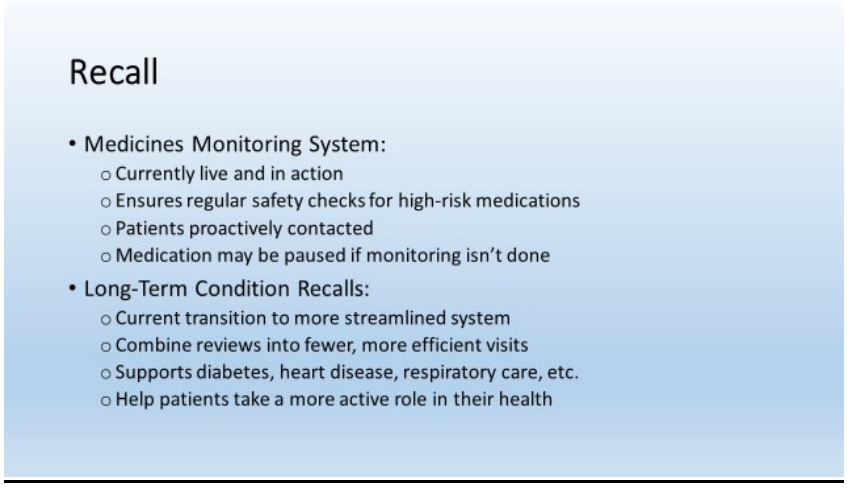
He also explained that the Practice is trying to work in a way that is more proactive; rather than just fixing a patient's problems as they arise, but also seeking to prevent complications, keep conditions stable, and supporting people to stay well for longer.

This is where the Practice is increasingly seeking to use better systems, and technology, not to replace people but to support the Practice team and make the most of their time and skills.



AI note-keeping using a tool called Lexacom means that the clinician needs to spend less time typing during a consultation, allowing better focus on the patient and more consistent documentation. This is currently only being piloted by two of the GPs but is already demonstrating its value.

Dr Marshall then went on to describe recent innovations to the Practice's medicines monitoring system



Dr Marshall emphasised that the medicines monitoring system is put in place as a safety measure. Prescribing something without the proper checks in place just isn't responsible clinical care.

The idea behind the new long term condition recall system is to bring patients in to the Practice for one or two well-planned appointments per year rather than have checks spread across several fragmented visits.

Dr Marshall concluded by reflecting that this is a challenging time in General Practice – but that the Partners are doing their best to evolve in a way that doesn't lose the personal, human touch. Using new tools to support, not replace, the relationships that make care meaningful.

He also mentioned how much the Partners value patient input – an example being mention of the value of AI at last year's Patient Meeting. 'Thanks for continuing to work with us as partners in your own care'.

Questions and feedback from the audience

Q: Regarding AI concerned that the government were outsourcing personal data to China, could we opt out.

A: Rachel Vial replied that she understood the concern but assured that the NHS follows strict data protection laws, and personal information is not shared without robust safeguards and that sharing data outside the European Economic area would be against the General Data Protection (GDPR) Law

Any data use must comply with UK laws, including GDPR.

The meeting continued with an update on the premises situation by Dr Paul Daniel:



Premises Pressures

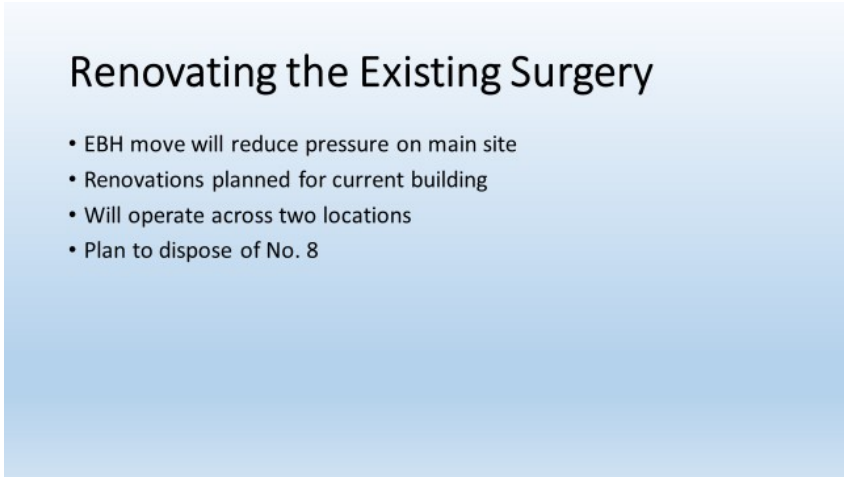
- Current site over capacity
- No. 8 bought 18 years ago as a temporary fix
- Poor accessibility and inadequate space
- Still not enough consulting rooms

The New Plan

- Renting 11 consulting rooms at EBH
- Originally part of broader new-build plans
- Contractors starting final fit-out
- Legal work on lease underway

Timeline

- Target move-in: **Autumn 2025**
- Legal and construction phases in motion





Questions and feedback from the audience

Q: A member of the audience questioned the bed situation at the Ellen Badger Hospital.

A: Dr Daniel explained that the focus of tonight's meeting was on primary care, not secondary care. However, he noted that the confirmed outpatient services were a positive development and would benefit patients in Shipston and the surrounding areas.

Q: A member of the audience asked whether any measures had been put in place regarding a safe way to cross the busy road to the Ellen Badger Hospital i.e zebra crossing, speed limit.

A: Carole Nossiter from the PPG replied that the risk had been identified and talks were in progress.

The meeting continued with an update from the Primary Care Network as follows:





Dr Naylor explained that the Dene and Stour Valleys PCN was a collaboration between Shipston Medical Centre, Hastings House and Meon Medical Centre (32,000 patients)

The PCN continues to support practices and patients through the

- ARRS scheme which offers additional roles for practices to support patient care.
- Extended Access service which have now been taken on at PCN level.

He mentioned that the PCN were working with various stakeholders to define the structure of Integrated Neighbourhood Teams in South Warwickshire and how they will identify and support groups who would most benefit from new pathways of care.

He provided an example of where this is already working well for patients this being the frailty team working with community fraillty and SWFT urgent response teams to support older patients at home and avoid preventable admissions.

Dr Naylor went on to add that the new hospital will provide opportunities and space for collaborative working, supported by excellent resources including secondary care consultants, primary care services, and organisations such as Stour Health and Wellbeing

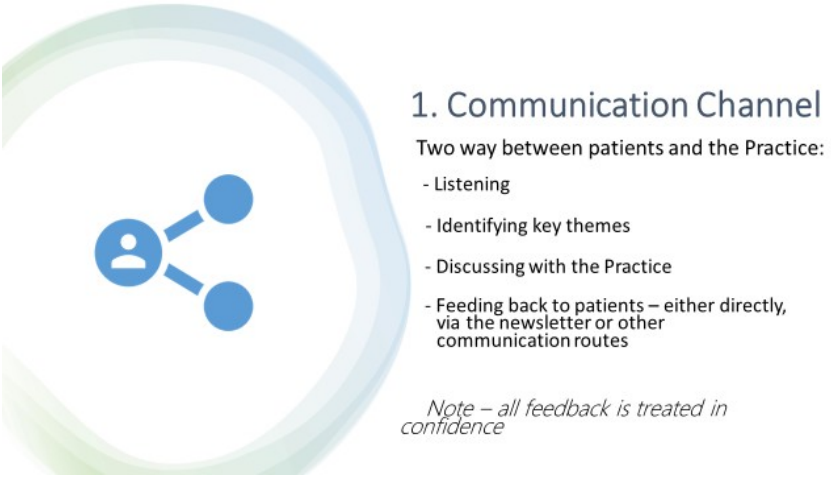
Partnership and Shipston Home Nursing all able to work in a more joined up way to provide services to patients.

Q: A member of the audience raised a concern about the level of care provided to patients after hospital discharge. While the standard six weeks of community support was acknowledged as helpful, she felt that beyond this period, patients often lost contact with services and were left feeling unsupported. She emphasized the need for better integration across services to ensure continued care.

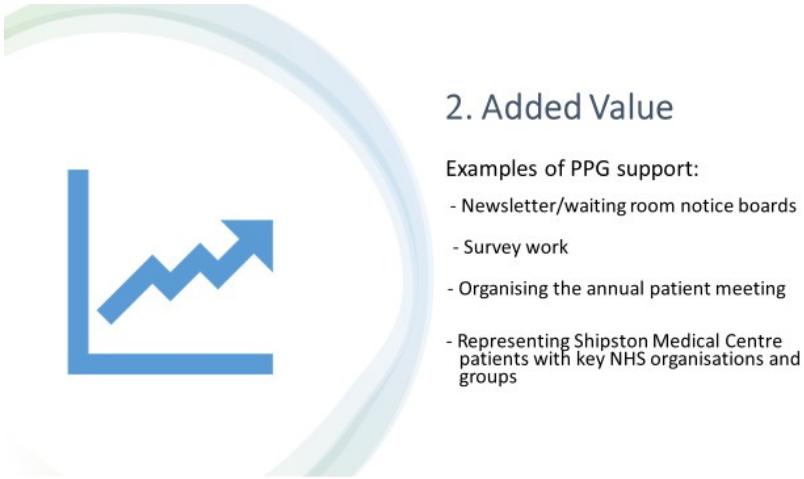
A: Dr Naylor responded that issues such as this lie at the heart of the current discussion. SWFT aims to provide high quality care, and with feedback from patients, the goal is to develop a seamless system where one service naturally leads into the next.

The evening continued with a presentation from Marianne Westwood on behalf of the Patient Participation Group Committee. Marianne described how members of the committee, all of whom are volunteers and registered patients with the Practice contribute in three main ways:

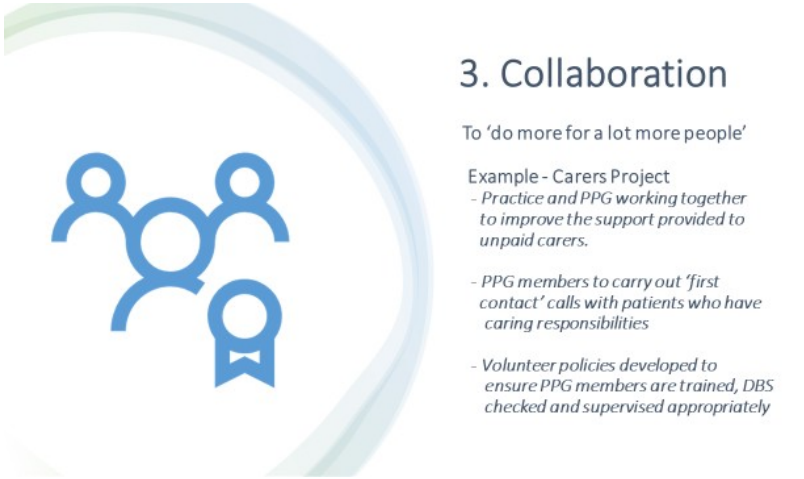
Firstly, by listening to patient experiences, reviewing survey results (eg the monthly Friends and Family Test), distilling any key themes and then sharing and discussing this feedback with the Practice, (always maintaining strict confidentiality). This feedback helps contribute to continous improvement in the services provided to patients. The PPG also reaches out to as many community groups as possible to ensure that wider patient views can be represented.



Secondly, the PPG adds further value as required, examples being supporting vaccination clinics, contributing to the newsletter, organising and supporting events such as the annual patient meeting.



Thirdly, both Practice and PPG recognise there are areas where more can be achieved for more people if the PPG gets involved. The example given was of the carers project where PPG members are being trained to make first contact calls with patients who have caring responsibilities. This means that more of these patients can be contacted and offered support, and that those who have the most immediate need can be referred as appropriate to the carer champions, social prescriber, frailty team, GPs.



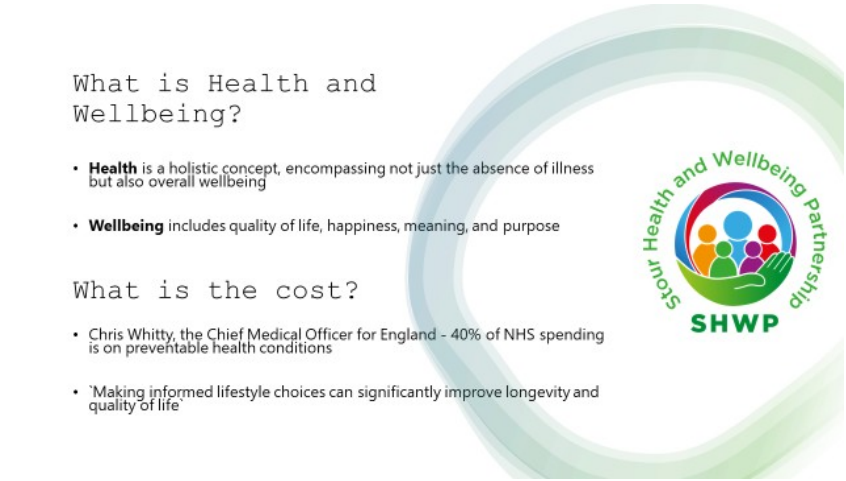
Rachel Vial highlighted that the PPG is seen as an integral part of the Practice's way of working, helping to provide valuable feedback from patients and ensuring that any issues are identified and can be addressed. Also providing support for key projects.

The PPG presentation concluded with a summary slide outlining how patients can get in touch with the PPG, either to provide feedback of their experience as a patient, or to find out more about the PPG.



The meeting continued with a presentation from Bob Armstrong and Vanessa Compton from the Stour Health and Wellbeing Partnership (SHWP). SHWPs purpose is to improve the health and wellbeing of people living in the Stour community, through partnership working.





Is Health and Wellbeing Important?

Warwickshire: Men's Life Expectancy **80.1 years**

Healthy Life Expectancy **64.6 years**

Two of the Key Determinants of Health and Wellbeing:

- **Social Support Networks** – strong relationships with family, friends, and communities provide emotional support and resilience
- **Lifestyle Choices** such as diet, exercise, smoking and stress management

Stour Health and Wellbeing Partnership's PURPOSE

- `To improve the health and wellbeing of all residents in the Stour area through better ***partnership*** working`

Introduction

- We are a **volunteer led and run charity** currently with one part time staff member, Rowena Webb, a Community Developer
- Our work is based in the predominately rural area of **Shipston on Stour** and surrounding villages including **Brailes, Ilmington, Cherington, Tysoe, and Alderminster**
- As a partnership organisation, SHWP is uniquely positioned to tackle the health and wellbeing challenges in the Stour area by creating a '**partnership working**' ethos between agencies involved in health and wellbeing. Here are a selection of the partners we work with:

Warm Hub

Shipston Community Hub

Thursdays 10am – 12pm *currently* at the Scout Hut; **from Thursday 12th June it will be at the Ellen Badger Hospital**

A place where you can meet friends and share a cup of tea/coffee and a snack

In total we have had **over 20** different organisations join us and conduct workshops, training sessions and offer support







Toy Library and Boxercise

- In November 2024 we launched a **Toy Library** in the town, initially at St Edmunds Church. This is for Shipston and the Stour valley community.





- **57 Boxercise** sessions and **16** workshops held at the High School, the Townsend Hall and Youth Club, reaching more than **350** young people.

Workshops included:
Exam Anxiety
Mental Health
Drugs & Alcohol Awareness

Dr Sue Pritchard Memorial Challenge

There are a huge number of activities we run both in Shipston on Stour and the surrounding villages. Here is a taste:

- Indoor Curling
- Table Tennis
- Seated and Standing Tai Chi
- Pilates
- Strictly Fitsteps
- Pickleball
- Dance and Seated Exercise classes















How is this possible?

- Nov 2021 - Feb 2025 Funding obtained from multiple sources to enable these activities to be free of charge to the residents of Shipston and the surrounding villages.

- This enabled us to reinvest **£160,000 over three years** into the community through these activities.

- From March 2025 we introduced charges – just to cover venue hire and instructor costs where applicable.



The final presentation of the evening came from Andrew Revell and Gemma Roberts from Shipston Home Nursing, explaining the service they provide, free of charge, to people in our local area who need end of life care.



Who we are

- Charity with over 28 years experience of Hospice at Home care for people with terminal illnesses.
- Regulated by the CQC and Charity Commission
- Multi-disciplined, part-time team of:
  - Registered General Nurses and Healthcare Assistants
  - Marketing, Communications and Fundraising
  - Operations and Support
  - Bereavement Counsellor and Therapist
  - Board of Trustees
  - Volunteers

SHIPSTON HOME NURSING

What we do

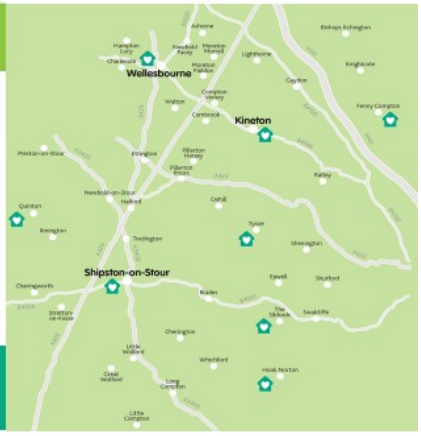
- 'Free of Charge' nursing care for adults.
- Early Stage and End of Life care - emotional support for patients, carers and their families.
- Symptom control.
- Overnight and Respite care.
- 24 hours x 365 days access.
- > 13,500 nursing and care hours each year.
- Bereavement Counselling for patients, their families and other people referred to us for support.

SHIPSTON HOME NURSING

Where and how

- Shipston, Wellesbourne, Kineton and surrounding villages.
- Coordinated care through a multi-disciplinary team:
  - GP's
  - Community nurses
  - Specialist Palliative Care Team
  - Hospitals and other Hospices
  - Nursing and Care homes
  - Other Healthcare Professionals





SHIPSTON HOME NURSING

We care

- New patients met and assessed within 48 working hours of being referred to us – more often on the same day.
- No waiting lists and no appropriate patient referral is declined.
- Hospital admission prevention and managed discharges.
- Only Hospice at Home Service in Warwickshire providing overnight care.
- Nursing and Personal Care is 'joined up' to minimise the number of 'agencies' involved.
- Care is specifically tailored to each patient based on their wishes - no time constraints.

SHIPSTON HOME NURSING

How to access our care

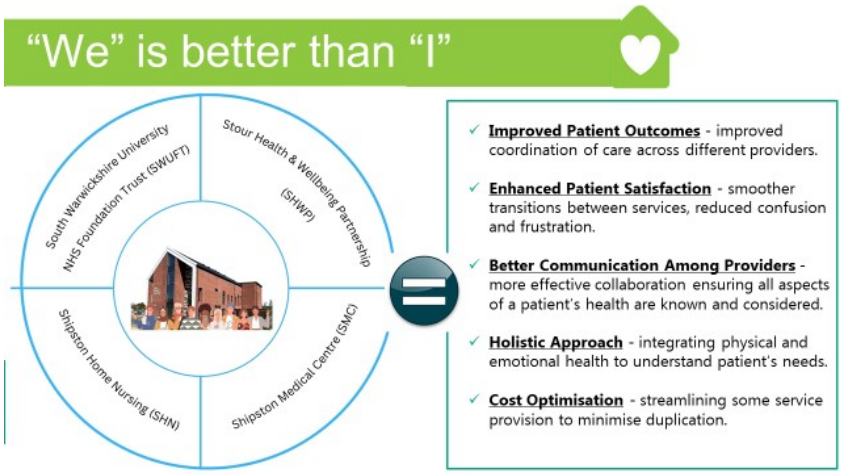
- **Call us direct - 01608 664850 or 07920 480392**
- Shipston, Wellesbourne and Kineton Medical Centre's, District Nurses, Frailty Nurses.
- Hospital teams – Specialist Palliative Care team, Ward based teams.

SHIPSTON HOME NURSING

How we are funded



SHIPSTON HOME NURSING



Questions and feedback from the audience
Q: How do volunteers contribute?
A: Volunteers contribute by helping to ensure the success of all the various fundraising activities.

Following final comments from the audience, Carole Nossiter summarised the evening by reflecting on the key themes emerging from each of the presentations, these being the value of 'communication', coordination, partnership working, collaboration, and integration of services.

'The new Ellen Badger Hospital facilities offer an opportunity to bring services together for the benefit of local people. This holds true for people during their lifetime and at the end of life'.

Carole ended by thanking all the presenters – and for their service to our community.
This was met by applause from the audience.

She then reminded people to fill in their feedback forms, to sign up to receive the newsletter if not already done so, and to make the PPG aware if they wish to have more information or to provide feedback of their patient experience.

Note:
The SMC newsletter is availablle from:

https://shipstonmc.warwickshire.nhs.uk/

https://twitter.com/ShipstonGP

https://www.facebook.com/ShipstonMCShipstonGP