

Patient Participation Meeting



**Shipston Medical Centre
and the Ellen Badger Hospital**

**Wednesday
30th May 2012
7pm - 9pm**

Patient Participation Meeting

Shipston Medical Centre and users of the Ellen Badger Hospital (EBH), Shipston

Shipston Primary School

Wednesday 30th May 2012 7pm – 9pm

Dr Caroline Nixon chaired the meeting and opened by welcoming those who had attended.

Service Developments at Shipston Medical Centre

Dr Nixon outlined what had been happening at the Medical Centre since the last meeting in May 2011:

- Dr Khan has left the practice to become a partner at Rother House in Stratford & Dr Lettis has left the practice and relocated with her husband's job.
- Dr Richard Levison, who is currently our Registrar, will be remaining with the practice as our new salaried GP from August.
- The Dispensary Manager, Louise Tweney & the Repeat Medications Facilitator, Suzanna Stephens are both currently on maternity leave, with the Repeat Medications Facilitator role being covered by Maev Finlay.
- Shirley Venman has left and Louise Woolley has taken over as the new phlebotomist.
- A new system for how we act on results has been introduced which has provided clarity about what should happen next.
- A new dispensary management system has allowed us to review processes and reorganise stock.
- The creation of a patient reference group means there is more patient involvement at the practice.
- A review of the appointment system has led to the following improvements:
 - The development of 48 hour appointments, to facilitate non-urgent access to usual GP.
 - The development of a letter to send to patients who do not attend booked appointments to increase awareness regarding how to cancel appointments.
 - An emergency surgery card which advises patients on the correct usage of the emergency surgery.
- A new hypertension protocol has been introduced which is nurse led and in accordance with new NICE guidelines.

The Health and Social Care Bill

Dr Caroline Nixon

Dr Nixon recapped on the background behind the bill which follows on from The NHS White Paper discussed at last years meeting.

The introduction of the bill has led to the formation of commissioning groups, largely composed of GP's but with input from other health professionals and administrative support. Dr Whiteley is a member of the South Warwickshire Clinical Commissioning Group (SWCCG).

The integration of health and social care will ensure much closer links between Health and Social Services allowing patients to be treated closer to their home and ensuring they see the most appropriate person the first time.

Since the last meeting there was opposition to the bill from health professionals which led to some amendments but the bill is now law and will go ahead.

The changes will allow Shipston to have the following opportunities:

- Clinical & patient input
- The commissioning of services appropriate for our locality
- Competition could drive standards up
- Development and expansion of local services
- Closer links with non medical care e.g. social services and local organisations & charities.

There are also potential threats:

- The unknown, there is still a lot of detail to be clarified
- Downward pressure on spending
- Facilities, systems and training need to be in place before moving services from secondary care to the community
- Competition could led to 'any willing provider' rather than carefully chosen local services
- Money and effort channelled into commissioning may be diverted away from patient care

In summary, Dr Nixon highlighted the importance of our engagement to ensure our voice is heard in the Clinical Commissioning Group and that we get the best possible outcomes for our patients and for the NHS. We need to collaborate with Clinical Commissioning Group, hospitals and social services to provide the best possible care for our patients and we need patient support.

South Warwickshire Clinical Commissioning Group (SWCCG)

Dr Andy Whiteley

Dr Whiteley presented an update on the SWCCG:

- The SWCCG is made up from 36 practices in South Warwickshire, consisting of 5 GPs, 2 Practice Managers, and Admin help.
- The SWCCG meets as an Executive fortnightly and advises the Arden Cluster Board on local issues.
- If authorised as planned in autumn 2012, the SWCCG will take over from Arden Cluster (PCT) on 1st April 2013.

- It will be responsible for commissioning all hospital and community care from providers and aims to be responsive to its members and patients and to keep within budget.
- **Our Vision** - Best health for everyone.
- **Our Purpose** - To build relationships with patients and our communities to improve health, transform care, and make the best of our resources.
- Please support the SWCCG and get involved with patient groups.

Health & Wellbeing Park - Update

Dr Andy Whiteley

What has happened so far?

- Public Meetings
 - Explaining the vision to local people and asking for their advice and support.
 - The formation of Stakeholders Group locally to act on behalf of residents of our locality.
 - Liaise with Shipston Town Council, Warwick County Council (WCC), Arden Cluster, SWCCG, Warwick Hospital and Local MP to share vision.
- The Arden Cluster Board commissioned an Outline Business Case in September 2011 to report in March 2012.
- The 'Shipston Project Board' was convened in November 2011 and was tasked with delivering the Outline Business Case to Arden Cluster Board, South Warwickshire Foundation Trust (SWFT) Board and WCC Cabinet by March 2012.
- All work streams were on target to meet the deadline for the Outline Business Case with the exception of Service Planning.
- Project Board Meeting in April
 - WCC, SWFT and Shipston Medical Centre voiced on-going support for Project.
 - Arden Cluster said they could no longer support the Project due to the organisation not expecting to continue after March 2013.
- Project Board Meeting in May
 - All present agreed that Project was worth continuing with after the Arden Cluster's replacement by SWCCG (due April 2013).
 - Some concern was expressed that no costed evidence for the Vision currently existed.

Where do we go from here?

- All Board Members (excluding Arden Cluster) agreed to work together to establish a pilot at the EBH to show if the Vision would work with Shipston Medical Centre leading on this project.
- At the end of the pilot we will have a better idea of the correct model for Shipston, we will have tested the co-operation between the organisations and we will know what the patients think.

Patient Involvement

Canon Kenyon Wright

Canon Wright informed the meeting that a Patient Reference Group had recently been set up, alongside a wider “virtual” group, to ensure that the voice of patients is heard in Practice issues and beyond.

He first stated what the new Group is NOT. It is neither a cheerleader for the practice (though all of us deeply appreciate the outstanding quality of care here) nor is it on the other hand, a focus for complaints. For these clear channels exist.

Then what is it for? Its purpose might be summed up in the popular slogan “No decision about us, without us”.

This principle has two levels – the Personal and the Organisational. We are all affected both by the decision made directly about us or our family, but we are also all affected by decisions in all places which shape the new NHS we all value so much.

At the Personal Level, we might change the slogan from the plural to the singular “No decision about ME without ME”. Many studies make it clear that the chief “felt need” is for CARE (wherever that comes from) which is not only effective and equitable, but shows the three characteristics of Compassion, Integration and Communication.

We hope to be treated as a person, not a customer, or even just a patient.

We hope for care that is fully integrated, especially if we are being treated at different levels – Practice, Hospital, Social and Home Care. The left hand of the NHS must not only know what the right hand is doing. Both must work in harmony!

We hope to be heard, listened to, and informed at every stage.

At this level, the task of the Group is to help the practice, both in its activity and its planning, to continue its excellent policies of care, and to be a positive influence on the wider organisation of the NHS as the changes are implemented.

This brings us to the second level – the Organisational.

The reformed NHS resulting from the Health and Social Care Act recognises the above needs, and puts in place a new structure which will take time to bed down.

The Act is complex, was greatly amended in Parliament, and runs I believe to several hundred pages, but its main provisions may be summed up as:

- Clinical Commissioning Groups (CCGs) replace Primary Care Trusts
- These consist largely of GPs from practices in the area, but have patient representation. Ours is the South Warwickshire CCG
- CCGs decide on care for patients, advise them where to go for treatment and pay the bills
- Some of the day-to-day control of the NHS passes to the new NHS Commission Board for England which will manage the CCGs at a national and local level
- All hospitals become foundation trusts and compete for treatment contracts from CCGs but competition is based primarily on quality not price

- There is an increased role for the private sector, but all providers to be assessed for their suitability to run services.
- The Act also makes patient representation mandatory in all CCGs

The debate is over. This is going to happen, and our task is to ensure the new structures operate with the level of Care hoped and planned for.

The Patient Group here will work with others to keep in close touch with the development of the new structures, Possibly this may lead to the development of a set of guidelines and principles setting out how the new organisation can live up to the hopes, and overcome the fears and apprehensions of many.

Small Groups

Those present were divided up into small groups and asked to provide their views on the information in the presentations.

Discussion and Feedback

Health and Wellbeing Park - The overwhelming opinion was that this was a great vision supported by everyone present and what can the community do now to carry on pledging their support and help push the proposals forward?

Dr Nixon thanked everyone for their support, advising that when the time is right we will ask for practical expressions of support. Any up to date information will be published on the practice website shipstonmc.warwickshire.nhs.uk, in the Shipston Forum and in village newsletters.

Concerns were also raised as to where we will be with the project this time next year and for the long term futures of valued services at the Ellen Badger Hospital and Low Furlong.

Dr Whiteley assured everyone that we are moving forward as quickly as possible.

Professor Bryan Stoten also emphasised that we should concentrate on ensuring the services are retained and not worry about specific buildings. Professor Stoten also advised a report on the vision will be published on 11th June 2012 and that was the community's chance to respond.

Health and Social Care Bill – The following issues were raised by the groups:

- Interaction between health and social care should be addressed
- Risk of postcode lotteries
- Medical services locally are so good – do not want anything to change
- Worries over mental illness care (not dementia)

Dr Whiteley said the consortium recognises the difference in localities and that this was the time to raise these issues as now is the time we can influence care.

Patient Reference Group – How can patients communicate with them?

Rachel Vial advised that the Patient Reference Group can be contacted by email at shipston.patients@nhs.net or for patients without internet access via Rachel or her colleague Susan Molyneux at the Medical Centre.

AOB

It was queried why young people were not represented at the Patient Participation meetings.

Although younger groups were invited to the meeting, Dr Nixon felt that PPG's in general are not supported by young lifestyles.

Dr Nixon ended the meeting by thanking those present for their attendance, enthusiasm and valuable input.

Full copies of the presentations can be obtained from the Medical Centre upon request.