

The Practice Stoke Rd Patients Participation Group

4, Stoke Road, Bishops Cleeve, Cheltenham, Gloucestershire, GL52 8RP

Minutes of AGM Meeting held on Thursday 7th March 2013 at Bishop's Cleeve Community Centre

Present:-

PPG Members

Paul Holliday (PH) – Chairman
Peter Badham (PB) – Vice – Chairman
Doreen Dyer (DD) – Joint Secretary
Carol Gardiner (CG) Joint Secretary
David Hearn (DH)
Ellen Grey (EG)
John Coopey (JC)
John Grayson (J Gn)
Joy Merrell (JM)
Marilyn Angell (MA)
Mollie Edwards (ME)
Peggy Dyer (PD)

Practice Members

Dr Jim Moore (JM)
Dr Tim Hardwick (TH)
Lester Pygott (LP)-Practice Manager
Jane Tillotson (JT) Receptionist
Jaswant Gangotra (JG)-Consultant

Apologies:

Mike Otter (MO)

1 Welcome: -

- 1.a Paul Holliday welcomed the audience, the Patients Participation Group (PPG) members and Dr Shona Arora (Guest Speaker) to this, the first PPG Annual General Meeting (AGM).
- 1.b PH gave an induction to the venue i.e. fire exits and toilets.
- 1.c PH then introduced Jaswant Gangotra who gave a brief introduction of the evening and what the meeting was all about and what it was not.
- 1.d JG informed the audience that there were approximately 10,000 patients registered at Stoke Road Surgery and that this forum was a good opportunity to speak with PPG members. He stated that should anyone have any specific individual issues or complaints that this was not the forum and must be taken up separately with the surgery.
- 1.e PH then gave his thanks to Jaswant and then introduced Dr Shona Arora (Director of Gloucestershire Public Health).

2 **Dr Shona Arora**

- 2.a A presentation was given. Unfortunately the projector was not working effectively so the audience was not able to view the slides. Dr Arora stated that she would send the contents to the Practice Manager for inclusion on the Surgery website.
- 2.b Dr Arora felt that the title given to her to present, You and The NHS, was a huge topic to cover and would do her best to inform the audience of the landscape of the reforms.
- 2.c The strategy is county wide and refers to the white paper 'No decision about me without me'.
- 2.d The GP's have to shape the service and get best value for money. Presently if the NHS carries on as it is, all monies will head in the direction of for example, Social Care. Therefore the NHS has to think differently and look at the 5 biggest mortality diseases.
- 2.e Dr Arora stated that there are huge inequalities depending on where you are born and whom you are born to, and that life expectancy in the more deprived groups is 7 years less, due for example, to the greater participation in alcohol consumption and smoking.
- 2.f There are 6 Clinical Practice Commissioning Groups in Gloucestershire and it has £6 million attached to it to look at Mental Health, District Nursing, Community Services, and not least, the provision of local medical services.
- 2.g The NHS Commissioning Board were looking at Specialist services to include Health Visiting . The needs of disabled patients are complex and the specialists will have to work out the best way of delivering these needs.
- 2.h Locally looking at drugs and alcohol, schools, children and the communities on how to achieve healthier lifestyle. Dr Arora added that longer life for the elderly also requires careful attention to quality of life.
- 2.i 'Healthwatch' has now replaced LiNK both locally and nationally and they will feed into the Health & Wellbeing Board and Care Quality Commission (CQC). This is where PPG's are really important as they help to make the voice of patients heard formally.
- 2.j The new proposals are looking at the big vision for patients, in terms of health by regarding the papers 'Fit for the Future in Gloucestershire' and 'Improving the Health & Wellbeing of Residents in Gloucestershire'. This would hopefully stop the repetition of patient information to professionals.

2.k The latter is underpinned by 6 principles (more information can be found on the Gloucestershire County Council website)

2.l Dr Arora took some questions.

2.l.1 – Bob Price asked about the distribution of Acute monies. Dr Arora stated that he should ‘Google’ the website as above and recommended that it should be put into the next Surgery Newsletter.

One of the PPG members Joy Merrell held up a new booklet which was a very good source of information has been made available to all surgeries, libraries and public places.

2.l.2 – Ray Jennings asked if this meant that more time was freed up. Dr Jim Moore explained that Practice Nurses were taking on a lot of tasks from the Sp’s to include Triaging. He stated that there are a smaller number of GP’s who spend 1-2 days on Boards/Commissioning meetings looking at enhanced services and this time is taken out of the day in a life of a GP. He himself spends 1 day at these sort of meeting every month.

2.l.3 – Phil Wills asked about strategies. “are they not allowed to exceed pre-determined funds?”. Dr Arora explained that there was a forecast of funding for the next 3-5 years. Strategies are written alongside budget allocations and how effectively this money can be used. She went on to say that there were budgets available for Innovative ideas.

Paul responded by thanking Dr Arora for a presentation that was informative, reassuring, and provided a source of confidence for the future. A gift was presented by PPG Vice Chairman Peter Badham as a token of thanks.

Refreshment Break

Following the refreshment break Paul had recognised that he had not initially introduced himself and proceeded to do this. He went on to say that the PPG was established in 2012, and was continuing to look at issues, including for example, Demand vs Capacity.

The PPG was working with the PCT and Planners to identify ways of improving the built infrastructure of the Practice Premises, to meet the increased demand created by residential development.

He also went on to inform the audience what else to expect and that we have developed a

website posting.

Jaswant highlighted the Practice Newsletter which was available at the surgery and on the website. During the break JG was asked what the PPG members' interest in the group was, by 3-4 people. As a result, the PPG members will produce a brief resume, along with their reasons for wanting to be a part of PPG and to include a photograph. Please email to Jas. Paul informed all that due to time restrictions he would not attempt to perform the Elections this evening and that he would arrange another meeting for this.

Dr Jim Moore's Presentation

Dr Moore referred to the Health & Social Care Act 2010-2012. He talked about commissioning and that the GP partners were taking this very, very seriously. He went on to say that the GP's encouraged the initiation of the Stoke Road PPG and that without the help of the PPG they would not be as far down the road as they are. As a result Dr Moore went on to thank the PPG for all their hard work over the past year.

Dr Moore stated that there had been great changes over service delivery over the years and that government were trying to bring services closer to home. With the GP commissioning they had no option but to sign up but it was based on 'Fair shares' and demographics. The GP's would have to commission 60% of the services needed.

The Gloucestershire Commissioning Group (GCCG) currently have GP's representing other GP's across the county in this group. However Cheltenham (which includes Cheltenham, Bishop's, Prestbury & Winchcombe) do not have a full body of representing GPs at this stage.

Q&A's

Chris Adamson – NHS 'want too many chiefs and not enough Indians?' Are you streamlining how we get results? She had waited 8 weeks for one cancer result.

Dr Moore explained that it depended on the blood test which was performed. Usually these create a result in 24-48 hrs.

Following further comments it was decided as this was a specific clinical issue and that this was not the forum to discuss further. Dr Moore suggested that she contact the surgery after the AGM.

Annie White – Isn't it inevitable that all of this is going to lead to privatisation and fragmentation of the NHS?

Dr Moore stated that they have always risen to the challenge and that he remains optimistic for the future and that we have good local hospitals.

Lesley Vale – renal patient. She stated that she has been given a computer whereby she can get an immediate reading of her blood test.

Dr Moore explained that this system was only available to certain renal patients.

George Chivers – What if there was no GP to go on the Commissioning Board?

Dr Moore – One of the other Board members would sit in on the Locality meetings to give representation.

Sylvia Hughes – There is an increase in housing development in Bishops Cleeve .How is it going to affect them and more stress is going to be made on Stoke Road Primary Services and what would be the maximum number of registered patients?

Dr Moore – Nick Young (GP from Greyholme and Sevenposts Surgery) and himself highlighted these issues at other meetings. He stated that they were hoping to secure more resources in order to cope and that this was in process. The doctor patient ratio is average and is therefore not under doctored.

End of Q&A's

Paul concluded the meeting by thanking Dr Moore for his presentation and the audience for their participation. He stated that the audiences' interaction was much more than he expected and he could feel the warmth from them. He added that due to the unexpectedly high but brilliant turnout, and also time constraints (as we were required to vacate the premises), it was necessary to postpone the business part of the AGM till the next PPG meeting.

The meeting closed at 9.00pm. Date of next meeting is on 23rd May.