

## School Lane Surgery

# PATIENT REFERENCE GROUP (PRG) MINUTES (Condensed)

Meeting: Thursday 13<sup>th</sup> August 2015

### 1. South Norfolk Care Commissioning Group (SNCCG) Update

The SNCCG hopes to host another patient conference in September, though this would not give very much notice and could be seen as slightly optimistic given that it is already mid August. The next conference will be to discuss the priorities to be set for 2016/17, as well as what works well (or not) for patients. It is important to give patient feedback to the SNCCG, and a representative is always happy to come and talk.

The budget for the commissioning of health services has now been set, and with government cutbacks it means there is yet more pressure on Care Commissioning Groups (CCGs) to save money where they can. A big efficiency drive has been launched and the primary concern is to maintain the same high quality, but with less resources it will be a real challenge.

The main focus of the SNCCG at this time is care in the community, and dementia care in particular. On the 26<sup>th</sup> August there will be a conference at the Willow Centre in Cringleford, Norwich, where everybody will be asked to help in the designing of the 'dementia pathway for South Norfolk.' The focus will be on caring in the community rather than in the hospital.

The SNCCG recognises that it is not easy to see progress from outside of the organisation, and the many challenges of austerity have not helped with that. They are currently running a deficit of £6,000,000 and this amount will have to be found from 'efficiencies' just to break even; this is the harsh reality of the situation, but they will always listen and try to respond. The recent changes in NHS bureaucracy have proved to be more complicated than originally envisaged, adding to the burden.

Education underpins everything, and an effort is being made to work more closely with young people so that they understand what happens within the NHS and how things work on the front line; learning when a visit to the Accident & Emergency department (A&E) is inappropriate etc. Employers too could make a contribution to their workers health and well-being, perhaps by imitating the Chinese method where the working day begins with a series of group exercises, which include the bosses!

It is recognised that staffing of A&E departments needs improving, and that people turning up for minor treatments should be screened so that any inappropriate cases can be redirected.

There is a disappointing level of apathy from the general public towards health issues, and preventable conditions are often brought on by ignorance of the facts; most are not listening until they are ill!

The general perception seems to be that there are too many people deciding where the money goes, and the system is overly bureaucratic. Things will have to change if savings are to be made, and it was asked if perhaps we are trying to do too much?

The SNCCG feels that more emphasis needs to be placed on GP surgeries, and from October this year they will be given further responsibilities to enable them to better organise services with the practice.

### 2. Private Medical Services (PMS) Review (funding of the surgery at the HLC)

The PRG was delighted to learn that NHS England has agreed to continue the funding of the surgery at the Healthy Living Centre (HLC). There is a drive to abolish PMS contracts and the surgery has had to prove that the funding of this facility is vital; congratulations were voiced to all those concerned in the appeal.

The funding will in fact be slightly reduced, but this will not affect services and patients will not see any changes. Around 25% of our registered patients come from the immigrant community, a significantly larger percentage than the average practice, and the loss of funding would have had a devastating effect; the potential loss of a GP and other staff has thankfully been avoided.

### 3. New Staff

The practice has taken on a new GP Registrar who goes by the name of Sam White, she is already in position and will be with us on a 6 month contract.

Receptionist Julie has now left the surgery for pastures new, she has been replaced since 24<sup>th</sup> July by a very experienced lady called Ines, who just happens to speak fluent Portuguese; gosh, that could be useful!

### 4. New Research Contract & University of East Anglia (UEA) Research Opportunity

The surgery has signed up to a grant funded research contract to study drugs that are specifically designed to treat gastric ulcers (antibiotic therapy) and ischaemic heart disease (Allopurinol).

The UEA is seeking approval to carry out a study of pharmacists in the GP surgery, and specifically into the treatment of patients with type 2 diabetes. Student pharmacists, at the end of the 3<sup>rd</sup> year of their degree course, will be asked to review medication to see if they think treatment can be improved. The practice does not yet know if it will be involved in the study, but a pharmacist at the surgery has got to be a good idea; Dr Hadley-Brown is on standby because he has a particular expertise in this field.

### 5. Immunisation

2 new meningitis immunisations have been added to the schedule. Babies are to be given the Men B jab, and young teenagers, sixth formers and those headed for university are to be offered the Men ACWY jab, which protects against the meningitis A, C, W and Y variants; university students in particular have shown themselves to be vulnerable.

### 6. Public Health Contracts

**Developmental checks:** children's development is not being monitored as it should, and parents are being encouraged to take responsibility for their flock. It would be irresponsible not to make the surgery aware of concerns about a child's development, and could be storing up a much bigger problem for their future.

**Lifestyle services:** smoking cessation, alcohol abuse, health workers and sexual health services are already offered by the surgery, and it is hoped that from October (at the earliest, if not early next year), a new contract will be in place to provide a 'healthy child' service. This is essentially 'baby checks', and when a child is brought to the surgery for an immunisation the nurse will offer the parent a brief education while carrying out the checks.

Currently the surgery is seeing 90% of parents presenting their children for inoculations, but in many cases they have to be hounded. Targets are set for individual services and they have to be met if the surgery is to receive the funding to provide a suitably qualified nurse for the job.

### 8. Other Business

**a) Hospital Callbacks:** At our last meeting we discussed hospital callbacks; are they always absolutely necessary? The surgery is in the dark on this one, and has to trust that patients will be signed off by the consultant when they are deemed to be well enough.

**b) Saturday A&E at the HLC:** Though the trial has been successful, saving both costs and seeing less patients at the hospital A&E department, the surgery is not sure that these savings are enough to fund a permanent service at the HLC.

**c) Mobile Chemotherapy:** There is no mobile facility commissioned at present, but the SNCCG has asked for any information or plans for such; there has not been a definitive response as yet. The clinical setting is very important for this service, and the West Suffolk Hospital will be reluctant to 'farm out' if they think it will diminish their capacity.

**d) Information screen:** Claire is in charge of software input for the new information screen at School Lane, any suggestions on content would be welcomed. The old screen will remain in situ, though unused, until it is removed next May when the old contract comes to an end.

**NEXT MEETING: Thursday October 15<sup>th</sup>, 7 pm at School Lane Surgery.**