

Patient Participation Group – Tuesday 13th June 2017 Minutes

Present

Patients: Mr & Mrs Addy, Mrs H Durn, Mrs S Hodges, Mrs S Netcott, Mrs S Packer, Mr V Patel

Staff: Dr H Kim (GP Partner), Ms H Stewart (PA to the Practice Manager)

Apologies: Ms S Baghirathan, Mrs A Neate

Items discussed

1. Agenda items raised by PPG members

ACOs or amalgamations of the practice from the CCG

- Dr Kim started by explaining the terminology. CCG stands for Clinical Commissioning Group, which is a local group made up of Doctors and Managers who are responsible for commissioning many health services. Bristol CCG has now been clustered with North Somerset and South Gloucestershire. ACO stands for Accountable Care Organisation. This refers to an all-encompassing organisation that is responsible for delivering care within certain sectors, such as primary care, secondary care, mental health care etc.
- For GP practices this would take the form of an amalgamation of local practices into a group pooling their resources to provide joint services. This could manifest in a range of ways, from many practices merging into one organisation with several branches right down to a group of practices collaborating on certain projects but remaining entirely separate entities. This is a response to dwindling resources in the NHS, and aims to provide better care, efficiency and cost-effectiveness. It is unclear at the moment how this will affect our practice, as the local area is at the early stages of working on this. We have been clustered into an inner city group with 7 practices in total.
- Mr Patel raised this agenda item, and gave a bit of background on his work with local campaign groups to highlight the problems in the NHS and lobby for improvements and make the patient voice heard. He talked about the change to the NHS brought about by the 2012 Health and Social Care Act (H&SC Act), and discussed the problems he felt this raised, including: lack of responsibility for Secretary of State for Health regarding health service provision; cuts to budgets resulting in rationing of some services, longer waiting lists and increased pressure on patients to pay for private care; the introduction of competition rules into the process of assigning NHS service contracts, resulting in a huge expenditure of time and money as well as an increase in privatisation within the NHS; and the lack of accountability that private companies awarded NHS contracts have to the public. His worry is that this will lead to a system where the focus is profit rather than health outcomes, where people will have to pay for care, service provision will be reduced and fewer patients will get the care they need. He also feels that there has not been enough consultation on the implementation of these developments with patient groups and healthcare providers.

- Dr Kim discussed 2 of the main changes he felt the H&SC Act had brought about.
- The first was a change in the percentage of income that an NHS Trust can make from private services from around 2% to a maximum of 49%. This means that NHS Trusts have no obligation to provide only NHS services, and with many in financial difficulties it is very tempting for them to look to easy services they can provide privately to increase income, which in turn reduces their capacity for provision of NHS services.
- The second was to align the commissioning of services to EU rules, which meant that whenever a new provider is needed commissioners must put out a tender which any organisation is able to bid for. This increases the cost of commissioning and results in an increase in non-NHS providers (including private companies and non-profit organisations) running NHS services.
- Dr Kim recognised the negative potential of services being run with a focus on profit. He feels that grouping services together and therefore offering a very lucrative contract to provide these services is the direction we are heading in and will attract more and more for-profit companies to bid for these contracts. He reported that there was much concern and scepticism around this approach amongst GPs and other healthcare providers, but that this is a change that is being imposed from above – practices will lose out on funding if they do not get involved with the move to cluster working.
- However he also feels that there are potential benefits to this new style of working, and that we must focus on these in order to protect the service we provide and maximise the positive outcomes. He reported that there are good outcomes being evidenced from other areas which have already adopted greater collaborative working arrangements. He feels that the practice needs to be involved in these new developments in order to influence their direction and to ensure that our services will be protected and improved wherever possible.
- He reported that budgets are being cut, demand is going up whilst workforce is going down, and general practice needs to change in order to be sustainable.
- Mrs Addy asked what patients can do to have an impact on this situation, and Mr Patel advised that they can contact health care organisations, such as the CCG, to ask questions and make their voice heard, as well as engaging with campaign groups.
- Dr Kim referenced a book called 'How to dismantle the NHS in 10 easy steps' by Youssef El Gingihy, which touches upon many of the topics discussed at the meeting.

2. Mental Health services

- Several members of the PPG had stories of local mental health services and there was a mixture of outcomes, with a general feeling that the services could be good once you were able to access them, but that it was difficult to get access in the first place.
- Mr Patel reported that he has seen the local contract for mental health services and that it had no detail in it about the exact services required

and needs to be addressed, which he felt meant that these services cannot be held to account. He feels that there is not enough collection of data on local needs. He reported high numbers of patients on waiting lists for MH services, difficulty accessing services, reduction in service availability and staff, and inadequate patient choice. He wanted to know how the practice works to try and achieve an improvement in these services.

- Dr Kim acknowledged that MH services have always been over-looked and under-funded, despite that fact that many people are affected by MH issues at some point in their life, and agrees with the comments made by Mr Patel about the restrictions on the current service.
- He commented that it can be difficult to quantify needs in this area, as so many of the affected patients present with issues that cannot easily be categorised, but agrees that the needs exceed current provision. He reports low numbers of consultants in Bristol, and a move by AWP (who provide the MH services) to reduce their caseload due to cuts to their funding. He reported that as a practice we manage as many patients as we can in-house, making the best of the resources we have available to us. There are link Psychiatrists for each practice in Bristol, and we are lucky to have one based within the Health Centre. We also work closely with a Psychotherapist (who is also a qualified Psychiatrist) who can offer a limited number of psychotherapy sessions for free.
- He feels that the referral process has improved greatly, with one point of access for referrals and integrated teams who can direct the referral to the correct place. After referral the experience can be mixed, and is dependent on many different factors.
- The cuts to budgets are made on a national scale, so as a practice we cannot influence this. The cuts are also across all health services, so our focus is naturally on those affecting our own service and we are fighting hard to minimise the impact on the service we can provide to our patients. However, with greater cluster working it may be possible to align interests across healthcare providers and work to improve services.

Agenda items raised by the practice

3. Pharmacy

- Ms Stewart gave an update on the pharmacy, which has now opened. They are ironing out a few final snags but are settling in well. Their opening hours will generally mirror those of the Health Centre, and they will also be open on a Saturday until about 1pm.

Any other business

4. Any other business

- **Car Park** – several PPG members raised the issue that the car park often seems full, even when there are not many people in the Health Centre. Some had seen people park and then leave the premises, including someone who was parked in a disabled parking space but was clearly not disabled. The practice will look into this and see what measures can be taken to address this issue.

- **Noticeboard and leaflets racks** – the positioning of the noticeboard and leaflet racks was questioned. There are not many ideal places for these to be located in the waiting area, which is why they have ended up where they are.
- **STD kits** – Some PPG members have seen children grabbing these bags and taking out the contents, which were then replaced in the box by their parents. Alternative locations were discussed, but it was felt that their current location was best to be easy to locate and discrete to collect. However, the practice will look at whether they can be moved out of the reach of children.
- **Check-in screens** – It was mentioned that the chairs near the check-in screens often end up directly under the screens, which makes them difficult to use. The practice will aim to ensure that the chairs remain to the side of the screens as far as possible. Also, it was raised that it is not entirely obvious where the check-in screens are when you come into the building. The possibility of a clear sign was discussed.
- **Display screens** – the problems with the display screens in the waiting area were discussed, as the images are not being presented correctly. This is something that the practice is trying to address with the software provider, and will raise again in an effort to resolve the problem as soon as possible.
- **Room use** – Mrs Durn queried how many of the rooms were being rented out. Ms Stewart confirmed that most of the clinical rooms were being used regularly, and that the Health Education room and meeting rooms were growing in use. More information on rooms available for booking can be found on the Health Centre website:
www.easttreeshealthcentre.co.uk.

Thank you to all the attendees!