

Your Health, Your Voice

Thursday 4 February 2016, 6:30pm – 8:30pm
The Board Room, Kempthorne House,
St Martin's Hospital, Clara Cross Lane, Bath, BA2 5RP

Attendees

| Name | Initials | Organisation / Job role |
|--------------------------|----------|--|
| BaNES CCG (4) | | |
| Ian Orpen (Chair) | IO | Clinical Chair, GP at St James' Surgery |
| Corinne Edwards | CE | Head of Commissioning Development |
| Helen Harris | HH | Practice Manager at No. 18 Surgery |
| Barry Grimes | BG | Communications Manager |
| Core Members (10) | | |
| Ann Harding | AH | Healthwatch |
| Clare Hector | CH | |
| Jeremy Ince | JI | |
| Maureen Ince | MI | |
| Anne-Marie Jovcic-Sas | AJ | |
| Andy Morley | AM | |
| Cllr Lin Patterson | LP | Bath City Forum |
| Cllr Vic Pritchard | VP | Chew Valley Area Forum Cabinet Member: Adult Social Care and Health |
| Jim Stone | JS | |
| Megan Yakeley | MY | |

Apologies (8): Heather Devey, Diana Hall-Hall, Jenny Flake, Praful Majithia,
Mark O'Sullivan, Ian Perkins, Jayne Pye, Rob Wills

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| 1. Welcome and Introductions | AP |
| <p>BG welcomed everyone to the meeting and explained that the Chair, Suzannah Power, was unable to attend due to illness. It was agreed that Ian Orpen would chair the meeting on this occasion.</p> <p>The minutes of the previous meeting (19/11/2015) were approved as a true record.</p> | |
| 2. What should a primary care strategy for BaNES look like? | |
| <p>IO explained how primary care has changed since he became a GP in 1989. People are living longer with more long term conditions. BaNES GPs get</p> | |

some of the highest scores in the country from the GP patient survey. Recruitment is difficult but not as bad as other areas of the country. GPs are having to work 12 hours a day and will need to work together in the future to deliver seven day services.

HH has been a Practice Manager for 19 years and has seen an increasing workload, more box ticking and less funding. Practices have an ageing workforce and it is hard to recruit new GP partners and practice nurses. There are opportunities for practices to link up back office functions and link more closely with community services.

CE explained that the CCG commissions primary care jointly with NHS England but will take on full control from April 2017. The CCG is working with practices on the local primary care strategy taking into account what is happening elsewhere such as the 'vanguard' projects across the country that are joining up primary care with community services and acute hospital trusts.

The Primary Care Transformation Fund is offering £1billion over the next 3 years to support primary care working at scale and offering access to an increased range of services across the whole week. The CCG will be supporting practices to bid for this funding.

The following feedback was received from the group:

Consultation

There needs to be a full consultation with the public before any significant changes are made to the way primary care operates.

Estates

Having the right buildings will be vital but this will be difficult to achieve as they are owned by the practices.

The primary care estate has not developed in a strategic way. We need to decide on the appropriate number of practices for each area and make sure they are in the right locations.

Data Sharing

Practices must be able to share patient data more easily if they are going to work more closely together (and with other acute and community services)

We're often told that data is going to be joined up but it never is.

Patient consent is required before data is shared but many patients are not aware of this and how to give their consent.

Seven Day Services

The group agreed that weekend services are helpful for busy people who work full time during the week.

There was strong support for Saturday appointments. Sundays were not as popular but some provision of emergency appointments would be welcome.

The new 24/7 telephone booking system was well received. One member had tried to book an appointment slot with the receptionist but her preferred slot got taken by the phone system during the conversation.

Technology

The group noted that technology can be expensive with a high risk of failure or becoming out of date after a few years. Any new technology must be easy to use and deliver value for money.

One member would like to have video links (e.g. Skype) with specialists instead of taking his ill daughter into hospital.

Video appointments with GPs were discussed. The group want to see a trained GP rather than a 111 call handler but were sceptical whether GPs would be willing to work in such a way. They thought the people most likely to use such a service could find the advice they needed online instead and money should be invested elsewhere.

Poor broadband access in rural areas is a huge barrier to introducing new technology in health and care.

Technology could be used in practices to automate simple tasks and free up GPs' time for more specialist issues.

GP recruitment

GPs should be encouraged to specialise in areas of interest.

Urgent action is required to reduce the amount of pressure and stress that practice staff are facing.

IO noted that 75% of GPs under 35 are female which means more flexible working patterns will be required in the future.

Range of services

The group would like to see the following services provided in local practices:

- High quality admin support to free up clinician's time
- Prescribing pharmacists
- Clinical psychologists to support behaviour change and support people with long term conditions
- Improved access to Talking Therapies
- More diagnostic tests to avoid people going into hospital for check-ups
- More awareness raising of the range of services on offer

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| <p>3. Comments from the Floor</p> | |
| <p>AJ noted that the focus on the ageing population was diverting attention away from the growing children’s population in Radstock. She also expressed concern about the standard of local mental health services.</p> <p>AJ raised concerns about the Arriva Patient Transport service. IO noted that the service had improved greatly following pressure from the CCG and the Council. It was agreed to make this a discussion topic for a future meeting.</p> <p>MY noted that disabled parking spaces are no longer policed by the Council. BG agreed to investigate further</p> <p>The group identified a need for the CCG to have a technology lead who could keep up to date on the latest advances and help to implement them effectively in B&NES.</p> <p>CE plans to invite tech experts to a joint home care summit with Swindon and Wiltshire Councils to discuss how we can use technology to support care delivery.</p> <p>AM volunteered his time and expertise to support the CCG with this work and BG agreed to progress this after the meeting.</p> | <p>AP1 BG</p> <p>AP2 BG</p> <p>AP3 CE</p> <p>AP4 BG</p> |
| <p>4. Next Meeting</p> | |
| <p>Thursday 21 April 2016, 6:30pm to 8:30pm The Board Room, Kempthorne House, St Martin’s Hospital, Bath</p> <p>The topic for discussion will be Children and Adolescent Mental Health Services (CAMHS)</p> | |