**Meeting Notes Thursday 9th June 2016**

**Attending**

Jane Howell (JH) Chair Elaine Bates (EB) Practice Representative

Dorothy Mitchell (DAM) Secy Jean Shaw (JS) Violet Barnard (VB) Matt Wiseman (MW)

**Apologies**

Brian Carter Barbara Harvey Ian Turnbull

Peter Murray Phil Riding Denise Rudman

Mhairi Brady Diane Malone

The Chairman welcomed all present.

**Matters Arising**

The full withdrawal of GP availability alongside A&E and Urgent Care would appear to have put additional strain on these services. Staff shortages were cited as the reason for temporary closure of Accrington Victoria walk-in.

This is PPG week. Despite assiduous follow up we have been unable to establish what form PPG Week will take. Neither have we been able to acquire the range of marketing and publicity materials promised so we can take part.

**Chairman’s Report**

Since the last meeting our energies have been very much concentrated on the proposals to improve access to GP Services

Taking a step back, this started when the CCG commenced the process of Prioritisation conceding that difficult decisions would have to be taken on the services provided but must be based on the needs of the patient population. Stronger GP services resourced to offer a wide range of services. This was summed up as why kick-starting an upgrade in primary care infrastructure was no longer a ‘nice to have’ but was mission critical.

Whilst I don’t wish to pre-empt the agenda item on the proposal to improve access to GP services, I will draw attention to what is becoming a Big Issue. The closing of the Accrington Victoria Walk-in Centre and the setting up of 5 new health hubs across east Lancashire accessed through a computer-based system via the via the patients GP for after- hours GP appointments. This model is based on the premise that walk-in centres don’t work and are expensive. The system would be staffed by care navigators. The idea being to give better access, not necessarily more access.

The Social Prescribing Fund bid was unsuccessful, but thanks to all who contributed. REAL has re-applied on our behalf for the Familiarisation part of the project.

A summary of the Pennine Lancashire Sustainable Transformation Plan is due by the end of this month. This is regarding the strategy of for the bringing together of health and social care.

The Mingle and Munch held on 21/4/2016 was attended by 23 people. DAM introduced PPGs in general and ours in particular. David Rogers and Andy Laverty from the CCG and Ronnie Barker our representative at the PPG all described their roles within PPGs. A question and answer session followed and we closed deciding we must continue to grow our membership and circulate our new flyer as widely as possible. Evaluation attached.

Dementia Service – what next? We are asked to respond to this by the end of the year.

**Practice update**

Alison Anderson, practice nurse retires this month and her replacement Claire Downes comes into post in August. Claire is known to many of us from her community nursing role and we welcome her appointment and wish her well. Still unable to appoint full time GPs and reliant on locums.

**Proposal to improve access to GP services**

Rossendale PPG Network. A meeting was held 25/5/216 at the Hub the aim of which was to allow Rossendale patients to raise issues and concerns and allow each of the 9 PPGs to post and share their latest newsletter and any other items of interest to the improve the health of all the community. Diane Owen, chair of the Irwell PPG will chair this group and with Ronnie Barker Chair of Waterfoot PPG represent us on the Patient Partnership Board.

Phil Riding, MW, JH, VB & DAM attended from our PPG.

We had been invited to encourage patients of the practice to return the consultation questionnaire. In order to ensure we were in full possession of the facts the meeting at the Hub was arranged and a presentation was to be given and the process explained by a senior CCG person. The named person did not attend and David Rogers facilitated the meeting with Andy Laverty.

The following are excerpts from feedback we have received.

1.

* *“We were told the proposal was what “our” GPs i.e. East Lancashire GPs believe their patients want. In other words the CCG was merely passing on to us the views of our GPs.*
* *It became clear during the course of the meeting that PPG members were very cynical about the content of the questionnaire provided and the proposals in general.*
* *It was emphasised visits to the “after hours” GP appointments will be for routine appointments only.*
* *We were not told how the CCG proposes to deal with the demands of 34.000 patient visits per year once the Health Access Centre at Accrington closes in 2017.*
* *David Rogers told us walk-in centres “don’t work” and are expensive.*
* *Ronnie Barker said he was “bitterly disappointed” with the proposals on the table. Both Ronnie and Diane Owen are our, (Rossendale PPG’s) representatives on the CCG’s Patient Partners Board. Ronnie expected “a kind of walk-in centre.” Councillor Barbara Ashworth (Irwell) supported Ronnie’s view.*
* *Several people at the meeting have been through a similar process before. Rossendale was promised The Hub at Rawtenstall would provide a whole range of services only for promises to be broken when funding and staffing issues arose. The meeting made it clear Rossendale must not be sold short again.*
* *Ronnie Barker informed the meeting the group he is a member of at the CCG laid out their principles for an improved GP service. In his view there is a large gap between those principles and the scheme (presently devoid of detail), on offer.*
* *Given the current proposal is a shambles and devoid of any meaningful detail we cannot, as a PPG, sensibly answer any questions our fellow patients put to us. For that reason I recommend we abandon our proposed meetings with fellow patients”*

2.

*Following the meeting at the hub it was obvious that we were being " short changed" by the proposals and it was certainly made clear to the CCG, but whether they take any heed of our protestations is doubtful as it seems to be already decided on what we are going to get even though it falls far short of what we want and expect.*

*I have filled in their form we acquired at the meeting and made my feelings known thereon as I hope many others have.*

*I am sure you will give a full report to the meeting but one comment worth noting was "patients with urgent needs are prepared to wait to see a doctor at the local hub rather than have to go to A&E which is already overcrowded without the need to make an appointment " which of course will probably lead to being told to go elsewhere as the local hub appointments are already full!!!*

*If a better system cannot be agreed then we are better off fighting to keep Accrington facilities open*

*With regards to distributing forms in the surgery I feel it might be detrimental to our cause as members of the public would not be in possession of enough facts to be able to make an informed decision as the CCG info only presents the good points of their case without the pitfalls*

3.

* *It would be an excellent proposal if we had sufficient GPs.*
* *We can’t get enough GPs now and the promise of new GPs graduating from UCLAN in 5 years’ time is irrelevant.*
* *The inclusion in the model of the end of service at Accy Vic. A heavy demand that will not go away when/if a few extra by appointment GP slots become available. These people will then migrate to Blackburn and Burnley Urgent Care or A& E. These are already stretched and further by the withdrawal of the GP provision at both hospitals.*
* *The Hub consultation of 2005 then the World Class Commissioning and ever since the need/want patients ask for is improved transport and walk in centres – this will not change. The 34K people who use Accy Vic will transfer their allegiance to urgent care at ELHT and make things worse. (both docs available)*
* *What is on the paper is what will happen.*

We discussed at length how we should respond and whether in light of the lack of detail and reservations it would be appropriate for us to participate in the health centre with the questionnaire as it stands. The window closes at the end of this month. We feel the offer within the proposal is not what the GPs set out as a model. We accept funding constraints requires the NHS to do more for less. We feel services are moving further away from patients with additional jobs created for staff without health experience. The contact and engagement with clinicians should have been maintained throughout because what is proposed now is not what was intended.

Actions:

* We are unable to get the detail necessary to properly explain the proposal so we will collect the hard facts provided and compile these with a view to a simple explanation of what the result of the proposals will be.
* All members are urged to respond individually either on line or by post.
* We will submit a response from our PPG.
* We will add our endorsement to a Haslingden response.

**The Facts**

**What is in it for us in Rossendale?**

Assumption – we can only state what we have been given in black and white. We do not know how many people from Rossendale access Accy Vic.

**NOW**

* **GP appointments** Monday to Friday 8 – 6.30 = 10.5 hours = **52.5 hours each week**.
* **Out of hours** 6.30- 8am – Mon– Frid– 6.30 – 8a.m = 13.5 hours = 67.5 + Sat Sun 48 hours = **115hours each week**
* **Accy Vic** 8-8 seven days = 84 hours. In a year they see 34K patients average 653 each week. In 84 hours they see 653 average = 7.7 per hour.

 **What do we get in the new schedule?**

* **GP appointments** Monday to Friday at the Hub – 4 – 8 = **additional 20 hours each week**
* **Out of hours** – Mon – Friday **reduced** by 1.5 hours = **Loss of 7.5 hours each week**
* **Accy Vic** – Nothing so total **loss of availability of 84 hours** – we do not know how many Rossendale patients access the services there.
* No indication that the appointments for paediatrics 4 – 8 will be additional
* If we have enough GPS we gain 12.5 hours a week but lose Accy Vic
* If our hours are not used up before Burnley & Pendle etc. run out they will get these slots or vice versa. This is appointment only. So for the extra hours **Rossendale patients must be prepared to travel within 15 mile radius.**
* However if these hours have to come out of the existing GP hours available the surgeries will be deprived of the Hub time.
* Variation on whether there will be Sat hours in Rossendale or not**. Saturday and Sunday only option for Rossendale is travel within 15 mile radius.**

**AOB**

DAM had attended by invitation a Dementia Friendly Rossendale event which was poorly attended. Part of the evening was devoted to a ‘listening’ session. Asked to comment on dementia services so LCC would know, how we felt, they were performing. The small number at the meeting raised many concerns. DAM asked if we could run some of these events ourselves because what she heard at the event indicated that things have not improved. We will organise these but we have till the end of the year to submit. JS is meeting up with choir and the Friday group.

JH recently was involved in an NHS mix up of complexity and urgency. She asks it be placed on record how efficiently and effectively Helen and Debbie in Reception dealt with the issue.

Members are reminded that the next meeting is the AGM. The present officers are temporary and we need to formalise the group. A list of vacancies has been prepared and is attached. We seek volunteers and nominations for these posts.

The meeting closed at 6.45 p.m. The next meeting will be the AGM on Thursday August 11th at 6.15 p.m. followed by the regular meeting.