

Ferrybridge Medical Centre

Minutes of Focus Group meeting held on 25 June 2012

Minutes of the last meeting

The minutes of the meeting held on Monday 4 May were approved as a correct record.

Matters Arising

Pharmacy – it was confirmed that Rowlands were to relocate to the empty premises next door the High Street building.

There was discussion relating to how to complain if patients were unhappy about pharmacy services. Patients were unaware what the process was as they were regarded as commercial organisations. It was confirmed the process was the same as for a GP practice. A complaint can be made to the PCT or via PALS.

Clinical Commissioning Update

Dr Earnshaw outlined how the changes to the NHS were taking shape in Wakefield. The following points were noted.

- The Health and Social Care Bill had now received Royal Assent and will be implemented on 1 April 2013. The NHS has been working towards this for the last 2 years.
- The press has not presented the changes realistically but commissioning has been supported by GPs for the last 10 years this has now been flipped to GPs leading commissioning.
- Everything is being changed at once including downsizing bureaucracy which makes it more difficult.
- Clinical Commissioning Groups (CCG) will be responsible for two thirds of the current spend of PCTs. Public Health will move under the Local Authority. Some specialist services eg Paediatric Heart Surgery will be commissioned nationally.
- The CCG Board will include 3 lay people
 - 1 x Audit specialist
 - 1 x Patient and Public involvement
 - 1 x other

It will also include a Nurse and Consultant from out of the area to ensure good governance as well as GP members.

- A Health and Wellbeing Board will be responsible for looking at the Health Needs of the population and to commission services that are right for Wakefield. This will include Councillors, Public Health and senior people from the CCG.
- LINK will become Healthwatch
- GPs will be managed by the NHS Commissioning Board (NCB) and will oversee Pharmacy, Dental and Medical Contracts.
- Need to be aware that the population is getting older and demands on health services are going up but the money to deliver these services is flat. The budget for Wakefield is £654m. Money has been allocated from Councils to Health which will enable more control (checks and balances) over Councils.

It was acknowledged there were problems with struggling hospitals and there was discussion around how financial budgets are worked within the NHS. Everything must be spent within a financial year, allowed to have £5k left at end of March. It was agreed this leads to short termism. There are budgeting concerns and GPs will have to live with these issues.

There were concerns around the Private Finance Initiative PFI at Pontefract including the cost of car parking and the services available. It was noted this was a Diagnostic Centre but the politicians said it will be a hospital. There needs to be honesty and it needs to be safe. To have an A&E, a Surgical and Critical Care Team need to be on site.

It was noted that the new Chief Executive of Mid Yorks was undertaking a review of where services can be delivered and where efficiencies can be made. Pontefract was likely to get more Elective Services eg Orthopaedics and Ophthalmology and Pinderfields would deal more with emergencies. It should, however, be noted that Mid Yorks are struggling as an organisation.

It was agreed that Dr White would be a good Consultant to sit on the Board as he had now retired so would be eligible under the criteria.

Everyone agreed that the focus should be on getting services more local eg ultrasound. It was noted this had been commissioned and was available locally in Knottingley and it was not practical to deliver these services out of every practice. It was thought that the Retinal Screening Service out of Trinity Street, Pontefract was a good example.

The CCG were keen to develop services that would get patients, particularly older patients out of hospital sooner. Hospitals could be a risk for these patients. Dr Earnshaw advised that there were steps to move chemotherapy to a home based service. The way forward would be to have specialist hospitals where patients are discharged quickly and recover at home with the appropriate care and support.

The possibility of rationing care to patients with obesity problems etc was considered. It was agreed it was necessary to look at personal responsibility.

Practice Update

- Dr Phipps-Jones had a baby girl, Isobel Skye on Friday 22 June, all the family are well.
- Dr Rizwan, Dr Carr and Dr Jha are currently providing locum services to the practice.
- On line appointments - As part of the Patient Participation Action Plan details were provided on the number of on line appointments provided (*attached*).
- Podiatry Service – KT asked if any progress had been made on delivering this service in practice. It was noted that a Foot Care Assistant service was no longer available on the NHS but alternatives would be explored.
- Anne Sharpe Centre – Kath would follow up progress with the lease with Selby Council and, in particular, concerns about the fire alarm checks. Problems were also noted with the automated check-in which would be pursued

LINK Update

A written update was provided on the work currently being undertaken by LINK. (*copy enclosed*)

Any other Business

- Insurance Reports - the cost and the time taken to deliver insurance reports were queried. Insurance reports are not NHS work but they are an income area for the practice. A time of around 3 - 4 weeks is allocated for completion as the GP who has seen the patient regularly will be asked to complete the report. Time has to be allowed for GPs not being in surgeries.
- Gate Opening – it was noted on occasions the car park gates are not opened. The rota would be reviewed to ensure this does not reoccur.
- Disposal of Controlled Drugs - Meds should be taken to a pharmacy where there is a procedure to follow to ensure they are destroyed in accordance with regulations.
- Appointments at Byram – reported that a patient with a history of cancer requested an appointment with blood in urine and was not given a timely appointment. It would appear the patient was given a routine appointment. The patient can ask for an appointment on the day if they thought it necessary or ask for Nurse Advice and would be asked to come in should a more urgent appointment be required.
- Diabetic Clinic – the process for review at the diabetic clinic was queried. It was noted this would be difficult to change as bloods need to be done the week before to ensure results are back for the review appointment.
- Telephones - It was reported that on occasion when calling the practice and pressing option 1 nothing happens. The practice was not aware of this and would investigate. It was also noted that the outpatient reminder message service used by Mid Yorks was not user friendly. It was queried why text messaging was not used.
- Venue – It was agreed the Golden Lion was acceptable for further meetings.

Date and Time of Next Meeting

The next meeting will be held on Monday 6 August at 2pm