Minutes- Huntingdonshire Patient Forum

Date - Tuesday 5th May 2019

Time- 14.30-16.30

Venue- Maple Centre 6 Oak Drive Huntingdon

Present

Sandy Ferrelly Chair
Caroline Tyrrell-Jones -Healthwatch
Debbie Drew- Healthwatch (note-taker)
Nicola Donald
Angela Owen- Smith
Sati Ubhi
Richard Dilley
Alan Ball
Frances Dewhurst
Nicola Harris
Ros Rutter

Apologies

Teresa Cole
Jean Matheson
Roy Stafford
Carole Broome
Carole MacBrayne
David Bowers
John George
Ray King-Underwood
John George

1. Welcome and introductions

2. Chair- opening remarks

Sandy explained that she was chairing the meeting as Roy was unwell.

4. Minutes and matters arising

Minutes were confirmed as correct and no matters arising from them.

5. Update on Octagon- Alan Ball

Across the country GPs have been finding it harder to run as individual businesses with over heads becoming more expensive etc and some GPs have had to close.

This had been happening in Peterborough too so over a year ago GPS got together to look at a sustainable future for practice. The group needed help to come together as a greater Peterborough network. They wanted to create an entity that would serve both the GP partners and the patients.

On 1st July 2018 Octagon was formed with 5 GP practices on board. Initially the idea was to merge the patient lists onto a single list. However, the rate of growth has been massive, and Octagon now has

12 Practices in Peterborough

2 in Huntingdon (Priory fields and Acorn)

Papworth

Great Staughton

The Riverport group in St Ives

Church Street in Somersham

Cornerstone and Merchfield House in March

Clarkson and Trinity in Wisbech

This amounts to in excess of 180k patients. So, Octagon have created regions within their systems that should fit with the Primary Care Networks. There are 4 regions but a single board consisting of 6 GPs (who rotate on an annual basis), Alan, someone responsible for clinical governance and one for new partners. A new post, a Patient Liaison manager who will be our link into Healthwatch and other stakeholders.

Patient Participation groups will still remain, and Octagon will have an over-arching one too.

Octagon have a Zero redundancy policy so new practices joining will retain their GPs which means patients will still see someone they are familiar with.

Being part of Octagon means that surgeries can negotiate on things like insurance, utilities and even drugs and other back office things, thus saving monies over all.

The GPs will still have all the traditional services but will have access to other services for example one of the GPS was an ENT specialist before becoming a GP so

Octagon are able to offer an ENT clinic that goes around the practices thus people can be seen quicker than if the referral went into the hospital. We also have some GPs who are interested in minor surgeries. The waiting list for minor surgery was 200 from these practices but now that has reduced to almost 0. We have 40 partners some of whom have retired but come in and do work on an ad hoc basis this costs us less than having locums.

So what's the end game? We are not going into Cambridge we are looking at maximum capacity of 200k.We want to maintain a local touch. We have appointed a clinical director who has protected sessions, 6 pharmacist and we have a website where you can look at your own GP as well as the groups as a whole. The minutes from the PPG will also be published online.

QU The growth has been very fast have you been approaching surgeries?

AB We have been very surprised, and we do not need to be approaching surgeries as they have been approaching us.

QU If vacancies come up will they be filled with current staff?

AB 2 out of 3 of positions are expected to be offered in house with a chance for staff to move between practices and we will offer training to upskill people.

QU Is the new post in place yet?

AB We are at the final stages of appointing (its internal) and we hope for them to start in June.

QU Is Octagon wholly owned by its partners?

AB Yes.

QU What about self -care and social prescribing across the practices?

AB We have standard policies between the practices so there is consistency. Obviously social prescribing varies from area to area.

The pace of our growth has worried some people however we have a strong relationship with our stake holders.

Nicola Harris- Sustainability and Transformation Partnership -STP (change to agenda)

By the 15th May all GP practices must have filed their application with the Clinical Commissioning Group saying which Primary Care Network they wish to join.

Each PCN is expected to have between 30 – 50k patients.

On the 30th May the CCG will confirm with the GPs which PCN they are part of.

There will be 7 PCNs in Peterborough and 7 across Hunts and Fenland.

QU Will there be some sort of summary at the end of the process?

NH This will be published on 1st July.

We are setting up a working group and looking at an integrated neighbourhood.

We are looking at services around each PCN- support groups, charities and even social care.

QU How is this going to happen?

NH We have people in all areas.

We are looking for a patient representative to become part of the working group hence why I have visited today. From the CCG we have Dawn Jones, from CPFT we have Elaine Young, Julie Farrow will represent the voluntary sector and Louise Tranham from social care.

QU I think most people see the value in this but it does depend on the GPs knowing what is around and what is appropriate for the individual. The GPs need to take a more imaginative approach.

NH The volunteers in GP practices often have some of this knowledge and this can be shared. The GPs are focusing on joining the PCNs at the moment but there are positive changes happening.

We are in July holding a morning meeting around engagement in local neighbourhood to help build a picture of what is out there, and local providers will be invited.

QU Isn't this what the Health and Wellbeing Network are about? Their role is to collate information at local level this could solve some of the difficulties.

NH There is a new social prescribing role, so the aim is to employ a social prescriber.

QU This would just add an extra layer. Thus, if GPs told people to contact the Health and Wellbeing Network, they may get a quicker response.

6.Self -Care-Sati Ubhi

Sati explained she is part of a team within the Clinical Commissioning Group (CCG) of pharmacists and pharmacy technicians who look at safe and affordable medicines.

A lot of money is spent on prescriptions. In this area we spend £117 million per year with 101 tonnes of these being returned and burnt. Also, to be considered are those drugs put into general waste which we are unable to monitor.

We have been looking at this prescribing waste. It is not just patients (ie those who order repeats when not taking them all) but GPs prescribing not always appropriately.

We have been offering training 3x year to GPs, we have guidelines in place and we have an internet formulary which works towards the same guidelines.

QU Do you think if patients knew how much their drugs are costing it would encourage people only to have what is needed?

ANS It has been debated nationally and it was felt that it would have little impact.

We have 1400 prescribers in our CCG.

We received 2000 enquiries from GPs around prescriptions

We have looked at 32k patient records – we look to see what drugs are prescribed and how it has been prescribed and is there a cheaper alternative. This is done with agreeance from the practice.

We have suggested 22k interventions. These interventions alone have saved £5 million.

Sometimes when there are drug shortages the prices can go up and we are unable to plan for this. When a drug is out of stock, we will look for an alternative. There is always some shortages and at present there are around 100 drugs in short supply. The effect of shortages can add as much as £½ million to our budget.

For 19/20 we are looking at safety around prescribing and managing prescribing (NHS England often will call a GP and ask about their drug management).

We also have invested in some computer software that runs over a weekend and then on the Monday it flags up potential issues.

We are also looking at antibiotic prescribing as we are the worst are for this.

QU Can you see where the antibiotics are being given and thus are you able to report back to those GPs?

ANS Yes we can see who is doing what and whether the prescriber level is an issue. This however is now improving. With the big mergers this is a bit more difficult to monitor.

SELF CARE- This is about what people can do to help themselves around medicines. There have been 3 national consultations. They have looked at medicines that don't work, those that a suitable alternative would work better and the side effects of the drugs.

On the 1st list there were 18 drugs that were recommended for not prescribing. There are 33 conditions that are noted for not prescribing where over the counter products are suitable.

In 2016 200000 fewer prescriptions were issued and this saved £1m.

There are 33 conditions that are noted for not prescribing where over the counter products are suitable.

There is a vast difference across the county as to where such medicines have been prescribed. It may be assumed that the more deprived areas had more prescriptions, but this is not the case.

QU Are you able to collect the data on what is wasted from each GP/ pharmacy?

ANS No the wasted meds are weighed and then burnt so we do not know what is in the packages.

QU What is being done to monitor people who are non-compliant with their meds?

ANS The community pharmacists are doing a lot more medicine reviews- they may ask questions when meds are collected. They now do new medicine reviews to see how people are getting on with the new meds.

We have been working with GPs around de prescribing too to stop those drugs no longer needed being given out as well as having a more structured review.

Sati showed a grid of how meds can be looked at ie priority – those that have no benefit.

It was felt this would be good to be shared more publicly possibly in patient newsletters.

7. Shared experiences

RR Has had 2 positive experience recently. Her dentist has managed to refer her for oral surgery and GP is now referring her to neurology.

SF Reported that someone had gone to opticians with and eye problem, then sent straight to Hinchingbrooke who felt the problem too complex so then they went straight to Addenbrookes to be seen all in one day.

8. Update from Healthwatch

Healthwatch board were meeting Weds evening 7-9 in Peterborough

AGM is 10th July in Sawtry- old school hall 2-4pm. There will be a focus on mental health, there will be stall holders and we hope to show a video around perinatal mental health.

The stories around IVF we have been looking at since the CCG stopped funding it. a review is about to happen.

There has been a lot of publicity around the dental report. We will be relooking at the situation in July to see if there is any improvement.

The engagement team engaged with 5000 people last year 1089 shared experiences which is a big increase from the previous years.

The NHS 10 year plan survey that many of you took part in. We came 3rd in the country for Cambridgeshire's responses. We have also been running some focus groups around the county too.

AOB

AOS The Spinney Surgery are organizing a carer's tea party.

The End of Life event that Healthwatch put on was well attended and seemed to be appreciated by those attending.

NH Asked if the group felt that asking each surgery about getting their survey completed around views on Integrated Neighbourhoods.

SF Not all GPs have a PPG so maybe the CCG could provide you with some links.

NH Could we run the survey through these groups?

SF This should be possible.

A general discussion around the day the forum meets took place. Many agreed that the afternoon was better than the evening but being on a Tuesday it does clash with NWAFT Governor's meeting.

ACTION Caroline and Debbie will look into a change of day.

The next forum meeting needs to change anyway as it clashes with Healthwatch's regional conference.

Meeting finished 4.25pm