

MINUTES OF JOINT PATIENT GROUP MEETING
HELD ON WEDNESDAY 26 JULY 2017

PRESENT Nigel Hallam (Chair) Park Surgery
Jane Wharton - (Practice Manager) Park Surgery
Mandy Hallam (Practice Administrator)
John Flinders – Park Surgery
Richard Davey – Park Surgery
Gail Davey – Park Surgery
Paul Mason – Kelvingrove Surgery
Rosita Dowdall – Park Surgery
Victor Hall (Park Surgery)
Lesley Hall (Park Surgery)
Pauline Briggs (Park Surgery)
Mary Shaw (Park Surgery)
Mary Vukajlovic (Park Surgery)
Leslie Foster (Park Surgery)
Emma Stone (Kelvingrove)

APOLOGIES Barry Wood (Park Surgery)
Cate Starr (Park Surgery)
Dr Adam Tooley (Park Surgery)

1. Welcome and introduction – by Nigel.

2. Presentation by William Jones, Chief Operating Officer at DCHS and Rebecca Beadie, Communications Team at DCHS

William and Rebecca attended the meeting to provide an update on the progress of the new health facility in Heanor. William explained that they work for the NHS Foundation Trust who provide Community Health Services including all of the services provided at the Wilmot Street clinic and the services originally provided at the old Heanor Hospital. They cover a wide area of Derbyshire and parts of Nottinghamshire (Swadlincote to Glossop).

There was urgent need to close the old Heanor Hospital after asbestos was found on the premises. Services were transferred to Ilkeston Hospital and consultation took place with the CCG along with a three month public consultation to establish future services that needed to be provided. It was agreed that a new health facility was required and the new build is proceeding well. If all goes to plan DCHS will be taking over the building on 25 November 2017. It will then take three to four weeks to fit out and they hope to move services in around Christmas time. William stressed, however, that this timescale does not take into account any delays.

The decision was made not to have any hospital beds in the new build. DCHS have worked closely with Derbyshire County Council, Adult Care, Social Services and local GPs to develop services for frail and elderly patients who need rehabilitation in the new Florence

Shipley Home. Facilities for 24 hour nursing and intensive rehabilitation are provided on the Heanor Ward at Ilkeston Hospital.

William circulated a copy of the plans. The 1920 section of the hospital has been demolished, but they have been able to keep the physiotherapy department and attached the new build to that. It was felt important for part of the old build to remain in recognition of the fund raising done by the League of Friends to build the original hospital.

There will be a combination of treatment and consultation rooms along with a multi-purpose room. The lower ground floor will house the community teams including Community Nursing, Community Physio and Community OT with an emphasis on extending services to the frail and elderly in their homes and the focus taken away from care in hospitals.

The new build has cost £3.5 million and savings need to be made elsewhere to fund this. In addition all of the services from the Wilmot Street Clinic will be moved to the new build. DCHS will obtain planning consent for six houses to be built on the Wilmot Street site and then sell this so that the money can be ploughed into offsetting costs for the new build.

Services provided at the new facility will include; outpatients (general surgery, ENT, dermatology, rheumatology, gynaecology), community mental health services, community adolescent mental health services, physio, podiatry, school nursing, community midwifery, continence services, parent craft groups, breast feeding support, orthotics, contraception and sexual health, staff support, wound dressings, heart failure services, specialist nurses, community health services, health visitors and school nurses.

It is recognised that the local community raised money to build the old Heanor Hospital so it was felt important to acknowledge this. There will be a memorial facility in the garden using some of the bricks retrieved from the old building. Artifacts, including the marble plaque from the reception area of the old building, have been kept safely and will be incorporated into the reception area of the new building.

Rebecca took over the presentation to talk about the consultation around naming the new building. She spent time in Heanor market talking to the local community about this. It was evident that Memorial in the title was important to everyone. After consultation and receiving 458 votes in total the clear winner by 53% of the votes was Heanor Memorial Health Centre.

Rebecca informed the group that the local history society is creating a book as a fitting memorial to the hospital. Progress is good and they hope to be finished in time for the opening of the new facility.

Nigel opened the questions by asking if there are any new clinics being provided or is it a case of moving back services already provided. William felt that it was the latter. He explained those as well as the DCHS services, many of the clinics are provided by other trusts including Derby and Nottingham Hospitals and the Community Mental Health Trust.

Rosita asked if the new facility is the same size as the old one or bigger – William confirmed that the main fabric of the new build is bigger than the old hospital.

Vic asked about the blood clinic – William explained that work was transferred to the Old Fire Station after consultation with the CCG when the hospital closed. It has since become apparent through public consultation that local people would prefer to keep it there as it is very convenient for them. It will, therefore, stay at the Old Fire Station.

Mary Shaw asked about parking – William informed her that there will be 16 car parking spaces including disabled bays. These may also be used by staff, although they will be encouraged to park elsewhere. Parking will be free and it is the intention of DCHS to keep it this way. William explained that there are strict regulations by the Planning Department for parking which they have adhered to and they encourage the use of public transport. He acknowledged that parking will be challenging. Nigel stressed that the bus route to the new hospital is not good and wondered if the local authority had been approached about this. William informed him that this has not been done so far, but could be looked into, although it is often difficult to address such issues as work has to be done with both providers and commissioners. *(Further information was received relating to parking and busses following the meeting)*

Nigel thanks both William and Rebecca for the informative presentation.

3. Presentation by Emma Plummer, Southern Derbyshire Commissioning Group

Emma explained that she had been asked along to provide a CCG update. As it would be difficult to cover the whole CCG in the time allocated she will focus on the work that she is directly involved in.

She explained that Southern Derbyshire CCG originally consisted of four localities, but has now been split into 10 places. Heanor is one of the 10 places and Emma is the CCG lead. Heanor has three practices with a combined population of 25,000 patients. There are two clinical leads, namely Dr Anne Tompkinson from the Park Surgery and Dr Justine Reid from Kelvingrove and Emma works closely with them. Heanor is the smallest group of the 10 places. This has its advantages as we serve the same community and already have a good working relationship. However as a small group our voices are not always as great and strategic issues may be difficult so we may need to join with other local groups at times.

Emma spoke about the Sustainability and Transformation Plan (STP). This is a government initiative. Derbyshire's plan is called Joined Up Care Derbyshire. All local providers of services including 11 partnership organisations have signed up to this with the aim to work better together more closely. There are five priority areas:-

- To do more to prevent ill health and help people take good care of themselves.
- To tailor services so they look after and focus on people in their communities, so people get better, more targeted care and support.
- To make it easy for people to access the right care, whenever it is needed, so everyone gets better quality, quicker support across the system. This would help keep Accident & Emergency, Minor Injury Units and Urgent Care Centres free for patients who really need them.
- To get health and social care working seamlessly together so people get consistently high quality, efficient, coordinated services, without gaps or duplication.

- To make organisations as efficient as possible so money is pumped into services and care, with running costs kept low.

Emma went on to talk about the STP work stream. The top 5% of complex patients use 45% of the resources and we need to ensure that more care is provided in the community for these patients. Joy Hollister is the Place Lead for Derbyshire and one of her priorities is to ensure that there are more resources to help people to help themselves, changing health behaviours and taking into account social and environmental factors. Other specialist services are available to assist patients and not everything has to fall onto GP Practices. GP consultations are dramatically increasing and yet funding is going down. We all need to work together to manage demand and look at ways to work differently.

Emma spoke about the Heanor Health overview and the challenges in our area. Our priorities are:-

- Understanding our information & Data
- Understanding our assets
- Building our stakeholder links and understanding key issues
- Community Matrons
- AF
- Frailty
- Mental Health
- Sharing skills across practices

Better communication between the different agencies and organisations will improve patient care and Emma spoke about work that has already been done. It can be difficult for GPs to know exactly what is out there in terms of additional services and how referral pathways work. Emma has just been part of a mapping exercise to find out exactly what is available and this will help with signposting patients to appropriate services. She has also met, along with Dr Reid, with the Mental Health Team to find out information on the changes made to their services. There has been a lack of Community Matrons in the past, but recently two new posts have been filled. The local GPs were given the opportunity to be part of the recruitment process and to think about their roles and shape the service in advance. This will enable us to work more closely with them. Our CCG is an outlier for stroke and untreated AF. Dr Anne Tompkinson is passionate about this and is our champion. She has started the process of picking up patients with AF using a simple smartphone 'gadget'. It is planned to build on this work by extending it into the community, ie District Nurses carrying out in patient homes (it was acknowledged by a member of the group that this was carried out in our last flu clinic). Emma stressed that there is lots of goodwill out there, but communication and working more closely together is the key and this is our aim.

Our next priority will be to look at extended access. By April 2018 there will be a facility in Heanor for patients to be able to access appointments up until 8 pm every day, although patients may not be seen in their own GP Practice or by their own GP.

Leslie spoke about the increase in housing over recent years. At least 4,000 new homes with on average 2.6 people in them have been built and this must have affected the GP practices. Numbers of GPs have increased over the years, but patients still struggle to get appointments. The population has 'exploded' and patients are living longer. Emma acknowledged this and reiterated the need to work differently to enable us to cope with demand. We are paving the way with the STP to manage this. We also need to harness technology and try to get patients back into the community to be cared for.

Nigel clarified that the STP is a national plan. Emma confirmed that ours is one of 44 across the Country. Nigel stressed that many of the challenges faced in Heanor are the same for Eastwood as the areas are similar (previous coal mining, COPD, etc) and Emma agreed that although different CCGs they could work together cross border. Nigel requested confirmation that the deprivation and challenges in our area are the reason that we have been provided with a new facility while in other places hospitals are closing.

Nigel thanks Emma for her presentation.

Nigel asked if Emma had any feedback on the work Claire Haynes had been doing around Patient Groups. We were told that an action plan would be formulated from the information we submitted, but had not heard anything. Emma explained that she had queried with Claire and had received an email, but apologised for forgetting to bring it along with her. From her recollection Claire had only received feedback from our group.

Action - Emma will forward the email received from Claire to Nigel.

Nigel informed the groups that Claire Haynes has sent an email to him asking if any members would like to be involved in medical student training. The Medical Education Centre at Derby Hospital need volunteer patients to tell them about their experiences and in some cases be examined. Nigel will email out the invitation to members for them to express an interest directly. **Action Point; Nigel**

Nigel thanked all of the speakers and they left the meeting.

4. Minutes from last meeting – in January 2017 were agreed.

5. Update on how the PPG is Working (Positives and Challenges) in the Heanor area:-

Brooklyn – no members present.

Kelvingrove – Emma reported that the group is going well and they have had a couple of new members recently. They are always trying to recruit and would appreciate any ideas on ways to get more members involved.

Park – group is going well. Nigel stressed the need for the groups to share intelligence, ie information on events that groups may become involved in (details of a recent Social Services event were not communicated to practices). He also suggested contact Heanor Gate School to see if students interested in a career in medicine would be interested in patient group involvement as a project. Mandy asked if the information on the TV screen about the patient group had promoted any interest. Not as yet, but we live in hope. Nigel requested that she take off the information about the meeting today, but leave on the information about the group itself. It was acknowledged that the best way to increase membership is by the patient group carrying out the survey in house.

6. Items from members

Vic raised the issue of patients who cannot hear or see the TV. Mandy explained that often GPs are aware and know to either call patients in via the tannoy or come out to reception to call them. We have identified some patients and put alerts on their screens. However, we do rely on patients informing us in some cases on checking in. In that case the receptionist sends a message directly to the GP.

Action Point: Jane and Mandy– will advertise the need to inform us if there is any problem with the visual check in via posters and information leaflets.

7. Items from doctors

Nothing to report.

8. Any other Business

Jane informed the group that Heanor GPs are working together to look at extended hours. It is possible that we could provide the services as a group of practices and this could be from the new health centre. We would, however, need to ensure that the computer systems are compatible.

9. Determine whether to hold a future joint meeting

Agreed to hold a further meeting in 6 months (two per year). Nigel asked if Kelvingrove would be willing to host. It was acknowledged that high profile people are willing to attend a larger group of practices as has been the case today. All agreed.

The meeting closed 8.05pm.