

**Minutes of the Patient Participation Group Meeting
Monday 29 April 2019**

Present

Patients:- Mr Peter Hunt, Mr Peter Daniel, Mr Alan Jones, Mrs Eileen Hume, Mrs Diann Pollock, Mr Keith Lindsay

Dr Helen Kini – GP Partner and Mrs Peta Murphy – Practice Manager

1. Apologies

Apologies were received from Nigel Ashton, Richard Llewellyn and Elly Gibbs and KH

2. Update on Phlebotomy and the NHS Long-term Plan

We ran through the following presentation on these two issues:-

Patient Group Update – Monday 29 April 2019

Phlebotomy

- Contract was held between Practices, Wirral Community Trust and the Federation.
- Requirement to provide service 8am to 6.30pm on weekdays and to provide a mix of booked and drop in appointments.
- Did not work as insufficient capacity allocated to the West Wirral Area.
- Trust have now advised they are withdrawing wef 1 July 2019.



Practices are now taking the service in-house

Our plan is that Sarah will increase her hours to cover the service and Connal will train to do Phlebotomy on a regular basis for a few hours each week and help with holiday cover.

Service will start at 50% of normal level wef 1 June 2019 as it is possible that the current service will not end on 30 June fully up to date.

Our aim is to provide adequate prebookable slots both in the mornings and a couple of later afternoons and to see "drop in" as primarily for urgent cases as decided by the GPs.



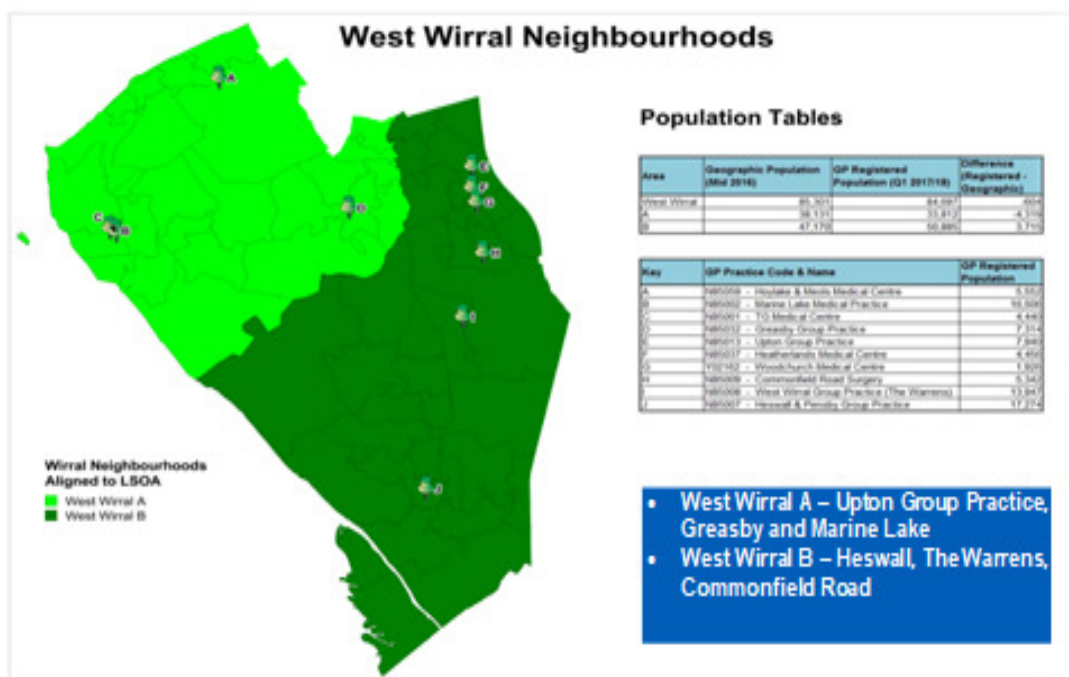
The NHS Long Term Plan

- 10 year plan
- 5 year framework
- Major reorganisation of Community Teams
- Last change went from GP to Practice
- This change goes from Practice to Network



Primary Care Networks (PCNs)

- Practices will form PCNs
- 30-50,000 patient populations
- Geographical
- Clinical Director
- Community Teams reorganised to wrap around
- There will be a Network Directed Enhanced Service



PCN Timetable

- End March: PCN DES published
- 15 May: PCN contract agreed
- End May: CCG/NHSE sign off
- Early June: NHSE/GPC/CCG/LMC resolution
- 1 July: DES and Networks go live



Multidisciplinary Workforce Development

2019 Clinical Pharmacist, Social Prescribers

2020 Physiotherapists, Physician Associates

2021 Community Paramedics

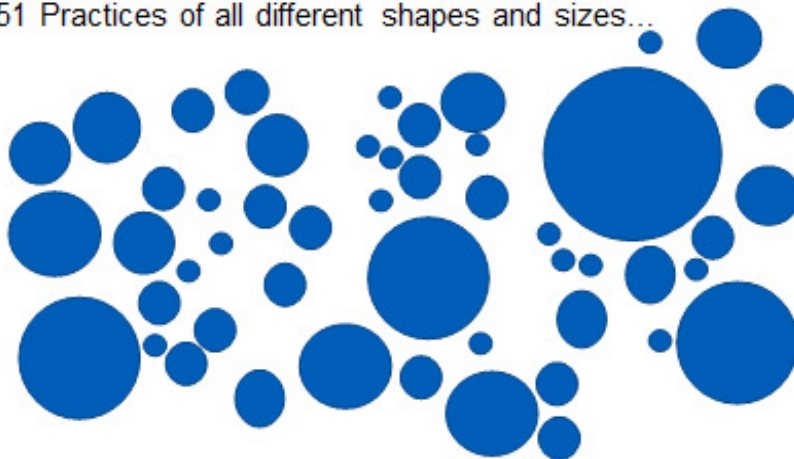


2024 Full team of Allied Health Professionals

Where we are now



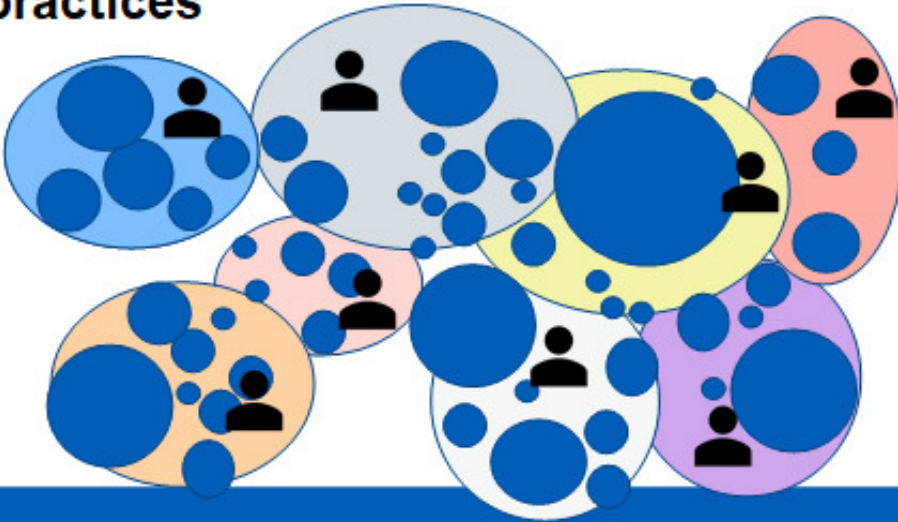
51 Practices of all different shapes and sizes...



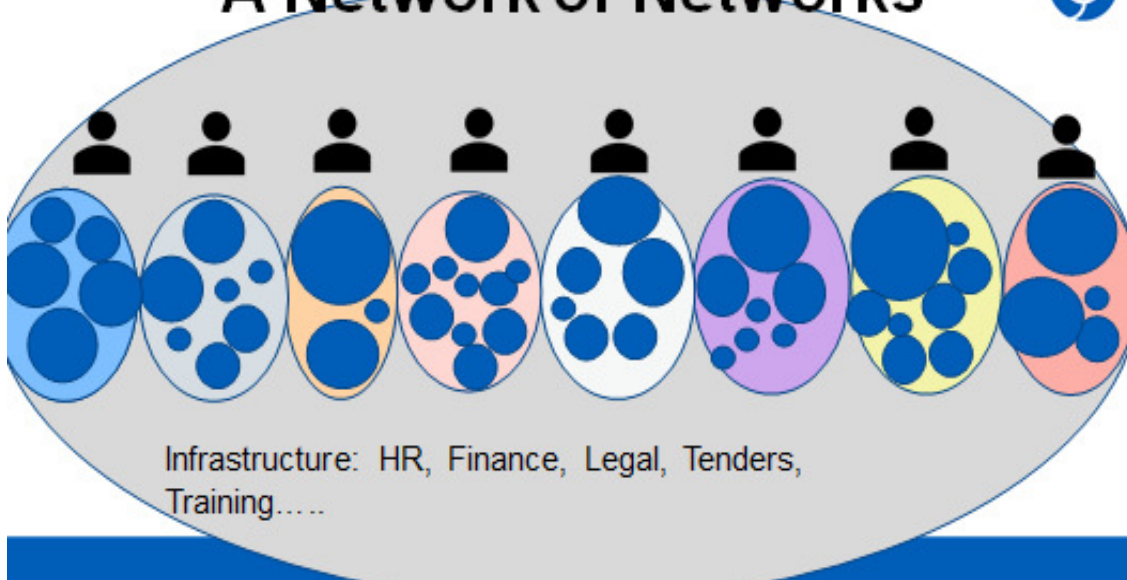
Organising ourselves into Primary Care Networks...

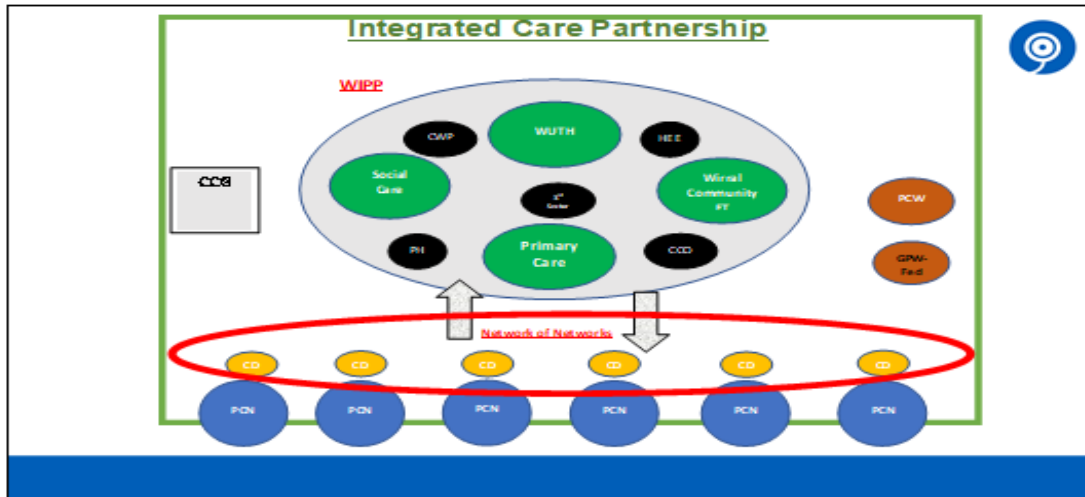


PCN Medical Directors appointed by practices



A Network of Networks





So what does it mean for us?

- Essentially we will not change the way we work day to day - the practice will still be here and we will still be seeing our patients as now.
- Our Quality and Outcomes Framework will change with a number of indicators being retired from April 2019:-
- This will allow practices to focus on more clinically appropriate indicators on Diabetes, Cervical Screening and BP control.
- There will be a new Quality Domain and in the first year we will work with the other practices in our Network to review:-
- End of Life care – *explain re audit and peer review x 2*
- Prescribing Safely



There are changes planned for IT

- £20 million to be added to the Global Sum for the next three years to recognise the GDPR Subject Access change and workload.
- Patients to have right to Digital First primary care – including web and video consultations by April 2021.
- All pts to have access to their full online record – including the ability to add their own info from April 2020.
- All practices to be offering and promoting electronic ordering of repeat prescriptions and using electronic repeat dispensing as the default from April 2019.
- All practices will ensure that at least 25% of appointments are available for online booking by July 2019.
- Still need practice leaflet but must also have up to date online presence by April 2020.
- All practices giving patients access online to correspondence by April 2020 with pts required to opt out rather than opt in.
- By April 2020 practices will no longer use fax.



There are specific clinical initiatives too which will be phased in over several years:-

A review of Vaccination and immunisation will take place in 2019 – to reduce complexity and improve value and impact – not to cut practice income. Possible that in future vaccination programme could be developed at Network rather than practice level. Possible central flu procurement.



Med reviews and Care Home work will start in 2020/21 onwards.

Clinical pharmacists working in the network will tackle over-medication – including inappropriate use of antibiotics and withdrawing medicine no longer needed.

Patients in care homes will have comprehensive weekly visit and regular clinical pharmacist reviews in addition to Urgent care and care planning and general wellbeing services like oral health, nourishment etc.



Personalised Care, anticipatory care and early cancer diagnosis will start in 2020/21

Personalised care “what matters **to** you?” – not just “what is the matter **with** you?”



Patients who are severely frail will be offered targeted support for both physical and mental health needs. Longer GP consultations and wider multidisciplinary team.

To increase the numbers of cancers diagnosed at Stages 1 and 2 from half now to three quarters by 2028. To deliver personalised care to all cancer pts by 2021.



A number of points were raised and discussed as follows:-

Phlebotomy

We will be providing the Phlebotomy service fully from the practice including the Domiciliary visiting service for our patients. The service will be bookable directly via the practice for all aspects. This news was welcomed most warmly by all present who feel that this will be a huge improvement in the service.

Networks

In the formation of Networks of practices patients will remain registered with and under the care of the practice they are currently registered with. The Networking element will primarily be shared working between and across practices within a Network and as additional staff members such as Social Prescribers and Physiotherapists join the Network team it may be the case that one practice provides one service such as physiotherapy and another provides another service and patients from the Network practices can use the service at the other practices. Patients will not be limited to what is available at their own practice.

Physiotherapists

There was some discussion on where the physiotherapists might work as often they are limited (by having to come out to work in a practice) on the range of treatments they can offer. It was acknowledged that they may work in a specialist centre, in practices or maybe even in patients' homes, although in the latter two they would offer a more limited range of service.

Cross-practice working

Concerns were aired over the very short timetable to action by 1 July 2019. It was noted that practices across Wirral already have good networking and support arrangements in place and have worked informally together over many years so are well placed to group into Network arrangements.

Social Prescribing

Dr Kini outlined the benefits of Social Prescribing and the work she is currently doing to take this forward. It has tremendous potential to link patients in to support services in the voluntary sector and to facilitate access to services people may not be aware of .

Practice funding

Dr Kini explained that in future under the Network arrangements a lot of funding that had formerly come to practices would go to the Networks and the success of the Networks would then feed funds back to the practice but only at current funding levels. Practices have an incentive to make this work and will be looking at new ways of working and providing services.

Information Technology

In discussion on IT it was noted that the practice uptake of electronic prescribing services was over 75%. Whilst it was noted that there may only be room for small improvement on this it was also noted that this is an incredible achievement and the service is obviously popular with patients. Some of those present spoke highly of the accessibility of services via phone apps.

Medication pack sizes

There was a brief discussion over the prescribing pack size for medications – which are set for a 28 day month when most months are longer than this and it was agreed that this is something that needs addressing to save constant resetting of prescriptions.

There being no other business to discuss the meeting was closed at 1335hrs.