

Minutes of Bethesda Patient Reference Group Meeting

03 October 2012

Held at Darwin Court

Apologies : 7 Members

Present: 9 Members, Sue Clarke, Rachael Cousins, Allan Stibbs.

Update on CCG

Allan Stibbs -Head of CCG Performance, attended the meeting to give the Group an update.

Allan informed the group that the PBC was now known as the Thanet CCG (Clinical Commissioning Group) and they will be taking over the Secondary care services implementation once the PCT disbands next March.

The Thanet CCG includes all 21 GP Practices in Thanet.

There are 4 CCGs in Kent - Thanet, South Kent Coast (which comprises of Deal/Dover/Shepway,) Canterbury, Sandwich and Faversham all together and Ashford. All four together make up the East Kent Federation. Allan said that if we all work together then we will have a bigger influence over the East Kent Hospital Trust and be in a better negotiating position to keep services at The QEOM, The Beacon and the Specialist Nurse Services.

The budget for the CCG will be around £200million. The PCT and the SHA (Strategic Health Authority) will be disbanded by April 2013. The CCG currently has 10 staff and this will eventually increase to about 30. It is a significant reduction (around two thirds) on the amount of staff employed by the PCT. It will however mean that the CCG will have to relocate to larger premises in the new future as Bethesda will be unable to accommodate this amount of staff.

Allan explained to the group that the CCG have set up The Thanet Health Network which anyone can join and feed in their ideas and comments. Currently you can join this via Email: thn@thanetccg.info, Twitter: @ThanetHealth, Facebook: Thanet Health Network , online www.surveymonkey.com/s/FWDL2QS or via cards available at the surgery. A website is being developed and will hopefully be up and running by Christmas.

XXX asked Allan about Drug Commissioning and Allan explained that NICE offer the frontline guidance on drugs but it is ultimately up to the Clinicians to decide which drugs are the most appropriate and cost effective.

XXX asked Allan how funding is apportioned .Allan explained that it is based on historical funding but they would like it based on fair shares, as that way Thanet would get more funding due to its patient demographics as the money would be shared out and the more needy areas would get more money. The more money that the CCG receives would mean

the more services they can provide in the best place (i.e. having the Headache service at Bethesda is more efficient and more cost effective)

The CCG want to be able to maintain as many services at the QEQM and Local surgeries as they can and try to get more that would benefit Thanet.

XXX said that he understood that Bethesda gets charged for each person that visits A&E and Allan confirmed this. The minimum charge for an A&E visit is £63 and could it can run into thousands of pounds if the patient has tests and is admitted .He also said that a lot of people just visit A&E to get medication such as paracetamol which a lot of people are able to get free of charge on prescription .It was mentioned within the group that this seems a huge waste of money as a prescription is a charge of £7.65 to the NHS and a packet of paracetamol is around about 20 pence to buy. Allan said something that is currently being looked into is having a Dispensary at the Hospital that is open out of hours where patients are able to get medicines free of charge.

XXX said that she had been told she needs a cataract operation but that she would have to wait at least 6 months and she asked Allan if this would be due to her age. Allan said that the clinician has to follow conditions of referrals for cataracts, knee and hip replacements before they can refer a patient for these operations .It has nothing to do with age but with how much of an effect it has on the patient's lifestyle.

Patient Participation Group

XXX said that she wondered following XXX's concerns at the previous meeting if it may be worthwhile having a member of another surgery's Patient Participation Group come along to one of our meetings to see if we can share best practice .

Action: Sue to look at other surgery websites to see if they publish their minutes and let group have email addresses so the group can look.

Post Meeting Note –Sue found the following websites for the group to look at www.thegrangepracticeramsgate.nhs.uk, www.eastclifframsgate.org, www.birchingtondocs.co.uk, www.dashwoodhousesurgery.co.uk, www.westgateonseasurgery.co.uk, www.summerhillsurgery.co.uk

Appointments

XXX said that the Darwin Court residents were still having trouble getting appointments. XXX said that he would be more than happy to go to Darwin Court and help show anyone that is interested how to use to on line booking system.

Action: XXX to put up a poster at Darwin Court to ask for names and let XXX know.

Prescriptions

XXX raised the question that she used to be given two months worth of medication but this had been reduced to only one month. Rachael said that this had been done as a lot of patients stockpile medication which is extremely costly to the Surgery/NHS and monthly prescribing can help reduce this.

AOB

XXX said that she had noticed that her father had difficulty seeing the call board in Reception due to his Macular Degeneration. The colouring of red on black is difficult for him and wondered if it would be possible to have it changed to white and blue the same as the Plasma screen.

Action: Rachael to investigate if this would be possible

XXX asked if the Health Checks had started and if ECGs/Finger prick Diabetes testing was done during them. Rachael said that two of the HCAs were doing these and patients were being called in for them. Finger prick tests are performed during the check but ECGs would only be requested if the HCA felt the need for one after completing all of the check.

XXX said that she was impressed that she had had a call from the surgery to say that her father was due a Blood Pressure check and the HCA could do this whilst he was having his Flu vaccination to save another trip to the surgery.

XXX asked whether the surgery had a policy for HCAs to wear gloves whilst doing Blood Tests as he had had one done at the hospital and the Nurse wore gloves.

Action: Rachael to speak with Ruth.

XXX said that Percy, The Heart Failure Nurse had told her that when patients with this condition are discharged from hospital then a member of his team will visit them and explain about any medication changes that they have been given. The group agreed this was very useful and that Percy and his team are always extremely helpful and their care is fantastic.

The next meeting date was set for Wednesday 9 January 2013 at 10.30am at Darwin Court and XXX will book the room for us.

Post Meeting Note: Sue received a Telephone call from XXX to apologise for his non attendance at the meeting. He has been unwell and is finding it increasingly difficult to attend the meetings, so sadly he has decided to resign from the group. Sue thanked XXX for all his previous contributions.

Mission Statement

“Good Communication “