



**The Tutbury Practice Patient
Forum Minutes of the Meeting
Wednesday 22nd May 2019
between 1pm and 3pm.
Meeting held in the Village Hall, Monk Street, Tutbury.**

Present.

Patient Representation: JG Chair, RR Vice Chair, JB Secretary, BC, BW, CH, DM, EJ, ED, FT, JJ, JS, JBR, MB, RH, SB,

Practice Representation: RB Practice Manager.
AL Apprentice

Pharmacy Representation: AL, Good Life Pharmacy, Hatton

Speaker: IL Community Engagement and Supportive Care Manager St Giles Hospice Care.

1. Opening Remarks by JG Chair.

The meeting was opened by the Chair, JG, welcoming everybody present including our speaker IL Community Engagement and Supportive Care Manager St Giles Hospice Care and Arwen the Practice Apprentice.

2. Apologies for Absence.

Apologies had been received from:

Patient Representation: AG, AT, CHep, SAR, BR

Pharmacies Representation: LF, Good Life Pharmacy
JW, Dean & Smedley Pharmacy

3. Approval of the Minutes from the Meeting held on 13th March 2019.

There were no issues raised on the minutes. BW proposed approval which was seconded by FT. The Minutes were signed by the Chair, JG, as being a true record of the proceedings.

4. Action Log Update

a. Update on possible siting of a cycle rack

Quotes obtained for various types of storage, including simple cycle fastenings. Discussion held and the Practice Manager, RB, will check with NHS Property Services on what can and can't be fitted. All prices were acceptable, and members agreed once clarification had been sought on location the Secretary, JB, will purchase

Action: RB and JB to discuss outside the meeting. Still awaiting feedback from NHS Property Services.

b. The Installation of a Bench outside the surgery.

The Secretary, JB, has approached DM of Tutbury Fencelines and is waiting for them to come and give a quotation for the work.

Action: JB to monitor situation with DM of Tutbury Fencelines.

c. CHep mentioned that there is a Google Map showing the siting of Defibrillators throughout the area. However, those in Tutbury are not shown.

Action: It was agreed the Secretary, JB, will investigate. Still ongoing.

5. Practice Update, given by the Practice Manager, RB.

Practice Manager, RB, introduced Arwen Litchfield to the members. Information given on the work Arwen has been carrying out over the past months ***Registered Numbers***

Our registered patient numbers are now standing at 7585.

Reception Vacancy

We have recently appointed a new part time receptionist to cover 25 hours. This is Caroline Rooney who is an ex school receptionist. Laura starts her maternity leave tomorrow and Sarah had her baby in October.

Nurses

Nurse Sonia who has been on long term sick, has now resigned and the two part time nurses Lisa, (Oct 18) and Katy, (Jan 19), have settled in very well.

Controlled Drugs and Prescriptions

The decision has now been taken that any controlled drug prescriptions collected from the surgery will have to be signed for and ID shown before release.

Primary Care Networks

RB explained about the Primary Care Network, (PCN), system which is to be introduced following agreement by NHS England. A PCN is formed when the patient list is between a minimum of 30,000 and 50,000 patients. In East Staffordshire the patient size is approx. 130,000 but as all 18 GP Surgeries had signed up to it NHS England had agreed that we could create a PCN of approx 135,000 patients. There will be more information available but basically the network will give greater access to Community Pharmacies and other services. The Secretary, JB, agreed to put some information together on PCN's and attach to the minutes.

On-Line Appointments

By July 2019 GP Surgeries are expected to make 25% of all appointments available to be booked on-line. RB informed the members that the Practice are wanting to work towards having 50% availability for on the day and pre bookable appointments. Discussion on the topic and the members suggested that on-line appointments shouldn't be made available until close of surgery on the previous day. It should be pointed out that the total number of appointments per day will not increase just the method of booking them.

The Secretary, JB, gave the Do Not Attend and Friends & Family Data for March and April 2019.

Do Not Attends

At the previous meeting the February figures had shown an abnormal rise in the do not attend figures. On discussing with RB, a malfunction had taken place during the month which had, in error, given inaccurate figures reported. The figures had now been adjusted and although overall for Jan -May do not attends are slightly higher than 2018 they still better than previous years. Malfunction was due to the computer system being unavailable and patients not being able to book in, therefore patients looked like they had not attended.

Friends and Family

Since the inclusion of figures from the texting system the feedback continues to grow with a total of 925 responses received year to date of which

790 were extremely likely to recommend the Practice

84 were likely to recommend the Practice

13 were neither likely / unlikely recommend the Practice

8 were unlikely to recommend the Practice

26 were unlikely to recommend the Practice

4 don't know

6. Feedback from East Staffordshire CCG Governing Body, East Staffordshire CCG Patient Board, East Staffordshire District Patient Engagement Group, Virgin Care and the University Hospitals of Derby and Burton Update.

The Secretary, JB, gave the following verbal feedback

There hasn't been an East Staffs CCG Governing Body meeting since the last report so nothing to mention. The East Staffs CCG AGM is to be held on Thursday 1st August.

The Patient Board continues to meet on a monthly basis and has a very full agenda with everything that is going on in terms of the Together we are Better consultations, Virgin Care and the Staffordshire CCG's consultations on becoming "one"

The Patient Board receive and where needed, action, on Patient Stories, Virgin Care and feedback from both the East Staffs District Patient Engagement Group and Universities Hospitals of Derby and Burton, UHDB. From June the Chief Nurse from Queens comes to give a 30mins briefing on Trust activities and the issues that still exist on communication to the wider communities

The District Group now hold meetings on a six-week basis. These are also held in the 3 community Fire Stations, Burton, Barton and Uttoxeter and at varying times of 12.15pm-2.45pm or 6pm-8pm. The next meeting is taking place tomorrow, 23rd May and is an evening meeting at Uttoxeter Fire Station. The Secretary, JB, who is the District Vice Chair will be taking BW and JBr from the Tutbury Patient Forum.

7. National Association for Patient Participation, (NAPP)

The monthly e-bulletins have been circulated to all our members and the 2019 subscription has been paid. The 2019 NAPP Conference is at the Cheltenham Chase Hotel on Saturday June 15th. Topic is Celebrating General Practice and the cost is £75 per delegate, reduces to £60 if paid before April 20th

8. Virtual Group Update.

The Secretary, JB, indicated that 2 members had left the group due to leaving the area. There was nothing else to report on the virtual group.

9. Quiz Night

The quiz night held in March was again very well supported and raised a total of £211 and as agreed in March, **ALL monies raised has gone to *The Tutbury Practice Patient Fund***.

A further quiz night was held on May 17th which raised £235. The members agreed that £120 of this should go to the "Wellies Project" which is run by the Staffordshire Care Farming Development CIC who are based in Sudbury.

Wellies stands for:

Wellness, Education, Learning, Laughter, Inspiration, Environment and Skills and offers therapeutic activities on farms with animals, plants and the countryside for people recovering from mental ill health.

It was agreed that Daisy Chain, (Teenage Cancer), would be the charity in July.

10.Presentation from Mr Ian Leech, Community Engagement and Supportive Care Manager, St Giles Hospice.

The Chair, JG, welcomed IL to the meeting and thanked him for coming along to give his presentation. IL gave the members a “potted” history of his life to date and the work he does at the St Giles Hospice based at Whittington. He then gave the presentation, which is attached answering questions as he went through the slides. The members were interested in the bereavement support that St Giles offer namely:

[Bereavement support for adults](#)

[Support for children and young people](#)

[Understanding bereavement workshops](#)

Details on the above can be found at the end of these minutes

IL also explained the My Wishes Care Plan. The first part has to be signed off by a medical professional. The My Wishes part is completed by the individual. Details can be found on www.mywishes.co.uk

The Chair, JG, thanked IL for a very informative presentation and the members showed their appreciation in the normal manner.

11.Any Other Business

Patient Participation Group (PPG) - Self-Assessment Tool

The Secretary, JB, had raised this topic at the last meeting.

A drafted response to the self-assessment tool had been produced which the members discussed and slightly amended. This will now be forwarded to Laura Bird who is a Primary Care Lead. Once Laura has all the surveys an analysis will be produced, and she will come back to the District Group to present her findings.

Trent and Dove Dementia Event

The Secretary, JB, reminded the members of the public event being held by Trent and Dove at their Burton HQ, next to Aldi between 10am and 4pm on Friday 24th May 2019. This is taking place during Dementia week and the Virtual Reality Dementia Bus will be present for people to experience.

Talking in Tutbury / Carers Event

This event, organised by Zoe, Practice Receptionist and Carers Lead and in its 3rd year, is taking place on Wednesday 12th June in the Tutbury Village Hall. As previous years the Forum are sponsoring the event and putting on tea, coffee etc. The Secretary, JB, asked for volunteers to assist and CH / JS offered to assist.

Burton Diabetes UK Group Diabetes Annual Event

The event now in its 6th year takes place at the Pirelli Stadium on Tuesday 18th June between 5.30pm and 9pm. Full details had been forwarded to the Forum membership. The theme this year is Diabetes I'm in Charge!!!

12.Date of the Next Meeting

The next meeting will take place on Wednesday 17th July 2019 at 1pm in the Village Hall, Monk Street, Tutbury. The meeting was then closed by the Chair, JG, who thanked all members for their support and contributions to the discussions.

PRIMARY CARE NETWORKS ARTICLE FROM THE KINGS FUND

13 March 2019

A key part of the NHS long-term plan, primary care networks will bring general practices together to work at scale. But how will they be formed, funded and held accountable? And what difference will they make? Beccy Baird explains the latest form of GP collaboration.

What are primary care networks?

Primary care networks form a key building block of the [NHS long-term plan](#). Bringing general practices together to work at scale has been a policy priority for some years for a range of reasons, including improving the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system.

While GP practices have been finding different ways of working together over many years – for example in super-partnerships, federations, clusters and networks – the NHS long-term plan and the [new GP contract](#), which will take effect in April 2019, put a more formal structure around this way of working, but without creating new statutory bodies.

All GP practices are expected to come together in geographical networks covering populations of approximately 30–50,000 patients by June 2019 if they are to take advantage of additional funding attached to the GP contract. This size is consistent with the size of the primary care homes, which exist in many places in the country, but much smaller than most GP Federations.

How will they be formed?

NHS England expects that most networks will be geographically based and will, between them, cover all practices within a clinical commissioning group (CCG) boundary. There are likely to be exceptions to this if there are already well-functioning networks which are not entirely geographically based, but this is not likely to be the norm. Some networks may cross CCG boundaries, and a practice may, in theory, belong to more than one primary care network.

NHS England has expressed the view that 30,000 is a firm lower limit for population size, except in areas of extreme rurality, but the upper limit could be more flexible. NHS England is clear that the entire population must be able to access network-based services.

While practices are not mandated to join a network, they will lose out on significant extra funding if they do not, and their neighbouring networks will be funded to provide services to those patients whose practice is not covered by a network. Where a single practice meets the size requirements of a network, they will be able to function as a network if the CCG agrees.

What will primary care networks do?

NHS England has [significant ambitions for primary care networks](#), with the expectation that they will be a key vehicle for delivering many of the commitments in the long-term plan and providing a wider range of services to patients.

Primary care networks will eventually be required to deliver a set of seven national service specifications. Five will start by April 2020: structured medication reviews, enhanced health in care homes, anticipatory care (with community services), personalised care and supporting early cancer diagnosis. The remaining two will start by 2021: cardiovascular disease case-finding and locally agreed action to tackle inequalities.

To do this they will be expected to provide a wider range of primary care services to patients, involving a wider set of staff roles than might be feasible in individual practices, for example, first contact physiotherapy, extended access and social prescribing. Networks will receive specific funding for clinical pharmacists and [social prescribing](#) link workers in 2019/20, with funding for physiotherapists, physician associates and paramedics in subsequent years.

They will also be the footprint around which integrated community-based teams will develop, and community and mental health services will be expected to configure their services around primary care network boundaries. These teams will provide services to people with more complex needs, providing proactive and anticipatory care.

Primary care networks will also be expected to think about the [wider health of their population](#), taking a proactive approach to managing population health and, from 2020/21, assessing the needs of their local population to identify people who would benefit from targeted, proactive support.

Primary care networks will be focused on service delivery, rather than on the planning and funding of services, responsibility for which will remain with commissioners, and are expected to be the building blocks around which integrated care systems are built. The ambition is that primary care networks will be the mechanism by which primary care representation is made stronger in [integrated care systems](#), with the accountable clinical directors from each network being the link between general practice and the wider system.

How will the funding for primary care networks work?

Much of the [new money for the NHS announced in June 2018](#) is directed at primary and community services, and a large proportion of this will be channelled through networks.

The main funding for networks comes in the form of large directed enhanced services payment (DES), which is an extension of the core GP contract and must be offered to all practices. This will be worth up to £1.8 billion by 2023/24. It includes money to support the operation of the network and up to £891 million to help fund additional staff, through an additional role's reimbursement scheme. The

contract is between the commissioner and individual practices but receiving the money for the directed enhanced services payment is contingent on being part of the network and the money will be channelled through a single bank account directed by the network.

Funding and responsibility for providing the enhanced access services, which pays GPs to give patients access to consultations outside core hours, will transfer to the network directed enhanced services payment by April 2021. In addition, a 'shared savings' scheme is proposed, under which primary care networks will benefit financially from reductions in accident and emergency attendances and hospital admissions. There will also be separate national funding to help primary care networks access digital-first support from April 2021, from an agreed list of suppliers on a new separate national framework.

What are the additional types of staff that will be funded?

The *Additional Roles Reimbursement Scheme*, part of the directed enhanced services payment contract, will fund 70 per cent of the cost of the specific new clinical roles, with the different roles coming in over the period of the contract, starting with clinical pharmacists and social prescribing link workers in 2019/20 (100 per cent of the cost of social prescribing link workers will be funded).

In 2020/21 the scheme will be extended to include physician associates and first contact physiotherapists, with community paramedics added in 2021/22. The funding is intended to cover only new staff rather than existing roles. Networks will have the flexibility to decide how many of each of the types of staff they wish to employ.

Who are primary care networks accountable to?

Practices are accountable to their commissioner for the delivery of network services. Practices will sign a network agreement, a legally binding agreement between the practices setting out how they will discharge the responsibilities of the network. Primary care networks can also use this agreement to set out the network's wider objectives and record the involvement of other partners, for example [community health providers](#) and pharmacies, though these partners will not be part of the core network, as that can only be entities who hold a GP contract.

It would be possible to remove a practice's entitlement to the directed enhanced services payment if the commissioner felt it was not delivering these services, in the same way a commissioner could remove a general medical services contract, though this is extremely rare. Each network must identify an accountable clinical director, although more detail is needed about how this role will operate in practice, and exactly what that accountability entails. At present, the main purpose of this role seems to be to provide a voice upwards to the wider integrated care

system, and to be a single point of contact for the wider system, rather than to be accountable for the performance of the network or its constituent practices. The clinical directors will be appointed by the members of the network.

What does the evidence show makes for successful collaboration in general practice?

Previous research by Fund found that [collaboration in general practice](#) was most successful when it had been generated organically by general practices over a number of years, underpinned by trust, relationships and support, and where there was a clear focus and agreement on the role of the collaboration (for example, whether it was to share back-office functions, provide community services or for quality improvement). Collaborations were less successful where there was a lack of clarity of purpose or engagement or over-optimistic expectations. There are also some technical issues including high costs of shared information systems or complexities around financial liabilities and premises which might need to be addressed.

Wales, Scotland and Northern Ireland have already implemented similar models which England can learn from. In Scotland, a key feature of the new GP contract has been the obligation to become part of a geographical quality cluster. These have been seen as variably successful, working well when they worked on similar quality improvement initiatives and less well when they covered a mix of urban and rural practices that faced different issues and had difficulties coming together to agree priorities. The Welsh health boards have also established clusters of practices: a Welsh assembly inquiry into their operation found evidence of good work but highlighted a concern that the cluster model may be over-reliant on key individuals and that professionals are not being included in cluster work as much as they should be.

Primary care networks in England may need support to build the trust and relationships needed for successful collaboration, resisting attempts to be over-optimistic in what can be achieved in the short term. The scale and complexity of the implementation and leadership challenge should not be underestimated, and those leading primary care networks will need significant support if they are to deliver the ambitions set out for them.

What difference will primary care networks make for patients?

Primary care networks have the potential to benefit patients by offering improved access and extending the range of services available to them, and by helping to integrate primary care with wider health and community services.

[Previous research](#) on the impact of larger scale general practice on patient experience found mixed views. While some patients prioritise access above all else and are interested in the potential of larger collaborations to improve that access,

others are more concerned about continuity and trusting relationships and are concerned these may be lost. Practices will need to work with their patient participation groups and the wider local community if they are going to address the needs of their local population.

What next?

The full GP contract documentation will be published by April 2019, and some of the more technical issues around how networks will be formed are likely to be addressed in this. GP practices have until the end of May to agree their network boundaries with their commissioners and the Local Medical Committee, and the first money is expected to flow from July 2019.

Test-bed sites will be developed to test elements of the new contract, new service specifications will be developed and written, and the innovation and investment fund designed. There are many questions that remain unanswered, including what developmental support will be available for networks as they seek to implement new roles and services.

Our [explainer](#) sets out the main commitments in the NHS long-term plan, with our view of what they might mean, highlighting the opportunities and challenges for the system as it moves to put the plan into practice.

Many of us find talking about dying hard because we're afraid of saying the wrong thing. But we know from experience that talking about death can be incredibly positive.

That's why we operate several bereavement help-points across the region. If you are experiencing or have experienced bereavement (regardless of how long ago), you will be made very welcome at one of our free weekly drop-in Bereavement Help Points.

There will be information on coping with both the practical and emotional aspects of losing a relative or friend, a chance to chat over a cup of tea with one of our support volunteers and perhaps meet others in a similar situation. For more information, please call us on **01543 434536**.

Mondays

Excluding Bank Holidays.

Sutton Coldfield: 10.30am – 12.30pm

St Giles Hospice, Lindridge Road, Sutton Coldfield B75 6JB

Uttoxeter: 10.30am – 12.30pm

Uttoxeter Cares, 2 Hermitage Gardens, Uttoxeter ST14 7DU

Burton on Trent: 2pm – 4pm

Burton Albion Community Football Centre, Pirelli Stadium, Princess Way, Burton on Trent, Staffordshire, DE13 0AR.

Burntwood: 2.30pm – 4.30pm

St John's Community Church, High Street, Chase Terrace, WS7 1LR

Tuesdays

Walsall: 10.30am – 12.30pm

Rushall Community Centre, 10 Springfields, Walsall, WS4 1JX

Wednesdays

Lichfield: 2.30pm – 4.30pm

The Community Space, Tesco Extra, Church Street, Lichfield WS13 6DZ

Ashby de la Zouch: Second and fourth Wednesday of the month, 10am – 12 noon
Brown Court Community Room, Atkinson Road, Ashby de la Zouch LE65 2LZ

Ashby de la Zouch: First and third Wednesday of the month, 6pm – 7.30pm
Brown Court Community Room, Atkinson Road, Ashby de la Zouch LE65 2LZ

Thursdays

Cannock: First and third Thursday of the month, 5pm – 7pm

Pye Green Community Centre, Bradbury Lane, Hednesford WS12 4EP

Rugeley: 10.30am – 12.30pm

Rugeley Community Centre, Burnthill Lane, Rugeley WS15 2HX
Tamworth: 6.30pm – 8.30pm
St John's Community Room, St John Street, Tamworth B79 7EX

Fridays

Tamworth: 10am – 12 noon

Sacred Heart Church Community Room, Silverlink Road, Tamworth B77 2EA

Walsall: First and third Friday of the month, 10am – 12 noon

Furzebank Worship Centre, Rosedale Infants School, Stroud Avenue,
Willenhall WV12 4EG

Support for children and young people



Like adults, young people respond to bereavement in different ways. The experience can make them more vulnerable to health disorders, lower self-esteem, isolation and detachment. But with good support, children, young people and their families can overcome the disadvantages associated with bereavement.

Phoenix at St Giles offers a range of flexible interventions including:

One-to-one support

Family group support

Peer support group

Other peer and family support groups including activities such as boxing and crafts. We also work in partnership with other organisations, offering advice, support and training to schools and professionals to enable them to support young people who have lost a loved one.

This means we can build a more resilient community where children experiencing bereavement will be supported, not just by St Giles but by the whole community.

If you would like to discuss how we can help you, **please get in touch by email** at sct@stgileshospice.com or **01543 434536**

Understanding Bereavement Workshops

At St Giles we're trying to break the taboo that surrounds talking about dying and help people to be better equipped to deal with it.

We believe that enabling our communities to understand bereavement is essential,

so we deliver workshops in workplaces, clubs, schools and other groups. Our Understanding Bereavement Workshops can be tailored to suit your needs and are available in one or two hours, sessions.

Workshops explore:

- How grief can affect people
- Secondary losses and their impact
- Hints and tips for supporting children
- Supporting staff in the workplace
- Behaviours associated with grief
- Self-awareness – who supports the supporter?
- The importance of signposting

For further information please email Ian Leech: ian.leech@stgileshospice.com or call 01543 434536