**OLD SCHOOL SURGERY PATIENT PARTICIPATION GROUP MEETING**

**MONDAY 12th September 2016 7:30pm**

**Old School Surgery**

**MINUTES**

1. **Present:** Katy Styles (KS), Katie Kinnersley(KK), Janet Onslow (JO), Margaret Nevin (MN), Frances Boucher (FB), Anthony Mccord (AM).
2. **Apologies:**
3. **Matters Arising:** i) Posters made up by KK to advertise PPG quarterly meetings to be recalled as did not have time of meeting on them. KK to re-do and JO to re-distribute.
4. **CQC Inspection Report:** On 2nd June 2016, Old School Surgery had their first CQC inspection. It went well and we have received the preliminary report which said that we achieved “Good” for effectiveness of services, safety of services, responsiveness to people’s needs, and how well led the services are deemed to be, but achieved “Outstanding” in care of the elderly, and in “Are Services Caring?”. This report will be placed on the website when it has been published for general perusal.
5. **Pharmacy planning application proposals in Chartham:** There have been two applications made for a proposed pharmacy on Shalmsford Street, exact location not specified. This is being objected to by the Chartham Parish Council, both General Practices in the village, the Local Medical Council and our Patient Participation Group, as they feel the services are already being given by both Practices and a Pharmacy would potentially negatively impact on them.
6. **Canterbury and Coastal Commissioning Group Plans and NHS future plans:** KK gave a talk on the “Forward view” the 5 year national plan from NHS England, and then she and KS talked about the local interpretation of this. It made for gloomy discussion, because of the obvious impact it will have on smaller practices.

**“FORWARD VIEW – 5 YEAR PLAN FOR NHS”**

Looking at developing partnership between local communities, local authorities and employers and voluntary sector

Upgrade in prevention & public health – looking at areas like obesity, smoking, alcohol etc. Workplace incentives to promote employee health. Advocate stronger public health related powers for local government and elected majors.

Patients to have greater control of their own care with options for shared budgets combining health & social care. More support for the 1.4 million unpaid carers in England. Better partnership with voluntary organisations & local communities.

Breakdown barriers between primary and secondary care, between physical and mental health, health and social care.

Local delivery of care with Specialist centres to support. Hubs.

Looking at number of radical care delivery options in local health communities NHS national leadership to choose from amongst these and then supply ythe resources and support to implement.

One option will permit groups of GPs to combine with Nurses, other community health services, hospital specialists and ? mental health and social care to create integrated out – of – hospital care – The MULTIDISCIPLINARY COMMUNITY PROVIDER. These are emerging, but as yet do not employ hospital consultants, or have admitting rights to hospital beds, run community hospitals or take delegated control of the NHS budget.

Another option will be integrated hospital and primary care provider – PRIMARY & ACUTE CARE SYSTEMS – combination general practice and hospital services, similar to Accountable Care Organisations now developing in other countries too.

Integration between A&E, GP OOH services, urgent care centres, NHS 111 and ambulance services. Small hospitals can form partnerships with specialist hospitals to provide local services. Midwives to have new options to take charge of the maternity services they offer. More support for frail elderly living in Care Homes.

Foundation of NHS care to remain list based primary care. Investment in primary care, stabilising care funding for general practice nationally over next 2 years. GP led clinical commissioning groups to have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services. Need to increase number of GPs in training ASAP with new options to aid retention.

National NHS to provide meaningful local flexibility in the way payment rules, regulatory requirements and other mechanisms are applied. Backing of local diverse solutions and local leadership. Investment in new options for workforce, raise game on health technology particularly to improve patient interactivity with NHS (on line access options). Improvement in NHS ability to undertake research and apply innovation – such as development of new “Test bed” sites for worldwide innovators, and new green field sites where completely new NHS services will be designed from scratch.

Deficit recognised between whats needed in terms of growing demand and available resources of nearly £30 billion a year by 2020/21. So action needed on 3 fronts – demand, efficiency and funding.

NHS long run performance has been efficiency of 0.8% annually but nearer to 1.5-2% in recent years. To continue to achieve an extra 2% net efficiency/demand saving across its whole funding base each year for the next decade would represent a strong performance- compared with past performance and compared with the wider UK economy and other countries health systems. NHS England believe it is possible however to rise as much as 3% by the end of the decade, provided we take action on prevention, invest in new care models, sustain social care services, and over time see a larger share of the efficiency coming from wider system improvements.

Looking at flat real term NHS spending represents continuation of current budget protection, as opposed to long term trend in industrialised countries where health spending tends to rise as a share of national income.

In this way - Looking to close the £30 billion gap by a third, one half of all the way by 2020-21 These decisions will be for next parliament and government and may need updating and adjusting over 5 years. However nothing in the analysis suggests that continuing with a comprehensive tax funded NHS is intrinsically un-doable. Instead it suggests that there are viable options for sustaining and improving the NHS over the next 5 years, provided the NHS does its part, allied with the support of government, and of our other partners, both national and local.

1. **Junior Doctors Strike and potential impact:** General feeling of support for the Junior doctors and their action. Concern expressed over the way the media has been portraying the proposed action and Government stance. Upcoming judicial review to challenge Government process, being heard on 19th and 20th September 2016
2. **Flu clinics – what can we add as PPG:** Flu vaccines will be in week ending 23rd September 2016. As soon as the vaccines are in, KK will put on multiple Flu Clinics with at least 1-2 Clinics on a Saturday morning. PPG perhaps to show a presence there as either health promotion or just to advertise PPG.
3. **AOB**

**Next Meeting: 12th December 2016 at 7.30pm**