



EAST RIDING OF YORKSHIRE
Local Involvement Network
Your Voice on Health & Social Care

ERYLINK

GP ISSUES SUB GROUP MEETING

15th November 2010

Peter Harrison Room, Beverley Minster Parish Centre

Action

1. Apologies

Stuart Carr
Mavis Austin
Kate Ollett
Jean Turner
Geoffrey Mitchell

Mavis Austin would like to continue to be a member of the group, receive information and contribute where she can however currently she is not able to attend meetings.

Present

Joan Fletcher (Chair)
Ruth Marsden
Chris Cherry
Roy Dyson
Pat Perkins
Pat Simmons
Geoff Pearson

Susan Oliver (Host)

Joan welcomed Roy and Chris to the group.

2. Minutes of the previous meeting – 4th October 2010

Accepted as a true record.

3. Matters Arising

4. Information requested from Community Services delayed, will forward as soon as received.

(This information was circulated the same day)

5. Visit to Bridge Street GP Practice, Driffield now arranged for 23rd November 2010.

11. Issue raised regarding the lack of a Paediatric Nurse (under 16's) and Phlebotomist, both issues raised at the Goole Forum, will be raised by JF at the next Goole and Howdenshire Practice Based Commissioning Forum (PBC).

The couple who raised the issue have been identified however there are no contact details.

4. GP Commissioning

The group had received information from RM and ERYLINK.

Jean Wormwell (JW) and SO had attended the Bridlington GP PBC to explain the role of ERYLINK and HealthWatch. There appeared to be a desire to maintain the very local groups that had built up relationships over a long period of time and felt 'in tune' with the locality. This was supported by JF and GP who attend Goole, Howdenshire and West Wolds PBC and Haltemprice PBC respectively. Discussions have taken place regarding expanding the boundaries of both. In Haltemprice a GP has taken over the Chair.

The government has stated that a Consortia should have a population of 100,000 (Haltemprice has a population of 85,000) however there is also an emphasis on 'localism'.

In Holderness there is a possibility that Hedon and Preston would align itself with Hull. Withernsea which is considered to be a big spending practice is possibly looking at its own Consortia.

The 'formula' for identifying suitable Consortia has not been set but will need to take into account local needs and activity. There may also be a requirement to look at the skills set of the GPs. Some already have experience of small scale commissioning projects.

It was agreed that ERYLINK representation on locality forums is key to building and maintaining contacts with the GPs currently and in future the local Consortia. They provide a flow of information from the patient and public to those making decisions locally.

"Pathfinder" Consortia are not yet in place within East Riding.

Concern has been raised over the list of 247 activities currently undertaken by PCTs which will need to be transferred to the new consortia.

GP's will become responsible for 80% of all commissioning currently undertaken by the PCT. It is anticipated that shadow arrangements will be in place from April 2011 and NHS ERY will continue until April 2013.

SO to ensure that all representatives identified are attending PBCs and Forum's

RM to source up to date list if available.

There is pressure from the Department of Health to increase the use of electronic information including Twitter and Facebook, however there are concerns over the 'patchiness' of broadband in the East Riding and the ability of people to access and use IT.

All members to forward information on GP Commissioning etc to SO for circulation.

It is anticipated that more information will be available at the January meeting.

5. Pharmaceutical Needs Assessment (PNA)

The PNA was approved by the NHS ERY Board. It will be published on the website on 4th January 2011. There will be no further meeting of the group until February, this meeting will look at the responses from the website.

SO to place on the agenda for the next meeting.

The PNA identifies few gaps in provision.

SO to prompt members to look at the website at the beginning of January and create a link from ERYLINK website to the PNA on line version.

The document itself is considered to be a good and very informative document.

6. Prescribing

Refers to the circulation from Department of Health (D of H) regarding cost effective prescribing and the generic substitution of medicines in primary care, they are no longer progressing with generic substitution as a 'compulsory' action. Patient choice will be supported.

Discussion took place regarding the dilemma facing GP's in the future when commissioning, budget control and decisions over prescribing will all be placed at local level.

Budgets are allocated on an amount per head of population and budgets must balance within the year, there is no rollover.

7. Hutton Cranswick update

SC had attended the Parish Council meeting which had been attended by Karen Knapton, Chair, NHS ERY. There was agreement that NHS ERY would contact the Driffield surgeries regarding the request for a satellite surgery at Hutton Cranswick.

Discussion took place regarding the need for a surgery in the village.

JF and RM will report back the Bridge Street surgery viewpoint following their visit on 23/11/2010.

SC's report had been circulated prior to this meeting and the group thanked him for attending the meeting and producing the report.

8. ERYLINK response to HealthWatch consultation

There needs to be an open reciprocity between ERYLINK and PBC Forums, including sharing information received via RM.

The following points were discussed in relation to the document:

Page 2: Embedding Patient Voice (2nd point)

Page 3: Independence and Accountability (1st point) the concern over independence was picked up by many across the country.

Devolving budgets directly from Department of Health to local HealthWatch (Final point)

Page 4: National/Local Balance (Final point) local organisations and individuals influencing how HealthWatch England is populated.

Page 6: General Comments: the name HealthWatch does not reflect the role with social care.

Who will monitor GP practices? Role of the Commissioning Board, CQC and Peer Review were discussed.

The response was considered to be a good document, clear and well written.

9. GP Sub Group workplan

Discussion took place regarding the need to identify real outcomes. It was agreed that where action had taken place and recommendations made, these should be revisited to measure impact.

It was agreed that there 'appeared' to be improvement in areas however it was important to evidence this.

SO to compose letter to be sent to those organisations identified, copy to JF

10. GP Practice Visit Report

Discussion took place regarding the report pro-forma and it was requested that the following is added:

Clinical Appeals process in place.

This will be even more necessary when GP consortia are in place.

SO to update the pro-forma

Annual Health Checks for people with mental health issues.

SO to check if this is in place.

Regarding GP special interest areas it was suggested that this information should be available to the public through the ERYLINK website.

SO to obtain list and place on website

11. AOB

Future role of ERYLINK/HealthWatch discussed and related continuation funding.

Dates for next year to be booked on a regular basis of 2nd Monday in the month.

The GP Issues Sub Group would wish to send their best regards to Sylvia Whitton who has recently resigned from ERYLINK.

Next meeting:

Monday 10th January 2011
10.00 to 12 noon

Emmaus Centre, Minster Parish Rooms,
Beverley.

(Venue to be changed to the Boardroom if several people are unable to attend and room available – to be notified with agenda for next meeting)