

5 September 2018, BCPG Steering Group Meeting held at the Community Centre, Grange Rd, Bishops Castle: Draft Minutes.

1. Attendees: J. Arriens, J. Hall, J. Rice, P. Morrison, S. Payne, C. Williams, L. Williams. Apology: S. Wood.
2. Minutes secretary: Sylvia Payne volunteered as from next meeting.
3. Steering Group membership: Sue Midwood's application to fill the vacant position on the Steering Group was accepted, and Sue was welcomed onto the group.
4. Minutes of May 2nd meeting: previously agreed and on the website.
5. Matters arising: it was noted that although ShropDoc had had its contract renewed, the after hours number would remain 111. Concern was expressed about the NHS 111 triaging system, as this was not conducted by clinical staff and was therefore likely to be more cumbersome.
JA to continue as Chair for the time being.
6. SPG meetings: LW seeking to tighten up rota.
7. Doctors slot: Dr. Gardner introduced Dr. Laura Land, who had joined the practice recently and was working three days a week, and Teresa Smith, former Ward Manager at the BC Community Hospital and now nurse practitioner at the practice, specialising in frailty and nursing/residential homes. Dr. Marwan Al-Nasiri was now a partner.
The new disabled access arrangements at the surgery were welcomed.
The PG commended the practice for its work and noted there were few complaints. One of the negative observations concerned the difficulty of seeing a doctor of one's choice. PG noted that otherwise the patient survey scores had been excellent and that appointments with nurse practitioners could be arranged at short notice.
Dr. Gardner and Teresa Smith remained for items 8-10.
8. *Future Fit*: the meeting in BC on 20 August had been well attended and had received a good press response. Particular concern had been expressed about transport if, as seemed likely, Option 1 is favoured and planned care becomes located in Telford. In a subsequent email to JA, Simon Wright, Chief Executive of SATH, commented on the importance of public consultation in ensuring the risks are clear and stated that SATH was very aware that transport was an issue and will need attention in the agreed solution. It was agreed that the BCPG needed to keep pressing for this issue to be addressed.
The BCPG response to the Future Fit survey had been finalised in response to the meeting and has been formally submitted. It has been well received locally, including by the BC Town Council. Simon Freeman, Chief Accountable Officer, Shropshire CCG, commented afterwards that the issues we were concerned about had been well articulated in the meeting and that it was good to see them formally submitted.
9. *Community Hospital*: it was noted that the new ward manager had resigned after three months. Concern was expressed about the level of staff turnover and the safety implications of heavy dependence on agency staff.
The pilot scheme conducted at the end of last year had been highly promising, charting the way for a new model of care in the community. The staff involved had

been able to see the merits, but unfortunately the pilot had not been followed up. The Community Hospital had the potential to support the local community more effectively.

Unease was expressed about the apparent inability of ShropCom to convert its assurances of extra services at the Community Hospital into practice. This was leading to scepticism about health reforms in the local community.

10. *Community First Responders*: in addition to the often lengthy ambulance response times, concern was expressed about the lack of Community First Responders. There were now no CFRs in the BC district. A meeting with the West Midlands Ambulance Service in 2017 had not led to any improvement. A WMAS drive last year to recruit new CFRs had not been successful, although paramedics were being recruited and trained.

11. NHS Changes TG – Pat Morrison

Shropshire Care Closer to Home: initial concentration on the over 65s with long-term health conditions. Could later be extended to other groups. Shropshire CCG responsible for coordinating the change process. ShropCom also involved. Three phases:

Phase 1 – Frailty Intervention team already in place, based in RSH A&E. Aim is to meet needs quickly so as to avoid hospitalisation.

Phase 2 – Case Management. Community NHS workforce with GPs categorising people over 65 in terms of low, moderate or severe needs. Plan to begin early 2019. Those identified as severe risk will work with a case manager so as to prevent/reduce hospitalisation.

Phase 3 – based on the three models of Hospital at Home (diagnostic and treatment interventions to be done at home), Health Crisis Response Team (working within a two-hour response window), and Provision of Step-up beds in localities where people live.

Concern was expressed that no additional money is available, and that it is unclear how long it will take for the new arrangements to be in place. It is envisaged that the funding could come from savings in hospital care – but where the investment for making the initial switch is to come from is unclear.

12. Community Services TG – Christine Williams

- a. All about Osteoporosis meeting to be held in Norbury on 18 October. Free event organised by National Osteoporosis Society.

- b. New Social Prescriber (Alison Simcox) in position at medical practice.

- c. 20-week “Elevate Classes” involving strength and balance to be run at SPARC.

- d. PARK runs, Saturday mornings in BC.

- e. Let’s Talk Local: mental health sessions run at Grange Road.

- f. Dementia Friendly Steering Group: Forget Me Not café at Keegan’s Court every Tuesday at 2 pm. Also exercise classes at the church barn. Dementia Friendly Films shown once a month at SPARC.

13. Communications TG – Jean Rice. Matters already covered.

14. AOB None

15. Next meeting: Wednesday 5 December 2018, 2 pm