

BCPG Steering Group Meeting Wednesday 1 May 2019
Grange Road Community Centre 14.00

1. Present: Jan Arriens **JA** (Chair), Jean Rice **JR**, Sue Midwood **SM**, Pat Morrison **PM**, Syla Payne **SP**, Jacqueline Sherwin-Ward **JS-W**, Christine Williams **CW**.

Apologies: Sarah Wood. Jeremy Hall

2/3 Minutes of meeting of 20 March accepted with no matters arising.

5. GP Practice slot. Chair welcomed Dr Gardner and Dr Al Nasiri.

David Stout, new Accountable Officer for Shropshire, has offered dates to meet with BCPG. Chair asked if the GPs would like to join the meeting. Proposed date 24 July afternoon – to be confirmed by the Medical Practice.

The recorded message on the Practice telephone has been shortened and out of hours diversion to 111 has been arranged. Dr Gardner to check these are now operational.

With the change in out of hours service, the algorithm for 111 takes longer for patients to get to the final point. Possibly it has been responsible for an increase in doctors' visits or hospital visits but otherwise ShropDoc continues to provide the service.

No awareness of the level of usage of public transport for hospital visits and the level of impact that might be caused by a reduced service.

Summary Care Records – the practice will encourage patients consenting to additional information on their records to enable better care when away from the surgery. An audit trail ensures confidentiality.

The practice has 3 partners and is well-staffed. Praise and appreciation was expressed regarding efficiency and prompt response to patient requests.

The Practice will support the move towards the recognition of Bishop's Castle as a dementia friendly town.

Action: CW to consult with Nurse Teresa Smith

6. NHS Changes PM attended the Shropshire Care Closer to Home meeting where stakeholders were asked for feedback on Phase 3 services(ie developing Phases 1&2 with DAART and a Health Crisis Response Team) and will be in touch with feedback once comments have been collated and reviewed. Case management pilot sites will evaluate the services and look at the scope for community beds. Phase 4 will move to an all-age model, not limited to those in long term care over the age of 65.

Enterprise House is offering a free service of a simple test for Atrial Fibrillation. This involves placing fingers on the sensors of a monitor to detect if there is any sign of abnormality in heart rhythm which should be further investigated.

4. JA welcomed Jan Ditheridge, Chief Executive Shropshire Community Health NHS Trust; Ros Preen, Director of Strategy and Finance; Chris Wall, Chief Executive of Coverage Care and Gren Jackson(**GJ**).

Frailty at the Front Door: elderly people with frailty syndromes are taken to a specific area near to A&E for assessment by a multi-disciplinary team who identify problems, stratify according to urgency and take action. The team comprises geriatricians, acute nurses and community matrons. Professionals had an opportunity to learn from providing “hospital at home” during the temporary closure of the Community Hospital and feedback was positive with good patient outcomes.

The risk stratification model is being extended into the community, aiming to keep elderly people well and out of hospital by identifying those at risk, taking early intervention and providing ongoing services. There has been some delay in meeting the requirements of a range of services, IT, data sharing and patient permission necessary to run the model in pilot areas.

Work is ongoing in increasing numbers of staff and expertise, maximising staff, changing roles,

providing IT, integrating social care and primary care to avoid duplication. Primary Care Networks will support community care activities.

Challenges: Are right diagnostics available? Where best /possible to increase technological diagnostics? Where best to do extra services economically? What beds are needed in the system? Funding reduced for Children's services. Work force issue and finance are under pressure.

Green Paper Act for adult social care has been further delayed. Department of Health can't continue financial support. Social Care and Health Care are encouraged to work more closely together – formally, regulatory. money, resources, accountability, policy wise.

Plans need to be in place to ensure an allocation is claimed from significant amount of money from government named for Primary Community Care.

CQC (report not out) of Shropcom indicated good care and good mitigation of risk where staff shortage occurs.

Shropcom, currently in a good partnership with Shropdoc, is not expecting to stay as they are at present. Reviews pending.

A wealth of information and data has been generated by 111. The service is not necessarily responsible for recent increased A&E activity

Community Hospital future. Lease expires 2022. Serious issues with roof and floor.

Extra services? Where best to do extra services economically?

*GJ emphasised uncertainty of Local Authority plans for the land, condition of the building and the pace of bringing plans to completion together prompt urgent consideration of a purpose built health centre.

JA thanked the 3 speakers who then left the meeting. Written thanks to be sent to Jan D. with affirmation of BCPG's concerns re item 6* above. **Action: JA**

7/8. No reports

9. Members approved PM's response to bus review consultation. **Action: JA to send before 6 May**

10. The SPG is experiencing problems with attendance. It was suggested that business could be covered with meetings held every two months. JA asked that BCPG reports are first checked with Chair and Vice Chair before presentation at the SPG meeting. Representatives are advised to hold back from contributing to discussions which are non-constructive. **Action: JA to email SPG to suggest they consider reducing number of meetings**

NEXT BCPG MEETING WEDNESDAY 7 AUGUST