

Granta Medical Practices Patient Participation Group Meeting Tuesday 21st January 2020, Sawston Health Centre



Attendees:

Anne Thompson, Co-chair

Dave Arnold, Co-chair

Julie Draper, Secretary

James Morrow: GMP GP representative

Olga Starobinskya: GMP Finance Director

Professor McCaskie: Head of the Department of Surgery, Addenbrooke's Hospital (invited speaker)

Plus patients (ca. 25) from the GMP practices

1. Welcome.

Anne welcomed the participants and Dave circulated an attendance register.

2. Apologies for absence

These were received from Sandra East, Communications Manager, GMP, and 16 patients.

3. Update from GMP

James Morrow and Olga Starobinskaya gave an update from GMP:

- We have recently retained our “outstanding” award for the services provided by the practices from 5 years ago; those particularly who contributed to this success were thanked.
- Practices are under considerable pressure at the present time and several in the Cambridge area have closed or are in danger of closing. We are “ahead of the game” having banded our four practices together in the last three years into a Primary Care Network (PCN). NHS England have said that they will only fund practices that have between 30 and 50,000 patients registered with them. However NHS England have drawn up five new requirements to start in April this year which include regular visits to nursing homes and bi-annual medication checks. These changes are extremely unpopular because the man power in general practice is insufficient to carry them out. NHS England have been forced to think again, and we await their deliberations.
- There was a very successful and happy Christmas party given by GMP for the lonely and isolated in the practices.
- Granta Medical Trust is currently being formed out of the Linton Charitable Trust. Monies are raised from legacies and individual giving. The trust is for patient benefit. Ideas from the PPG concerning fundraising and how funds should be disbursed are welcome. We will be informed of the promotion date.
- GMP is now offering extended opening hours again. There will be Sat surgeries and 7 day opening including telephone consultations on Sundays. There are posters in all the surgeries to let patients know and the information is on the GMP website. There is a move to extend the hours of phlebotomists/nurses so that working patients can have their blood tests at more convenient times.

- Refurbishment of Shelford surgery unfortunately has had to be put back. To mid-March.
- We have two new pharmacists; two GPs are on maternity leave. Dr Mig Arbide is leaving in March. Dr Lucy Santarius is stepping down from her partnership role to become a salaried GP.

Issues from the floor:

- Unfortunately Orchard House Day Centre in Sawston is due to close in May due to the withdrawal of funding from South Cambridgeshire District Council (SCDC). The Vicar of St Mary's, Alan Partridge has had no response from SCDC about the loss that this will entail for users and their families. Olga will take this issue up with staff; James Morrow will alert the board of GMP and Julie will contact two district councillors on the SCDC
Action Olga, James and Julie
- Shelford Rehabilitation centre is also threatened with closure. Patients from GMP attend 4-5 times weekly. The costs of this centre are high – two and a half salaries, lunches and snacks. Alan and Anne will send letters of concern to the new MP for South Cambs, Anthony Browne.
Action Alan, Anne
- Although there are more appointments at Barley and Royston this is difficult for patients who don't drive. Patients registered with this surgery consult less frequently than those at our other practices.

It is still very difficult to get an appointment with your named doctor. James Morrow responded with the information that there are very few full time GPs in the practice so it is becoming more difficult. This topic developed into the discussion on continuity of care, below:

4. Brief description of our study of Continuity of Care in GMP

Our study has been minuted at some length in minutes of previous meetings of GMP PPG. We care passionately that continuity of care is improved in the practices. As appointing GPs, either as locums, partners or salaried doctors is at present difficult, it seems that in the future doctors, nurses, pharmacists and other health care workers will need to work in small teams so that patients can get to know two or three doctors, rather than just one for example. The Forum had a useful update on where we are with the study last week. We first of all need to know that current state of play with continuity of care and Dr Brendon O'Leary, chairman of our research group is working on our IT system online to produce the figures as a first step. The group welcomes suggestions from patients, and they may communicate these to Sandra East, GMP Communications Manager. We will keep everyone in touch with the study and it can be an active part of the agenda for each meeting.

Action Dave, Anne and Julie

In the meantime, if anyone has an on-going problem and needs to see the doctor for a further appointment, then James suggests that the patient actively asks the doctor to make an appointment with them in the room on the computer. This encourages a follow-up appointment to be joint collaboration between doctor and patient.

5. Presentation by Prof Andrew McCaskie, Professor of Surgery, and director of the Dept. of Orthopedics - Steel to stem cell

This illustrated talk was a tour de force and much enjoyed by everyone. Briefly he discussed the development of man to its bipedal status but pointed out to us all that walking and texting at the same time encouraged us to return to being quadrupeds!

As we live longer lives, osteoarthritis is now the fastest growing major health hazard. It ranks 4th in the causes of death and disability (right up there with cardiovascular disease and cancer). In the

UK over 8 million people are affected, and a fifth of consultations in primary care are concerned with problems in joints and movement, mainly pain and loss of function.

He gave a masterly description of the complications and advantages of cell therapy, and translational science. Also an excellent description of how sophisticated MRIs have become at identifying and tracking the development of osteoarthritis. We now need to and are close to treating a younger cohort of people with this disease before a replacement joint is necessary.

Andrew leads the Musculoskeletal Sciences Network and the proposal is to build a Movement Centre on the Addenbrookes Hospital Site. There will be protected beds for surgery, an upper floor for research, and space for rehabilitation. Rehabilitation for spinal injury will be in the basement. The accent will be on innovation, and outreach and collaborative work in the community. There will be links with Public Health and Primary Care. Healthy movement leading to better general health and well-being will be one of the prime objectives.

His message is to stay active and our task as members of GMP is to spread the word!

6. Any Other Business

Car parking at Sawston is woefully inadequate. We may need to use ANPR and track users who may not be using the practice. James Morrow suggested that the PPG do some initial monitoring to get enough data to show that that parking is being used by people not attending the surgery.

Action Olga and James and PPG

Sawston Pharmacy could do with the installation of a queueing system. There was a recommendation to use a numbered ticket dispensing machine for the pharmacy. All thought this a good idea.

Action Olga

The Shelford Practice would like their doctors' photos to be reinstated outside reception.

Action Olga

7. Date of Next Meeting

Wednesday 22nd April, 6.00pm to 7:30pm at Sawston Health Centre.