

Note of a special extra meeting of the Healthwatch Swindon [patient participation group forum](#) held at Sanford House on 2 May 2019

Present and apologies

See list at end of notes

Action

1 Introductions and welcome

Jo Osorio welcomed everyone including, in particular, those attending for the first time. A list of attendees/apologies had been circulated. He confirmed that the agenda was to focus on the borough council's ageing well strategy and the development of primary care networks in the context of the NHS Long Term Plan.

2 Ageing Well strategy and survey

- Una Geary from the borough council public health team attended to introduce a survey to gain some views from people about getting older. Jo referred to the intentions in the [NHS Long Term Plan](#) and to the borough's [SwindonJSNA.co.uk](#) website with its information (in this connection, about [ageing well](#)).
- Attendees had had time before the event started to begin to complete the survey which had also been used at two other Healthwatch Swindon focus groups. Una confirmed that this event was just part of a consultation process which would continue into the summer with other audiences - for example, people from BAME communities. She explained that the outcome would be used to inform borough council and health service commissioning and that the strategy would embrace activity and leisure for example, as well as health and social care. It was also about prevention of ill-health and would look at opportunities for ageing well.
- Jo agreed that the strategy's authors would be invited back to present the outcome to the forum. He also explained that this sort of document was presented and reviewed in public at meetings of the [Health and Wellbeing Board](#) and others. Example [here](#) and [here](#).
- Given the experience of Cavendish Square and previous consultation about the town centre, some scepticism was expressed that the strategy would produce action and make much difference. With reducing financial resources available for public spending it was important to know what people's priorities were. Highworth, said one resident, felt neglected by Swindon borough; Swindon town centre was less attractive than ever (though this affected people of all ages) and examples were given. Comments were made

about access and transport and the difficulty some people had to get to medical appointments.

- All the points made which people had included in the written survey responses would be incorporated into an Impact Report from Healthwatch Swindon which would be available publically and sent to the borough council to inform the Ageing Well strategy document.

3 Primary Care Networks

The development of Primary Care Networks was part of the NHS Long Term Plan.

Information from The Kings Fund about the development of [primary care networks](#) (PCN) had been circulated in advance of the forum and an infographic was distributed. The latter described a timetable for required action which one participant described as “doomed to fail”.

The notes following assume the Kings Fund material in the link above has been read.

Post meeting note: readers are also recommended to review the paper presented to NHS Swindon clinical commissioning group governing body on 25 April for [useful local information](#).

Jo explained that it was understood the three groupings of GP practices in Swindon (IMH also known as Better Health Partnership, Wyvern Health Partnership and Brunel Health Group) had been following the expectations from NHS England and preparing to establish PCNs within the terms set out in recently received documentation. Because the expectation was that PCNs would cover a population of between 30,000 to 50,000 people it was likely that the Brunel group would establish two or three PCNs whilst IMH and Wyvern were within the prescribed population range.

- Discussion followed about the two outlying IMH practices of Eldene and Phoenix surgeries and how they would relate to the rest of the IMH group of Abbey Meads, Moredon and Taw Hill.
- Two other practices were not within the existing three groups and it was understood they were likely to be encouraged to join up because of the financial incentives and potential benefits to patients.
- Whatever the organisation of GP practices, participants were clear that communication about changes was vital (IMH being cited as an organisation that had failed to do so in introducing its call centre and subsequently).
- That patients understand that they may not (need to) see a GP but that other clinicians may be most appropriate.

- That reception staff (post meeting note: now known at Ridgeway View Family Practice as patient care co-ordinators), are known and understood by patients to be trained to an appropriate degree in order to ask (the right) questions and respond to callers.
- There were questions about the availability of home visits; extended hours; out of hours and weekend appointments;
- and whether nurse practitioners were able to refer people to secondary (hospital) care.
- People were reminded about the [Medvivo contract](#), details of which had been presented at the previous PPG forum, and that this was now extending to provide the Walk-in Centre service (where, in future, some services would be by appointment).
- By way of example of developments and improvement encouraged by the NHS Long Term Plan, it was explained that the Brunel Health Group had already started to recruit two paramedics who would undertake some home visits to patients of practices in the group;
- it was also intended to recruit (some) mental health practitioners - some practices in Swindon already have one.
- And PCNs were required this year to recruit social prescribers (somewhat akin to Swindon's existing [community navigators](#)).
- There was brief discussion about the work of PCNs with other organisations in their locality and the development of integrated care systems;
- and about the challenge of recruiting GPs to Swindon - albeit some practices were training practices and might be able to retain the services of doctors at the conclusion of their training.
- For this forum the debate about arrangements for PPGs within and between PCNs was important and would be the subject of continuing consideration as the PCNs emerge.
- Wyvern PPGs had already started that debate.

4 Next forums.

The next forum will be held on a date to be notified. The steering group will be called together to look at agenda for the next three forums.

Jo to send invites and reminders

Attendees

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|----|----------------|---|
| 1. | Moya Pinson | Ashington House Surgery & Healthwatch Swindon volunteer (Bru |
| 2. | Sue Cotton | Ashington House Surgery (Brunel) |
| 3. | Eileen Haller | Eldene Surgery (IMH) |
| 4. | Norma Thompson | Eldene Surgery (IMH) & Healthwatch Swindon volunteer |
| 5. | Jo Osorio | Healthwatch Swindon (staff) and Ashington House Surgery (Bru) |

6. Paul Warwick Hermitage Surgery (part of Westrop Medical Practice) (Brunel)
7. Harry Dale Homeground/North Swindon Practice; HW Swindon Vol (Brunel)
8. Carol Brownlee Kingswood Surgery (Wyvern)
9. Laura Health Kingswood Surgery (staff) (Wyvern)
10. Steve Hemmings Moredon Medical Practice (IMH)
11. Chris Ockwell Old Town Surgery (Wyvern)
12. Ian Underwood Priory Road Medical Centre (Wyvern)
13. Rosemarie Phillips Priory Road Medical Centre (Wyvern)
14. Maureen Evans Priory Road Medical Centre (Wyvern)
15. Sylvia Kopijka Priory Road Medical Centre (Wyvern)
16. Tony Kendall Ridge Green Medical Practice ()
17. Rachael Muburi Ridgeway View Family Practice (staff) (Brunel)
18. Christine Bown Ridgeway View Family Practice (Brunel)
19. Una Geary Swindon Borough Council public health (first part of forum)
20. Colin Hayes Wanborough Surgery (Ramsbury, Wiltshire)
21. Phil Baker Westrop Surgery, Highworth (Brunel)

Apologies

22. Cathy Lyons Eldene Surgery
23. Srinu Madhavan Elm Tree Surgery, Shrivenham (Brunel)
24. Lynn Waters Great Western Surgery (Brunel)
25. Carol Mulraney Great Western Surgery (Brunel)
26. Patricia Giles Hawthorn Medical Centre (Wyvern)
27. Jo Bell Hawthorn Medical Centre (Wyvern)
28. Sandra Hope Hawthorn Medical Centre (staff) (Wyvern)
29. Joe Backshell Healthwatch Swindon volunteer
30. Paul Greensmith Healthwatch Swindon volunteer
31. Judith Hawkins Hermitage Surgery (part of Westrop Medical Practice) (Brunel)
32. Monique Watkins Lawn Medical Centre (Wyvern)
33. Krystyna Tworek Old Town Surgery (Wyvern)
34. Alison Towill Phoenix Surgery, Toothill (IMH)
35. Susan Camburn Phoenix Surgery, Toothill (IMH)
36. David Bowles The Whalebridge Practice
37. Bazil Solomon Victoria Cross/Eldene Health Centre (Brunel)
38. Nazma Ramruttun Victoria Cross/Eldene Health Centre (Brunel)
39. Viv Riley Victoria Cross/Eldene Health Centre (staff) (Brunel)

Jo Osorio/2 May 2019/PPG/PPG forum/notes draft 08/05/2019

THE FUTURE OF GP PRACTICES: HOW WORKING TOGETHER WILL WORK FOR YOU



From 2019, nearby GP practices will start to work together in 'Primary Care Networks' (PCNs), so they can share their expertise and resources over a wider geographical area. The [NHS's Long Term Plan](#), published in January 2019, aims to integrate a lot of services which have traditionally worked separately—like mental health services, physiotherapy and social care. By working together in a PCN, your practice will be able to offer you a wider range of services than they could deliver on their own, and give you much faster and more efficient access to the right care and support.

Each PCN will develop teams of healthcare professionals, including GPs, pharmacists, district nurses, community paramedics, physiotherapists and other health workers, to provide tailored care for patients in their community. A 'Social Prescriber' will be appointed in each PCN to help direct people to a whole range of non-medical services, like social clubs, community support groups and exercise activities, that will help them take greater control of their own health and stay well.

HOW WILL THIS AFFECT YOU?



✓ Easier and more efficient access to the specialists you need



✓ More involvement in decision making and control over your own treatment

✓ A greater focus on prevention - like more help to improve your overall health and wellbeing through community-based activities



✓ Better access to other specialists will help free up GP's time and enable them to offer more routine appointments and greater continuity of care

✓ Early intervention will reduce the pressure on hospitals and A&E



✓ 20,000 additional staff and clinicians will be in PCNs by 2023/24

✓ Services will be more cost-effective, with £900 million in funding to support the operation of PCNs and additional staffing, plus £1.8 billion in additional funding for the increased services

✓ 25% of general appointments will be available through online booking and more remote consultations, like via online video, will be offered

To find out more about the future of health services in your community and how you can get involved, visit your local Clinical Commissioning Group's website.



THE PRIMARY CARE NETWORK TIMELINE

April 2019	GP practices start the formal process of becoming PCNs
July 2019	The new GP practice contract goes live across England
July 2019	Agreements with other community organisations are concluded
July 2019	Key appointments are made and additional funding starts.
By April 2020	Clinical pharmacists and social prescribers are appointed in PCNs
By April 2021	First Contact Physiotherapists are available in PCNs and Primary Care training hubs are set up
By April 2022	Increased focus on heart and lung disease prevention, and Community Paramedics join PCNs