



Meeting: Patient Participation Group Meeting

Date: 24.11.2016

Agenda:

1. **Apologies**
2. **Minutes of Last Meeting.**
3. **NHS 5 year Forward View.**
4. **Sustainability and Transformation Plan.**
5. **Service Cuts from October 2016.**
6. **Any Other Business**
7. **Date for next meeting**

Present: Ian Cary (IC), Marna Blundy, Chris Goninan, Neil Foss, John Rudge, Elisabeth Thomas, Fiona Cock, Dr A Ellery.

Apologies: Mr Aspey, Mrs Lugg, Joy Lee.

1. Apologies

Were received from Mr C Aspey, Mrs Lee and Mrs Lugg.

2. Minutes if the last meeting and matters arising.

Mrs Cock asked if it would be acceptable to the GP partners if she came into the surgery and set up a table in the waiting room to make information available to patients to inform them about the facilities and fitness classes available at St Just Leisure Centre. Dr Ellery was happy for Fiona to do so and suggested it may be a good idea to hire a blood pressure/weight machine on which patients could record their blood pressure and weigh themselves.

Mr Cary referred to the minutes of the PPG meeting held in June 2016 which had been held to discuss how the PPG could be more pro-active. Within these minutes were a number of suggested actions that the PPG members may wish to progress; Mr Cary agreed to e-mail these out to PPG members again. Mr Cary thanked Mrs Blundy on behalf of the surgery for the excellent article that she had written and had published in the Pendeen Outreach magazine.

3. NHS 5 year Forward View.

The NHS 5 year Forward View sets out the strategic vision in terms of investment, workforce, workload, infrastructure and care design. Key points were discussed with the PPG and these are highlighted in **Appendix A** to these minutes

4. Sustainability and Transformation Plan.

In the next 5 years there is an aim to transform local health and care services in Cornwall through the development and introduction of a Cornwall and Isles Of Scilly Transformation plan (STP).

The STP is mandated by NHS England to achieve three aims that are set out in the 5 Year Forward View:

- Improve the health and wellbeing of the local population.
- Improve the quality of local health and care services.
- Deliver financial stability in the local health and care system.

All members of the PPG were given a summary of the draft strategic Outline Case and Mrs Blundy and Mr Rudge had obtained and read the 84 page draft strategic business case for the STP; the final version of the business case is due to be made publically available in the next few weeks. The PPG discussed at length the STP and the following key concerns were identified:

- Financial overspends in Cornwall are fundamentally caused by historic and ongoing underfunding by the NHS of healthcare in Cornwall and unless this issue is addressed financial balance will only be achieved by implementing significant cuts in Health and social care services in the County.
- The STP is setting out a very significant change in the way Health and Social Care is to be delivered and the focus will be on care closure to home in the community and this is likely to result in Hospital closures of Community Hospitals and beds being lost in Secondary Care (RCHT). It was also noted that the Private Sector (Duchy Hospital) is being given even more NHS activity.
- The 5 Year Forward View introduces the concept of Multi-Speciality Care Organisations (MCP's) and these will be introduced in April 2017 with a new NHS Primary Care contract for MCP's; this will only be available to GP Practices that have a registered population of over 30,000 patients. NHS England wants GP's to deliver healthcare at 'scale' across geographic health communities and is using the MCP and STP to 'push' practices into mergers and federations to achieve the necessary scale to deliver 'joined up' healthcare across communities.
- Cape Cornwall Surgery as a small rural surgery may be 'forced' into a merger with GP Practices that have merged in Penzance and over a period of time will lose its independence and get effectively downgraded to a branch surgery of a larger 'Super Healthcare Practice' In Penzance. As a result the excellent

service that the patients at Cape Cornwall Surgery currently receive will get downgraded. All PPG members agreed that they must do all they can to stop this from happening.

- Mr Goninan made the point that the NHS were looking at closing Accident and Emergency facilities so that populations of up to 800,00 patients would have access to only one A&E specialist centre. This being the case it is unlikely that they will develop a 'Rural GP Contract' alongside the MCP contract to support remote rural GP Practices staying independent.
- Mrs Blundy commented that she understood that the West Cornwall Locality Commissioning Group were working well and had plans in progress to meet the challenges of delivery more integrated healthcare. Dr Ellery, who attends Locality meetings, said that any such plans were very much at the 'ideas' stage and the STP might well provide guidance to enable localities to develop 'ideas' into more meaningful commissioning proposals.
- Dr Ellery commented that the significant cuts that were expected as a result of the STP needed to be challenged but he did not think that the 'GP voice' would be listened to by the NHS locally; the patients via their PPG across the community needed to be very active and vocal in challenging STP proposals. Mr Goninan agreed and made the point that the time for challenge was when the STP proposals become definitive in terms of service delivery and cuts. With the publication of the STP business case, expected before the end of December 2016, such detail should be in the public domain.
- PPG members agreed that all locality PPG's should aim to meet on a regular basis to discuss and provide challenge to the STP as 'one voice' and the 'vehicle' for this was via the PPG representative (Mr Preedy) who attends the Locality meetings. Mr Cary was asked to contact Mr Preedy and invite him to attend a Cape Cornwall Surgery PPG meeting in January 2017 at which the final business case for the STP would be discussed.

5. Service Cuts from October 2016.

Mr Cary provided the PPG members with a list of recent service cuts that have been published by NHS Kernow as a result of their significant financial overspend. Details are at Appendix B to these minutes.

6. Any Other Business

There were no items to discuss.

7. Date of next Meeting: Date to be agreed. Last two weeks in January 2017 suggested.

FIVE YEAR FORWARD VIEW

1. By 2020/21 £12 billion invested in primary care; equates to an extra £2.4 billion a year of recurrent funding.
2. By 2020/21 5000 (net) extra GP's and practices of 30,000 patients or more will receive funding to enable them to employ Clinical Pharmacists (£112 million available).
3. Carr Hills Formula review for GMS contract holders with a view to make funding more equitable in taking account of different patient groups – this may help Cape Cornwall Surgery.
4. Medical Indemnity – work currently ongoing to find a NHS England solution to the fast rising costs of medical indemnity – various options being investigated such as cap on claims, crown indemnity, inviting new companies to develop insurance based products. Cape currently pays annual indemnity fees for clinical staff of £31,406.00 per annum.
5. Estate and Infrastructure - £900 million to be invested. 100% funding for some capital projects. Increased use of IT to treat and support patients and free up GP time.
6. Care Redesign (Links to STP):
 - Care closer to home and more specialist care centres
 - Joint commissioning for NHS and social Care.
 - Multispecialty Speciality Provider Contracts (MCP's):-
 - Contract available by April 2017.
 - Single whole population budget for both primary medical and community care.
 - Integrated community based teams – GP's, nurses, Pharmacists, therapists etc.
 - Different organisational form – working at scale (larger organisation – mergers/federations) – minimum 30,000 registered patients to qualify for MCP contract.
 - 10 to 15 year contracts muted for MCP's.
7. Numerous other small initiatives – such as £6 million to be invested in Practice Manager Development.

Decisions from 4 October 2016

The Governing Body made the following decisions on 4 October 2016:

- **Gluten free foods:** From 30 November 2016, NHS Kernow will no longer pay for gluten-free food on prescription.
- **Community menopause service:** NHS Kernow will no longer pay for this service from the end of November 2016.
- **Cornwall Rape and Sexual Abuse Centre (CRASAC):** NHS Kernow will disinvest from both these services and work with Cornwall Council to commission a new service that meets NHS guidelines. We would like to stress that we are absolutely not going to stop funding these two providers and will continue to pay for them until a new service is in place.
- **Women's Rape and Sexual Abuse Centre (WRASAC) – specialist counselling:** NHS Kernow will disinvest from both these services and work with Cornwall Council to commission a new service that meets NHS guidelines. We would like to stress that we are absolutely not going to stop funding these two providers and will continue to pay for them until a new service is in place.
- **Pentreath Community Development Workers:** NHS Kernow will continue to commission this service.
- **Sanctuary House:** NHS Kernow will continue to monitor this service.
- **Cornwall Rural Community Council:** NHS Kernow will disinvest from the core service but will continue to commission a self-help grant.
- **Pentreath Vocational Workers; Pentreath Primary Care Vocational Workers; Pentreath and Penta Health and Wellbeing Enablement Project:** NHS Kernow will no longer commission these services from 1 April 2017, but will work with Cornwall Council, which has primary responsibility for commissioning befriending, wellbeing promotion and prevention services, to explore joint funding arrangements.
- **Carrick Mind:** NHS Kernow will no longer commission these services from 1 April 2017, but will work with Cornwall Council, which has primary responsibility for commissioning befriending, wellbeing promotion and prevention services, to explore joint funding arrangements.
- **Restormel Mind:** NHS Kernow will no longer commission these services from 1 April 2017, but will work with Cornwall Council, which has primary responsibility for commissioning befriending, wellbeing promotion and prevention services, to explore joint funding arrangements.
- **Penta Health and Wellbeing – Befriending:** NHS Kernow will no longer commission these services from 1 April 2017, but will work with Cornwall Council, which has primary responsibility for commissioning befriending, wellbeing promotion and prevention services, to explore joint funding arrangements.
- **Rethink Mental Illness – day centre and community services:** NHS Kernow will no longer commission these services from 1 April 2017, but will work with Cornwall Council, which has primary responsibility for commissioning befriending, wellbeing promotion and prevention services, to explore joint funding arrangements.
- **Nightlink Telephone and Text Service:** NHS Kernow will no longer fund this service from 31 October 2016.
- **Sea Sanctuary:** NHS Kernow will no longer provide a £1,000 grant.