

Minutes

Present: Jeanette George (JG) – NHS North Somerset (Chair)
 Jane Bryant (JB) – NHS North Somerset
 Dick Whittington (for Georgie Bigg) – NS LINKs
 Paul Robinson (PR) - WVMP Consultation Reference Group
 D Parkes – WVMP Consultation Reference Group
 Penny Hynds (PH) – NHS North Somerset (Note Taker)
 Barbara Hardy – NHS North Somerset (consultant)
 Richard Darling – NHS North Somerset (GP)
 Brenden Hill – WVMP Consultation Reference Group

Apologies: Georgie Biggs, Julie Clatworthy, Mary Hutton, Cath Williams, Becky Pollard

1 Minutes

Action

No corrections.

2 Matters Arising

3 Action Plan:

	Action from last meeting	Status
1	Newsletters to continue	Next letter planned in August
2	Leaflet to be distributed after the PCT Board Meeting on the 30 th June 2010	Completed
3	Final CRG ToR to be circulated and signed off via e-mail	Completed
4	Asterix to be included on page 23 of the Consultation Report linking the SOS petition	Completed
5	Community Network event to be arranged for the 19 th July	Completed
6	September Project Board Date to be confirmed	To be agreed at the end of this meeting.
7	Consultation Report to be presented to the PCT Board on the 30 June. Some members of the public represented who	The Board accepted the consultation report, recognised the key

	had opportunity to speak (3 people).	messages and gave approval that key messages were included in leaflet. Board expects the consultation report to inform the Business Case.
8	Consultation Report to be presented to the HOSP	On agenda
9	The Consultation Report and the Business Case Framework to Woodspring Practice Based Commissioning Board.	PH reported that the report had been presented and the PBC Board received it. They made no comments on the Business Case Framework but noted the content of the Consultation report.
10	The Consultation Report to be included on the PCT website following PCT Board approval.	Completed

PR asked whether hard copies of the reports should have gone to Parish Councils and to both sites of the practice

Action: PH to check with team that this has been done and to go direct back to PR.

PH

4 Consultation Reference Group

The last CRG meeting (19 July) had been used as the date for the Community Network Event and thus there has not been a meeting of the group since the last Project Board meeting.

5 Consultation Leaflet/Feedback

The Consultation Report has been uploaded to the website following PCT Board approval. A leaflet summarising the consultation report was produced (circulated around the Board) and had been distributed via the PCSA to all households registered at the practice in North Somerset. Patients who are on the practice register but living outside North Somerset were also sent the leaflet. PH reported that at the Community Network Event on 19 July there had been a few people who had stated that they had not received the leaflet. PH was chasing this up with the PCSA and awaiting their assurance that this has been rectified.

Action: JB suggested that additional copies of the leaflets are made available at Wrington and Churchill surgeries. This was agreed.

JB

JG informed the Board that we have received post consultation correspondence and that the PCT has met with the PPP to discuss their concerns about the Consultation Report. All post consultation correspondence is logged and any themes that emerge will be fed up to the Board when the Business Case is presented.

JG mentioned the ongoing engagement of all practices in the rural area and PH mentioned that she has had conversations with Yeo Vale and they consider this a practice matter. Wavering Down had raised concerns about accessing support for their development needs and the PCT will explore these with them through normal contracting processes.

It was proposed that feedback/themes arising from post-consultation feedback be shared with the CRG. This was agreed.

Action: PH to co-ordinate.

PH

6 Business Case Review

Terms of Reference for Business Case Review Group

BH reported that the Business Case Review Group has only met twice (due to difficulties in getting the members together) and is not functioning as we had expected. BH met with Lottie Enser and Nick Godfrey to discuss the future of the Group. Whilst both Nick and Lottie have been willing to be involved the nature of the work is complex and has proven to be not an easy job for lay volunteers to undertake. BH view is that another meeting could be held but maybe of limited value as the Business Case will go to the Project Board (which has lay and community involvement) .

PH shared that the Practice Manager is on unplanned leave, there is some sickness in the practice and added to this there is holiday leave. This is having an impact on the capacity of the practice to develop the Business Case. JG explained that it had been hoped that the PCT would have had a draft Business Case by the end of July but that the practice are advising this is now not likely.

BH has agreed a framework around the Business Case but the practice has not been able to dedicate as much time as they would have liked in developing some sections for inclusion in the Business Case. The practice will be doing this work imminently and they will also consider the implications of policy changes such as that in the White Paper.

The practice has instructed Grimleys GVA to do work around the “long list” of options.

JG suggested that the time frame is slipping and we would not expect to have the draft Business Case until September at the earliest.

PR felt that it was impossible to determine what building you needed until it was determined that services are coming out of the Hospital. He was surprised that the PCT had not determined what services WVMP would need to accommodate.

There was discussion around the levels of service that could be described:

- Core Primary Care
- Primary Care Plus – space for visiting professionals, such as Physiotherapy, Diabetic Specialist Nurse that can be delivered out of “normal” consulting room.
- Future Primary Care Service that need a critical mass of patients and specialist equipment – spread across the rural practices but not delivered out of all, to reduce the amount of travel for patients. E.g. Flow Clinic for Continence.

JG is concerned that we have a strategy around how we communicate to the wider population around the delay. Any communication needs to be agreed with the Practice. Any delay is not an issue for the PCT as there is no reason that current services are unable to be provided.

The practice has indicated that they would try to reassign resources to this in September with the Business Case ready by October.

BH felt that any communication with the general public/practice population could be delayed until September if by then it looks as if there is a substantial delay. PR was concerned that some vulnerable people are worrying about what is going to happen. PH explained that we are producing a Newsletter in August and can add a section around

the implications of the White Paper. The newsletter will be sent electronically to the distribution list of attendees at the Community Network Event.

Action: PH

DW felt it was very important that the PCT agreed the position with the surgery to be included in any communication.

PH

Action: PH/BH

Community Network Event 19 July Wroughton Memorial Hall

This event had had 42 members of the public attend – initial analysis showed that around 20-25 came from Wroughton and the rest from other villages covered by the practice.

PH/BH

BH gave an update on the framework, what had been done, what needed to be done. The Project Board discussed the sites that were available and sought assurance about identifying any other sites.

Following the Community Network meeting:

- PR had discussed with Penny Cook from the Diocese and there may be sites in Burrington and Redhill. Penny Cook will contact BH.
- John Gowar sent an email to the PCT on 21st July with some suggestions of sites near the A38.
- Grimleys are doing a site search and will re approach the University. BH will feed all the suggestions into this work.

Action: BH to follow up on the above.

The Community Network were asked to identify what a “presence” in Wroughton actually meant to them. The consensus opinion was same as now or better, with a focus on those vulnerable patients who couldn’t travel.

JG explained that the PCT would need assurance around what the particular needs for the immediate population served by a surgery in Wroughton were and would want to see theses mapped to any proposals from the practice.

The Community Network discussed the Long List of options:

1. Do Nothing to current sites
2. Do Minimum on current sites
3. Extend on current sites
4. Extend on two new sites
5. One Site
6. One Site plus presence in lease/bought premise in Wroughton
7. One Site plus satellite in community buildings in Wroughton

Short List of Options agreed

1. Do Minimum on current sites
2. Extend on current sites
3. Extend on two new sites
4. One Site
5. One Site plus presence in lease/bought premise in Wroughton

The service option needs agreement before having detailed work around the sites. The site review can continue alongside the service option work.

Next Steps

PH/BH

JG suggested that PH and BH work with the practice to agree a reasonable time frame to inform the next steps on the development of the business case.

7 Health Overview & Scrutiny Panel 8 July 2010

JB read from the draft minutes of HOSP that there was public representation from SOS (Peter Maitland and Jeremy Birkett) and the PPP (Jan Murray).

Following some discussion the HOSP agreed:

- that the Panel consider the consultation process to have been satisfactory and proportionate to the issue;
- that the progress on the project to be noted;
- that the next steps, contained in the report now submitted, be endorsed; and
- that the Panel be kept informed on progress of the project.

8 Evaluation Criteria/Evidence

This has been covered under the Business Case Review section of the agenda as the criteria that was consulted on will be used as part of the evaluation.

David Nicholson, NHS CEO has outlined 4 areas that you must demonstrate in any proposed change:

- Clinical Evidence of change
- Involving GP and get their agreement
- Public View
- Value for Money

9 AOB

White Paper

JG explained that we are all trying to assimilate what it actually means. The link to the White Paper and the subsequent consultations are below:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

10 Farewell to Jane Bryant

This was JB's last meeting and JG formally thanked Jane for her efforts in ensuring that the consultation was proportionate and comprehensive. The PCT has really valued her expertise and guidance.

11 Time and date of next meeting:

To be arranged to reflect revised timetable

Action Plan

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|----|---|-------|
| 1. | Hard copies of Consultation report in Practice surgeries and to Parish Councils | LD |
| 2. | Newsletter distributed in August to summaries the Community Network Event | PH |
| 3. | Agree revised timetable with Practice | BH/PH |
| 4. | Organise CRG and Project Board Meeting to reflect revised timetable | PH |