

## Notes from PPG Open Meeting – 3<sup>rd</sup> December 2012

An open meeting was held by the practice at the Wallsend Memorial Hall at 6pm on Monday 3<sup>rd</sup> December, it was attended by approximately 50 patients.

Dr K Bendelow introduced the session and explained how the evening would run. He explained that this was not a forum for individual complaints – these should be dealt with via the usual channels.

Dr Bendelow invited the members of the PPG committee who were present to introduce themselves. Those present were:-

Bob Hamil  
Rebecca McIntyre  
Vicki Guillory  
Tony Turnbull  
Jim Barnes

Dr Bendelow explained how the committee was formed; each GP nominated 3 patients they thought might be suitable, these were contacted and 7 agreed to be involved. He also explained what the PPG committee had so far worked on – they helped in the development of the patient survey and discussed the results and were also involved in the research and introduction of our new telephone consultations.

Dr M Wright gave a short talk on the upcoming changes to the NHS and explained how the local CCG (Clinical Care Group) would take over commissioning of services from April 2013 and replace the current PCTs (Primary Care Trusts).

Questions were then invited from the audience:

**Q The ringing in for an appointment at 8am is not good for all people.**

A We know that the system is not perfect, you can book appointments online as well. You can also pre-book appointments, but this will mean waiting until the next available appointment.

**Q It is impossible to get an appointment with a particular doctor, sometimes you have to wait 3 weeks.**

A If you insist on seeing a particular doctor, then you will have to wait; each doctor can only see a certain amount of patients each day. If you are willing to see ANY doctor then you will always be seen on the same day.

**Q Not all patients have access to the internet, those that do get priority for appointments.**

A Any appointments available to book online are the same as those available when you telephone the surgery or call in to book an appointment. The only difference is the method of booking.

**Q Would be a move to personal health budgets under the CCG?**

A No, there are no plans to move to personal health budgets. However there is a finite sum of money within the NHS so decisions about services etc always have to be made.

**Q What if the money runs out before the end of the year? Will operations be cancelled?**

A Budgets need to be carefully monitored throughout the year so that services can be funded continuously This has always been the case, the New Health and Social Care Bill will not change this, it will be the CCG that monitors it now instead of the PCT, but the money is the same.

**Q Will money be spent on people from abroad?**

A If patients are eligible for treatment, there will be no discrimination.

**Q Is there discrimination in the Health Service when treating older patients?**

A There should not be any discrimination, if patients feel that this is the case, then they should feed it back to the service provider (e.g. hospital/clinic) and the CCG.

**Q Breast Screening is done from for women between 50 – 70 years, can I continue to be screened after 70?**

A Yes, if you contact the breast screening unit, they will add you to their list to continue screening.

**Q Will GP's only consider statutory bodies when referring patients to different areas or might mental health user support groups be considered?**

A GP's are happy to recommend voluntary groups for patients – the difficulty is not knowing what is available and keeping up to date with groups in the area.

**Q The community matron offers a great service keeping patients at home – is this something that will be continued?**

A The CCG hopes to commission services appropriately – this includes Community Matrons and the District Nursing Services, the aim is to try to keep people out of hospital if possible and treat them at home if more appropriate. This will mean that only patients who need hospital treatment will be admitted and more services will be moved out into the community. Better treatment and improved medicine means that patients would spend less time in hospital.

**Q Are there plans to provide for accessibility for disabled groups to our services i.e. the website etc?**

A Our IT manager will look into this.

**Q If the budget is overspent towards the end of the year will operations be cancelled?**

A The CCG must achieve financial balance, there is a contingency fund of 2%, but budgets will be monitored continuously throughout the year.

**Q Do the changes mean that the NHS is becoming privatised?**

A No, the NHS will remain free at the point of delivery, but as now, some private services are used to offer different services to patients.

There were then some discussions about other areas of healthcare, these included:-

Some concerns were expressed about the use of carers vs. nurses in hospital – some felt that the service was not good – these should be fed back to the wards and the hospitals.

There were some general comments that the NHS care of the elderly is not always good, some have not had a good experience with elderly relatives. Others praised the care in Charlton Court. Some homes offer very good care. Elderly people are not always better off in hospital and working in partnership with Social Services should mean less time spent in hospital and care provided at home or in a suitable care home.

The Adult Social Health and Well Being Board will hopefully improve care of the elderly.

Dr Bendelow closed the meeting by thanking everyone for attending. Notes will be sent to all people who had given contact details and will also be available on our website.