



Cleobury Patients' Voice

"Bringing together patients, health professionals and voluntary groups to improve the health and social support services of our community."

Minutes of Meeting – 19th December 2016 at 6.30 pm

Present: Mark Radford (MR), Joan Fisher (JF), Sue Del Mar (SDM), Kevin Burrows (KB), Marie Murphy (MM), Katie-Rose Stone (KRS), Mark Dodds (MD), Dr Andrew Allsop (AA)

Apologies: Rod Stewart, Jo Booton, Pat Greig, Simon Harris, Kate Jones, Jenny McCrorie (JM), Madge Shingleton

<p>Welcome</p> <p>Practice Update (including associated Agenda Items and/or Matters Arising)</p>	<p>MR welcomed the new Practice Manager Mark Dodds to the meeting.</p> <p>MD updated the group:</p> <ol style="list-style-type: none"> 1. MD had informally met with other practices in the area (Highley, Bridgnorth) to discuss collaborative working. This is at an early stage. AA advised that referral pathways will stay the same. MR asked about relationships with practices in the "Neighbourhood" defined by Shropshire's Sustainability and Transformation Plan (STP), which groups Cleobury with Ludlow for community-level services. AA dismissed this latter, but eventually conceded that the practice would not be immune to its effects. KB said patients were happy to go to Kidderminster and Worcester. MR pointed out that many Cleobury patients went elsewhere (e.g. Hereford, Telford, Shrewsbury etc.). AA said that the practice sent all of its blood samples to Kidderminster and suggested this was an indication of the main destination of most patients. AA reiterated the practice's position that patients were referred according to need and preference rather than any Shropshire-imposed mandate. 2. CPV Comments Box – MD was given the key so that the box could be opened and attached to the wall. 3. Reception/waiting area rearrangement – This would be looked at in the spring. A member of staff now had responsibility for the noticeboards. CPV were reminded not to have notices hanging below the board as it was above a radiator and viewed as a potential fire risk. Members discussed the installation of a VDU to provide educational information. 4. The display of staff photographs was also discussed again. It was suggested these could be on the website but AA commented that this was not in routine use. MR felt that photos would make the medical centre and its staff less anonymous and suggested CPV could organise the photography if the medical centre would agree to its display. Somewhat reluctantly, AA agreed to this in principle. It was agreed to look at the subject in more detail at a subsequent meeting. 5. Christmas & New Year closure – AA emphasized that the medical centre would be open throughout, with the exception of weekends and bank holidays (i.e. as normal). MD advised 	<p></p> <p>MD</p> <p>All</p>
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	<p>that there would be a notice on the door showing the opening hours and he would also aim to put details on the website.</p> <p>6. Surgery telephone message – there had been no feedback or information suggesting any issues with the request to give details to receptionists and it was thought to be a help in allocating people who require an emergency appointment. MR reported that some patients had apparently left the practice due to the change. AA commented that they would not receive better care elsewhere. MD asked whether community understanding was sufficient for the message to be removed: CPV suggested it wasn't.</p> <p>7. The Village Emergency Telephone System (VETS) was discussed, together with the siting of defibrillators in Cleobury. KRS pointed that out none of the 3/4 defibrillators in the town was available 24/7. It was agreed that they needed repositioning or adding to so that at least one was always available. CPV to think about possible sites (see below).</p> <p>MD and AA were thanked and left the meeting at 7.30 pm.</p>	<p>MD</p>
<p>Remaining Action Notes and Matters Arising – 21st November</p>	<p>Comments box, emails and telephone – no comments/messages. SDM to amend telephone message.</p> <p>Shropdoc – MR sought clarification on what SDM was told when she recently contacted Shropdoc for information about attendance at Ludlow MIU. SDM said that neither Ludlow nor Kidderminster were mentioned by Shropdoc but that they did cite Shrewsbury, Telford & Bridgnorth, where there is a Shropdoc 'Primary Care Centre'. Interestingly, Ludlow also has one of these but it was not mentioned. MR to seek information from Shropdoc about the basis on which it provides such advice.</p> <p>Coffee Morning Saturday 4th February - CPV to have a stand. MR to clarify with JM exactly what support is required from CPV.</p>	<p>SDM</p> <p>MR</p> <p>MR/All</p>
<p>Other Agenda Items</p>	<p>AGM – MR to check constitution re requirements for next month's AGM – to be advertised in Clarion</p> <p>VETS – started locally in Mamble using redundant BT phone box, typically available to local communities (e.g. parish councils) for £1. Power is needed to condition the defibrillator housing, so phone boxes are ideal. The British Heart Foundation's HeartStart initiative can furnish the machine itself. MR to approach Cleobury Parish Council with a plan to provide a local facility with 24/7 availability. KB suggested the scheme should be publicised in the Cleobury Clarion. KB to let MR have more details.</p> <p>People2People – P2P provides social care for the elderly and disabled in Shropshire. KRS advised that there were P2P drop-in centres/hubs and the nearest one was in Ludlow. Attendance is by appointment or drop-in (when staffed). It was hoped there could be one in Cleobury. The Library had declined to accommodate it but the Market Hall or Teme Leisure were possible sites. KRS, who is a member of P2P's advisory group 'Making It Real', handed out leaflets about the service.</p>	<p>MR</p> <p>KB/MR</p>

AOB	<p>STP and LJC healthcare meeting – MR reported that Shropshire's STP had finally been published in late-November. It was immediately criticised by the leaders of both Shropshire and Telford & Wrekin Councils, and also by NHS England. The latter's criticism was that the STP was not financially viable, depending upon more than £300m of new external funding which wasn't in any way guaranteed, and failing to address Shropshire's ever-increasing financial deficit. The latest version of Future Fit, which now forms part of the STP, proposes that all emergency and acute care, including women's and children's services, be located at Shrewsbury, with only planned care and a privately run Urgent Care Centre operating in Telford. This was rejected by a joint meeting of Shropshire and Telford & Wrekin CCGs (the former voting in favour, the latter against). The West Midlands Clinical Senate also reviewed Future Fit again in November, and effectively described it as inadequately modelled, insufficiently detailed, self-contradictory, poorly evidenced and overambitious. As a result of the criticisms, more work is now being conducted and the public consultation planned for January has been postponed. The Cleobury LJC meeting planned to discuss this has been postponed accordingly.</p> <p>NAPP bulletin – previously circulated. Items included self-care and medication passport.</p> <p>CPV website – recently updated by MR to include future meeting dates and all recent meeting agendas and minutes.</p> <p>Next meeting – AGM - Monday 16th January 2017 at 6.30 pm</p>	
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