

A very busy Agenda but it was absolutely well worth attending.
The program content was very interesting and also it gave me the opportunity to speak with other PPG members in Gloucestershire.

Gloucestershire Clinical Commissioning Group Outlined the Primary Care Strategy for 2016 – 2021. (8 Year Plan)

Shortage of new GPs.

This problem was recognised 3 years ago and as a result they began developing a road map, which is currently in draft format awaiting feedback to address the problems.

National Context.

Funding has gone down over last 10 years from 11% to 8% of the total budget. GP practices now work as businesses and therefore invest their own funds.

Work Force Recruitment:

Referral Practices Nurses are being employed.

Large numbers of GPs retiring and the rise of patient consultations together with the increase in chronic illnesses and chronic disease mean that patients present more frequently and the need is more around management of those illness and there is often not the need for GP intervention.

Other staff, called Allied Health Professionals, are now being trained and employed to do some of the work that GPs used to do.

Premises:

The strategy is looking into the poor state of buildings and development and there are 14 bids in for NHS England for Gloucestershire.

Seven Day Working:

National Directive – High Profile – Drive for Primary Care to deliver a 7day working week.

One of the aims is to relieve the pressure on inpatient beds by managing patients in the community with long-term chronic health conditions. GCCG has a delegated responsibility for commissioning it has achieved so far a rating of outstanding for the work done to date – but this is only the beginning. For the future, getting to grips with premises and challenges will be the plan.

There is lots of literature available for those who want to look into these plans and I will be forwarding that onto you once I get the slides from GPPG.

Another part of the strategy is to take into account the environment of the patient and what is available in terms of locality access, distance. The aim is to deliver the services from a range of buildings to a wider community within a realistic cluster.

Patient Feedback: Show that there was a variation across the practices. CQC = VG in Gloucestershire.

Health Watch Results: These are being forwarded but the results on 7 issues that were looked at resonate with the findings from the patient feedback.

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Dr Sanjay A GP in a Tewkesbury Practice:

PC Strategy: Innovation in the Workforce.

Dr Sanjay Explained that there is a workforce crisis due to demographics – older work force, retirement and newly qualified Drs not wanting to be GPs plus the older patient group (outlined earlier).

Allied Health Professionals: Include, pharmacists, paramedics, assistants etc.,

Chronic Diseases: Many patients now present with multiple chronic illnesses , diabetes, stroke, dementia, Atrial Fibrillation, Parkinsons, MS.

Finances have decreased in real terms and the government are aware and it has been said that there is new money for primary care to tackle these issues.

Service Model.

Tewkesbury 13,000 patients

10 GPs – 3 whole time equivalents – the rest part time GPs.

They have strong triaging nurse teams who work with patients presenting with chronic illnesses such as diabetes. Stroke AF etc.,

Training Practice – Dr may stay around.

Support Pharmacist = 1 session a week. They offer lots of experience, with a complimentary skill set, it is a part of a national pilot 5 in Glos., It started in 2016. Prescribing Pharmacists - with extra qualifications = work on an equal status to other professionals.

Dr Sanjay explained that there are many roles within the clinical team now and these need to be audited and staff supported and managed. This will be done by audits and other monitoring systems, including patient outcome measures. Another aspect that working this way allows is to have specialist clinics like diabetic clinics.

De-prescribing is a major role in the management of finances as well as the good management of patient care. Often there is an opportunity for this to be done when a patient has been in hospital and comes home with a new medication regime. This offers the opportunity to go through medications and delete those that are not required and also to look at those that contra indicate is a major factor.

Plus: Updating information on the PC – not only medication. MDT working is another aspect of widening care and it offers a shift from secondary care, going into hospital and losing confidence etc., It is a big model change but it should improve health outcomes and widen the types of interventions used,

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Books on Prescription:

Slides for this are on the way – a very interesting talk on how our library services are changing to include self help:

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Seasonal Flu:

Again I will be forwarding you all slides on this as soon as I get them.

Well, this year they can say for sure that there are 3 strains of Flu on its' way to us.

Californian
Honkong
Brisbane

Last year they got it right. But in 2014 -2015 they got it wrong because the virus changed – this is called shifting and drifting it is where the virus mutates within the population. It produced a loss of confidence and many people did not get vaccinated and there were related deaths.

1980 Pandemic – there was a double whammy due to the above mentioned drifting and shifting.

It was suggested that we make the Flu Vaccination Events fun events, a time to meet and greet patients and perhaps some fund raising for the practice.

Next Meetings:

Friday 14 October 2016 at 10- 12 Churchdown Community Centre.

Friday 27 January 2016 as above

AGM

September 27th Cheltenham Race Course. (Invitations will follow).

Plan to change the Venue for the GPPG meetings:

Twice yearly at Church Down and Twice Yearly at other localities these are to be decided but they will try to make sure that the points are central as can be.