

## PATIENT OPPORTUNITY PANEL MEETING

**MINUTES OF THE MEETING HELD THURSDAY 15 FEBRUARY 2018**  
**Beacon Centre for the Blind, Beacon Centre, Wolverhampton Road, WV4 6AZ**  
**4.30pm – 7.00pm**

### **Present:**

Dr Richard Gee	Chair - GP Engagement Lead, Dudley CCG
Helen Codd	Engagement Manager, Dudley CCG
Jayne Emery	Healthwatch Dudley
Keren Hodgson	Engagement Officer, Dudley CCG
Maria Prosser	Communications & Public Insight Support Officer, Dudley CCG
Melissa Guest	Healthwatch Dudley
Mickey Griffith	Programme Director – Dudley MCP
Neill Bucktin	Director of Commissioning, Dudley CCG
Stephanie Cartwright	Director of Organisation Development, Transformation and Human Resources – Dudley CCG
Dr Steve Pritchard	Co-Chair of Dudley GP Collaborative Steering Group

### **Representatives from the following PPGs:**

Audrey Heer	Friends of Ridgeway
Bryan Caldicott	Moss Grove PPG
Chris Bate	Lower Gornal PPG
Cicely Thomas	Friends of Ridgeway
David Gill	Lower Gornal PPG
David Orme	KMP PPG
Geoff Lawley	AWS PPG
Graham Griffiths	Eve Hill PPG
Jack Bates	Castle Meadows
Janet Green	KMP
John Stow	Lapal Medical PPG
Karen Hindley	Northway PPG
Margaret Roberts	Stourside PPG
Pat Lamb	Lapal Medical PPG
Stephen Schwartz	Castle Meadows PPG
Stuart Steele	AWS PPG
Sue Bicknell	Lapal Medical PPG
Sue Hatton	Moss Grove PPG
Sue Helm	Three Villages PPG
Tony Durrell	St Margarets Well

### **1. Welcome, Introductions & Apologies**

Dr Richard Gee welcomed everyone to the POPs meeting and thanked all for attending. Introductions took place.

Dr Gee welcomed Stephanie Cartwright, Dr Steve Pritchard, Micky Griffith and Neill Bucktin to the meeting and thanked them for providing an on update on the Multi-specialty Community Provider (MCP).

Introductions took place.

## Apologies were received from:

Allan Hughes	Woodsetton PPG
Ann Middleton	
Antony Whitehouse	The Links PPG
Bob Parker	KMP PPG
Carole Evans	The Limes Surgery
Dave Taylor	The Lanes PPG
David Gill	Lower Gornal PPG
David Stenson	Moss Grove PPG
Irene Arrowsmith	Three Villages PPG
John Lucock	St James PPG
Julie Jasper	CCG Lay Member, Dudley CCG
John Mason	Netherton HC
Keith Bevan	Wordsley Green PPG
Laura Broster	Director of Communications and Public Insight, Dudley CCG
Nigel Haydon	Lion Health PPG
Roger Harding	The Lanes PPG
Stuart Rudge	The Lanes PPG

## 2. Multi-specialty Community Provider (MCP) Update

A presentation on the Multi-speciality Community Provider (MCP) was provided by:

Mickey Griffith	Programme Director – Dudley MCP
Neill Bucktin	Director of Commissioning, Dudley CCG
Stephanie Cartwright	Director of Organisation Development, Transformation and Human Resources – Dudley CCG
Dr Steve Pritchard	Co-Chair of Dudley GP Collaborative Steering Group

Presentation slides will be circulated shortly.

### Slide 2 – Cultures working in partnership

- Displayed current model of care (Planned and Urgent Care)
- The proposed new model (GP – Led Care)
- Multi-disciplinary teams (MDTs) to improve the care of the patient.
- Care should be wrapped around the patient whilst in the community.

### Slide 3 – Dudley Borough

- Looking at the whole population model of care
- 315,000 registered population
- 45 GP practices

### Slide 4 – Localities Map

Envisage how teams will work  
Varying demographics ie poor vs affluent areas

### Slide 5 – Access, Continuity and Co-ordination (ACC)

ACC is the core of the proposed model.

### Slide 6 – Dudley 'Onion'

- This expands model from Slide 2.
- Improving communication across services/partners
- Having one telephone number and one service

#### Slide 7 – Journey so far...

- 3 years ago joined the Vanguard Programme
- Dudley CCG is the most developed Vanguard and CCG in the UK
- The Vanguard Programme ends at the end of March 2018
- CCG Procurement has a £270million budget for organisation
- Primary care has to be at the heart of the MCP and GPs need to drive this
- Has a number of GP practices who wish to be involved this process
- A Market Engagement event was held in 2017 with delegates attending from USA, Spain etc

#### Slide 8 – The Bidders

- Dudley GPs
- Birmingham Community Healthcare NHS Foundation Trust
- Dudley Group NHS Foundation Trust

Support provided by Dudley and Walsall Mental Health Partnership Trust and the Black Country Partnerships NHS Foundation Trust.

#### Slide 9 – What will the MCP do?

- Create a patient-centred culture
- Improve systems and processes
- Use £ in a more effective way

#### Slide 10 – The Scope of the MCP

This is a vast area and will include services for example:

- Community based physical health services for adults and children
- Urgent care centre and primary care out of hours service
- Primary medical services provided under existing GMS/PMS/APMS contracts
- All mental health and learning disability services
- Intermediate care services and NHS Continuing Healthcare

#### Slide 11 – How will it be different?

- Will look after a whole population (315,000 registered population)
- The contract will be based upon a single, whole population budget for a duration of 15 years
- Better outcomes for patients
- Increased public accountability
- The MCP will become a 'Foundation Trust'

### Slide 12 – The Principles of the MCP

- MDT meetings will become MD Teams
- Digital Transformation: Shared clinical records – access by all service providers improving the care of the patient
- Prevention and early intervention

### Slide 13 – Organisational Form

- Labour Party called for a judicial review of the Dudley MCP
- Interested in becoming a Community Interest Company
- VAT Issues - £6million per year would need to be paid to HM Revenue and Customs – decided to not follow this concept

### Slide 14 – What type of an organisation will the MCP be?

- Will require a Board of Governors (to include individuals such as POPs members)
- Looking to invite patients and practices to be part of the MCP – there be no coercion
- An employer of choice
- Patient care at the heart of decision making
- Clinically led
- MDT at the core of the MCP

### Slide 15 – The MCP Model of Care

For example will include:

- Diabetes model
- Respiratory model
- MSK triage model
- Services for children aged 0-19
- Community Nursing
- Dermatology
- Mental Health
- Communications Centre

### Slide 16 – Moving Forward

- Opportunities for regular conversations with patients and the public
- Patient Participation Groups to become more involved in the benefits that bring to their practices
- What will feel different to a patient once the MCP is in place
- How the MCP can be organisation for the people of Dudley

## **3. Questions**

1. What is the MCP not responsible for?

The MCP will not include elective care and planned care, as this will remain within the remit of Dudley Group NHS Foundation Trust (DGFT). Other areas not included are:

- Accident and Emergency
- Emergency Ambulance Service

2. Is it right that GPs don't have to become a member of the MCP? How are you trying to get as many as possible on board?

Dr Steve Pritchard stated that GP's do not have to join the MCP; however they will consider the best interests of the patients and the surgery. We do not expect all GPs to be magnanimous. Younger and newly qualified GPs are not as business orientated as the current GPs and look for hours to suit their lifestyle ie work 3-4 days per week; we can expect to see these GPs also consider working abroad. We are encouraging these individuals to become part of national health economy.

POPs members were encouraged to discuss the MCP with their GP and practice.

3. The £230million, is that dependent on all the GPs being part of the MCP?

No. The £230million does not include the GP GMS contracts, as these will sit outside of the MCP. However it is in the best interest of the MCP to have as many GPs sign up to this.

If some GPs choose not to join the MCP then they will not benefit from some of the services and support the MCP will provide. This does not mean that patients will then fall into the 'postcode lottery' for services/treatments.

4. Where are you at with the signing up of the individual surgeries?

Micky Griffith stated that all GPs took part in a survey prior to Christmas 2017. At this point some GPs requested clarification on a number of issues and responses were provided. 9 out of 45 practices are owned, hence the clarification questions.

It was noted that by 23 April 2018, the final decision must be made by GPs to either join or distance itself from the MCP.

It is expected that hubs within each of the 5 localities will be established, but it is vital to keep the local community GP practices.

5. How do you get round doctors who want to be part of the MCP, but not be employed by a practice?

This is already happening.

6. Every operation/vaccination etc get paid, the NHS aren't going to hand out money for nothing. What's the business model?

Micky Griffith explained that the £230million value of the contract currently has providers such as DGFT, Birmingham Community Partnership, Shropshire Trust, and CGL. The £230million will go directly to the MCP. £120million will be directly provided by the MCP and the remaining £110million will be sub-contracted for specialist units etc.

The MCP are required to make a 1% surplus (equates to £2.3million) which will be kept as reserves.

7. Communication needs to be part of the MPC. What is being done to ensure this happens?

Communication is vital to any organisation and the MCP will be no different. We are therefore looking to build on current good issues ie EMIS Web – this is a platform for looking at patient records. EMIS Web is predicted to improve communication across all partnerships and services.

8. Why has it taken two years to get a demographic map of Dudley?

Neill Bucktin agreed to provide this analysis by locality. The CCG works closely with the Office of Public Health – Dudley and this is helping to shape the MCP.

9. Incentivising outcomes, everything has to be funded from the outset. How does this work?

Neill Bucktin advised that the whole population budget of £235million, 10% is linked to the Outcome Framework. It was reported that £50million is spent solely on prescribing. The prevention agenda is being formulated and along with the 15 year contract, this will have strong links to the Contractual Framework.

Positive work in this area has been reported from Germany and Bavaria.

10. In regards to prescribing practices, can you advise on the discretion GPs exercise in regards to treatment and the way this may be regulated with the MCP?

Sensible prescribing is moving forwards. Prescribing must be rationally and responsibly carried out. It is hoped in time that patients will make their own informed drug treatment decisions.

11. Who will be responsible for the Urgent Care Centre (UCC) once the contract expires?

Once the UCC contract expires, the responsibility for services will fall within the scope of the MCP.

12. What is the relationship going to be with Public Health?

Neill Bucktin advised the members that Public Health England is a national provision. The relationship between the CCG and the Office of Public Health – Dudley (OPH) is positive; with the CCG providing funding of approximately £10-12million for public health services such as Health Visiting, Substance Misuse etc. The OPH have an interest in the MCP, from a commissioning perspective.

It was noted that outcome measures ie life expectancy etc and wider determinants ie housing, transportation etc all have an impact on our health.

13. Is the Vanguard Engagement Group (VEG) going to be re-engaged?

Yes. Dates of the meetings will be circulated by Helen Codd/Keren Hodgson.

14. In the presentation, it was advised adult social care is going to be 'phase' in to the MPC. It is a very big and integral part; when do you think it will be phased in?

Neill Bucktin advised that a timescale has not been agreed and Dudley Metropolitan Borough Council (DMBC) is reviewing services, but as yet they do not have an agreed timetable.

The MCP will want close relationships with the adult social care sector.

15. The information from previous engagement activities, will this be used and fed into all this work?

Yes, the information gathered from previous engagement activities is being used and it was noted that this information was also included in the MCP prospectus.

16. When identifying the deprived areas, shouldn't education be look at within these areas?

Self-care and empowering people in deprived areas and communities is ongoing. Patient education in the community setting is essential.

17. Care of the frail and elderly wasn't specifically highlighted in the presentation. Lack of care for this group has a significant impact on hospital admissions; will there be a focus on this, and if so where is it?

This is in everything!

Dr Richard Gee thanked the guest speakers for their enthusiastic and informative presentation.

#### 4. Minutes from last meeting & outstanding actions

The minutes from the meeting held on 7 December 2017 had the following minor amendments:

##### Page 5 – Item 8.1: Healthwatch Dudley

Paragraph 6: Melissa Guest advised that a market stall (*not staff*) in Dudley town centre on Friday 15 December 2017 between 10.00am – 3.00pm, will encourage members of the public to engage in conversations around Thrive and Neglect.

Paragraph 8: Geoff Lawley asked 'How safe is Healthwatch Dudley?' Melissa stated that there is a statutory obligation and Healthwatch functions to be provided. The contract (*not contact*) is up for renewal; and members were made aware that Dudley MBC hold the money for this function, however funding has not been ring-fenced.

##### Action:

Dr Richard Gee confirmed that the Community ENT Service allows GPs to refer patients to audio services ie Specsavers/Scrivens. Ideally it would be more beneficial to have an open access service which would require the support from NHS Improvements. **(Action: RG)**

Dr Richard Gee confirmed that the Commissioning Lead is looking into the removal of wax via the Community ENT service.

The [Chair and Chief Officer briefing](#) was made available to all.

Dr Richard Gee advised members that the court case had now concluded. A meeting was held with the CCG and the West Midlands Police to discuss the learning points. A member of POPs asked if the Castle Meadows Practice website can be reviewed as they felt there were inaccurate and inappropriate images and messages available. Helen Codd agreed to raise this with Laura Broster, Director of Communications and Public Insight. **(Action: LB)**

## 5. Update and Any Other Business

### 5.1 Healthwatch Dudley

Melissa Guest advised the group that a 'Peoples Network' event will be held on 7 March 2018 between 5.00pm – 6.30pm. Further details can be obtained from Melissa via [Melissa@Healthwatchdudley.co.uk](mailto:Melissa@Healthwatchdudley.co.uk)

Melissa asked permission to take photographs of this evening's event for in the report they are producing for the MCP.

### 5.2 RHH Building - Urgent Care Centre

Cecily Thomas asked for an update on the new Urgent Care Centre treatment centre. Dr Richard Gee advised that everything was going well.

Helen Codd advised that Diane Wake – Chief Executive of DGFT will be attending the next POPs meeting and will provide an update.

## 6. Date, Time & Venue of next POPs meeting

Thursday 19 April 2018  
10.30am – 1.00pm  
Lifecentral Church, Little Cornbow, Halesowen, B63 3AJ.