

Marple Cottage Patients' Forum
Stockport Together Meeting 26th March 2018 – Meeting Notes

On Monday 26th March, at 7 pm, Tim Ryley, Programme Director of Stockport Together, and James Brown, Head of Communications, NHS Stockport CCG, came to our meeting. We had invited patients of the other practices to attend, since we were expecting to hear how Marple will be affected in the future by the proposed changes.

Tim Ryley began by speaking about the reasons behind the changes, the aim being to provide a more efficient system of health care by promoting cooperation between agencies, integrating services and sharing resources. He went on to explain that this involved, for instance, inviting local GPs to help at A&E and thus relieve pressure on consultants by dealing with more general cases; trying to make more user friendly the intermediate tier, where possibly 21 agencies might be involved with helping one patient; and supporting GPs within their practices to reduce the heavy work load and make more facilities available to patients. In summary it is acknowledged that due to the pressures on general practice, with a shortage of GPs, it is necessary to work more efficiently and utilise other professions to see patients, along with adopting innovative ideas like the use of dermatoscopes within general practice, whose images can be sent electronically, which will cut down referral time to secondary care.

He explained that 'Neighbourhood hubs' have been developed, with Dr Al-Ausi of Marple Cottage Surgery appointed as Neighbourhood GP Lead for the Marple area. He will lead the Integrated Neighbourhood team, which will include District Nursing & Social services reviewing patients at the highest risk of hospitalisation, and acting as a link between practices.

Over the next 3-6 months a number of new services should be operational, and managed by Viaduct Care (the GP Federation of all GP Practices in Stockport), including

1. Saturday and Sunday appointments;
2. a new home visiting service;
3. pharmacists based within practices to assist with reviewing patient medications;
4. a direct access (self-referral) physiotherapy service based within GP practices;
5. new mental health teams working in practices for low-level mental health needs.

Other changes include

1. reduction of outpatients appointments at hospital (being discussed at present);
2. GP practice receptionists 'signposting' (directing) patients to the most appropriate services (subject to appropriate training; this will **not** involve clinically triaging patients);
3. working with the community, where the need for help for the elderly and those with dementia and other conditions can be identified and assistance often provided by active neighbourhood communities.

Unfortunately Health and Social Care developments are being slowed down by difficulties in appointing staff, despite investment being available for wages.

We will continue to be in touch and monitor and report future developments.
Many thanks to our speakers and to all who attended.