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| ***Dr Suri & Partners*** | ***BIRCHILLS HEALTH CENTRE*** |
|  | ***23 – 37 Old Birchills*** |
| ***Dr A S SURI*** | ***Walsall*** |
| ***Dr R SURI*** | ***West Midlands*** |
| ***Dr A MUNIYAPPA*** | ***WS2 8QH*** |
|  | *Telephone: (01922) 614896* |
|  | *Fax No: (01922) 621876* |

**MINUTES FROM THE PATIENT REPRESENTATION GROUP MEETING**

**THURSDAY 5TH DECEMBER 2013 at 7:30pm**

**Present**

Dr A S Suri avtar.suri@walsall.nhs.uk

Dr A Muniyappa

Lisa Parkes lisa.parkes@walsall.nhs.uk

Glenys Davis southwaria@hotmail.co.uk

John Davis jtmdavis@virginmedia.com

Michael Price mikeprice@yahoo.co.uk

Richard Dean richard\_dean8@btinternet.com

Ian Mason i.mason@blueyonder.co.uk

Mahesh Pancholi

**Welcome and Introductions**

Dr Suri welcomed the group members and thanked them for attending. A special welcome was made to the two new members, Ian and Richard.

**Apologies**

Apologies were received from Lisa Price, Pravinchandra Patel, Joan Nicholls and Sylvia Smith.

**Notes from previous meeting**

Dr Suri commended Lisa for accurate note taking.

**Actions**

There were no actions following the last meeting.

**Update on the NHS**

Dr Suri provided the group with an update on the changes that are currently taking place within the NHS.

Earlier this week, a new contract for GPs (effective from March 2014) has been released. He mentioned when the NHS was first founded, treatments were free but innovations in the treatments available means more expense and the NHS is no longer sustainable. It is widely thought among GPs that this country may turn to part-privatisation of healthcare, such as in the USA.

* The new contract requests that all patients aged 75+ have a named GP who will provide care for them 24 hours a day, 365 days a year, as and when required. That named GP will be required to ascertain the reasons for hospital admissions, reduce the risk of repeated admissions and provide after care as needed.
* It also requests that all GPs monitor the Out Of Hours Service providers and the patients who are seen by them
* The Government wants GPs to reduce unplanned hospital admissions. If a patient does need to be admitted, they should be assessed by their GP first who will then arrange the admission as appropriate.
* TheGovernment provided incentives for GPs to provide good quality (QOF – Quality Outcome Framework) care to their patients. They now feel that GPs are doing this routinely now and have therefore cut the incentive by nearly half (from 1000 QOF points to 559) with effect from April 2014.
* Most practices have a catchment area of 3 – 3.5 miles. The new contract abolishes this catchment area and patients will have the option of registering with a GP outside their catchment area.
* The friends and family test will be introduced. Patients will be asked whether they would recommend their GP to family and friends.
* From April 2014, GPs will be required to promote options for patients to book appointments and order prescriptions online.
* Patient Access – currently, we are open late on a Thursday evening and on a Saturday morning. These Extended Hours will cease from April 2014 but GPs will have to make sure that their patients don’t suffer. It may be private companies that bid to provide this cover but nothing is certain yet.
* GPs may have to declare their NHS Earnings
* Originally, extra funding was given to areas of the country that was thought to be in greatest need, a ‘deprivation factor’. This is likely to stay and may not be abolished but is yet to be finalised
* The working people will now be required to work until they are 68 years old before they can retire and claim their state pension. This will include GPs.

The CCG and Social Care budgets have been amalgamated and are now called ‘Integrated Health and Social Care Budget’. This means the two areas now work together to provide quality care for patients. A new service recently implemented is an ‘Individual Budget’. Patients or their relatives are able to apply for funding while in hospital to alter their home so they can return once discharged. Many patients have been fit for discharge but are unable to go home (known as bed blocking) due to poor housing quality i.e. poor heating facilities, poor cooking facilities or damp. Patients will have a planned discharge so these alterations can be done before that date.

There were several examples reported within the group where older people had been discharged to an unsafe home. These may cause further problems for patients and lead to repeated hospital admissions so it is better to prevent them where possible by providing necessary Social Care.

The Manor Hospital mortality rates have improved.

The hospital is reported as in breach of its contract if there is ever just one case of MRSA.

Also if patients in A&E are kept on a trolley for more than 4 hours, it is a breach of contract which results in a penalty, in the form of a fine.

Several GP surgeries within Walsall have opened extra hours to try and reduce A&E attendances. This will run until March 2014.

CCGs and Councils are expected, by the Government, to work more and provide more services with an even tighter budget than previously.

**Results of the GP Patient Survey**

The results of the Survey were read out by Dr Suri. Richard asked about the option for patients to have a consultation via email. This is still in the pipeline and has not been released yet. Dr Suri informed the group that Birchills has passed the CQC and Infection Control inspections. Richard suggested having a look to see if there was a correlation between those patients suffering from long-standing illnesses and the age of those patients.

**Changes to services and Agreed Action Plan**

*Publicise* To continue to publicise the surgery’s new opening times and educate patients to contact us when we are open, not A&E

*DNA* The ability for the surgery to send appointment reminders by text message is in the planning stage at present but that is something we hope to implement soon. Patients need to be educated to cancel their appointment if no longer needed to reduce the number of DNA’s and provide more appointments to patients and thus reduce the waiting times.

*I.T.* Promote extensively the option for patients to book online and order repeat medication online.

**Any Other Business**

* John and Glenys reported that they have received good comments from other patients
* It was suggested that the minutes of the meetings to be posted or emailed to group members before the meetings.
* In general, the group did not seem too happy with the 111 Service. This has now been taken over by West Midlands Ambulance Service so the advice given should now be clearer and more accurate.
* Dementia in the elderly was briefly discussed. In summary, keeping the mind active (by physical exercise or challenging the brain through arithmetic exercises etc) will reduce the chance of dementia setting in.
* Lisa asked regarding A&E and if they are allowed to turn patients away and redirect them back to their GP if their attendance is not urgent. This is not possible but admin staff booking the patients in at A&E are able to direct them to the Badger OOH Service which the GPs do pay for.
* Glenys asked how someone else would be able to chair the meetings as Dr Suri has done, given his extensive knowledge on many areas. Dr Suri said it is a patient group so we can discuss anything we feel is needed and he can be invited as a guest to provide updates as required. All the members can put forward their suggestions for topics of discussion which will then be added to the agenda. All members were asked if they would like to chair the meetings and Richard nominated himself so congratulations to the new Chair Person, Richard. All members can liase with each other via email and Richard will work with Hana on compiling the agenda for the next meeting.

The next meeting will be held at the end of January and every 3 months (minimum) thereafter.