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| ***Dr Suri & Partners*** | ***BIRCHILLS HEALTH CENTRE***  |
|  | ***23 – 37 Old Birchills*** |
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**MINUTES FROM THE PATIENT REPRESENTATION GROUP MEETING**

**MONDAY 29TH SEPTEMBER 2014 at 6:30pm**

**Present**

Richard Dean richard\_dean8@btinternet.com

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

Lisa Parkes lisa.parkes@walsall.nhs.uk

Glenys Davis southwaria@hotmail.co.uk

John Davis jtmdavis@virginmedia.com

Mahesh Pancholi

David Lawrence yorathdude@live.co.uk

Michael Price

Lisa Price

**Welcome and Introductions**

Richard welcomed the group members and thanked them for attending.

**Apologies**

Apologies were received from Ian Mason and Pravinchandra Patel.

**Notes from previous meeting**

Points about the **O**ut **O**f **H**ours service were raised. There is still the option for GPs to group together to provide 24/7 care for patients, as it was previously around 10 years ago.

It was suggested that maybe the notice advertising the PPG in the waiting room could be written in several different languages to attract more from the ethnic minority groups.

**Actions**

Minutes of the meetings to be sent to members as soon as they are available to allow them time to remind themselves of the previous meeting.

**GP Patient Survey**

This year’s annual GPAQ is expected to be done in October. A minimum of 100 surveys will be collected over a 1 week period. The results of this will be discussed in the next PPG Meeting.

**Friends and Family Test**

Starting from December, there will be a one-off question being asked to patients: ‘How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment’.

It is unclear yet as to what format this will take, whether staff will hand out the question to patients or rely on patients to pick up a question then place it in a ballot box. The responses will be collected and submitted to NHS England on a monthly basis.

**New Practice Website**

Our previous practice website was removed from the internet and so we are currently in the process of finding a new company we can use to create our website. There will be a PPG dedicated page which will help focus viewers’ attention on the PPG and will help promote it. PPG members can view the website as it is being developed so everyone can have an input as to the layout and content.

David suggested contacting the IT department of Walsall Council as they be able to ‘host’ our website for us.

The website can also be used to publish dates of public health and wellbeing meetings for patients to attend.

**Promoting the PPG**

There are several ways in which the PPG could be promoted:

* During certain clinics i.e. Baby Clinic
* GPs could ask possible candidates during/after consultations

It was highlighted that people with poor eyesight will probably not be able to read the notice boards, so for those people we need to use alternative methods of promoting, i.e. verbal.

**Results of the local Patient Experience Survey**

A MORI Poll of 28 questions was taken January – March 2013 and January – March 2014 and the results summarised in a graph to allow comparisons between this year’s and last year’s results and the other surgeries in the North locality.

There are 15 surgeries in the North locality, ranging from 2000-5500 patients per surgery. Three of these surgeries have recently joined from the East locality. These surgeries scored higher on average than the others but these have a different patient population.

Dr Suri presented the results to the group and comments were received at the end. The low number of online bookings doesn’t have a true reflection on the patients. Some patients, like David himself, would prefer just to pop in as he is passing, to book an appointment, as that is more convenient for him. Also, the older generation who aren’t as computer literate as the younger generations simply won’t know how to book an appointment online and will therefore want to call the surgery. Concerns were raised about telephone bookings being completely wiped out but this wouldn’t be possible. Patients will always need to be able to contact the surgery by phone. Richard informed the group of his recent email consultation with Dr Suri. Richard was able to send pictures of the problem and send them to Dr Suri which allowed a quick diagnosis and rapid treatment. Richard found this method very useful.

**Data Privacy**

Richard raised issued surrounding Data Privacy and protection. Medical insurance/Private pension companies are now requesting their customers to complete health questionnaires before releasing their money. Some questions will have to be completed by a GP, adding cost to the patient or the company. There are also several statements that the patient has to agree to by signing the form which also allows their money to be released. These statements include allowing their data to be sent to third parties but there is no simple way of exempting from that, yet still sign the form to get the money. This is adding extra pressure on the patients who may not realise what they are signing for.

**Pharmacy First**

* Pharmcy First is a scheme patients can use for trivial complaints. It can be very useful and save time for GP surgeries.
* Pharmacists in general are useful and can give very good advice without the need to see a GP first.
* The surgery needs to promote Pharmacy First as it will be beneficial to both patients and the surgery in the long term.

**A&E and Ambulance Waiting Times**

It had been reported that a patient in Wales had died of a heart attack in an Ambulance outside the hospital while waiting to be admitted. Reports suggest that it is quite a common occurrence. Some ambulances during the winter months are waiting outside A&E departments for more than 30 minutes but this is also the case in some places during the summer months. The number of patients going to the Manor A&E is increasing year on year. It has increased by 18% this year already, excluding the Winter months. The Manor have targets which they have to meet, otherwise they pay a penalty. One target is that 95% of patients attending A&E must be seen within 4 hours. This target has not been met in the last 13 months, despite receiving an extra £12 million in funding to cope with the extra demand from patients from Cannock and Stafford hospitals, due to their departments being closed down.

GPs need to continue informing patients NOT to attend A&E unless for a genuine emergency.

Step Up and Step Down services are being improved.

**Any Other Business**

Mental Health Crisis One member raised concerns over this service. Patients are being called back

after 2-4 hours which isn’t acceptable for patients in a mental health crisis.

Patients need advice urgently. There are only 2 crisis beds in Walsall which

was felt wasn’t enough and there are also poor hygiene standards for these

beds. It was reported that another patient was told to call the Police by the

Crisis Team as they were unable to deal with the crisis at that time. Dr Suri

asked for all these problems to be put in writing so he can address the issues

raised.

Patient Waiting Times Reception staff should be informing patients on arrival if the Doctors or

Nurses are running behind with their clinics. This allows patients to judge

how long they will be waiting, whether they need to inform work etc or if

they have time to go and get a drink .

Missed Appointments The issue of DNA’s was discussed and it was felt that in general, these have

reduced since the introduction of the text message service.

PPG Members to attend Dr Suri asked the group if anyone attended any public meetings. No one was

other meetings aware of when these meetings take place. Dr Suri reported that the recent

Annual CCG meeting raised several issues: Infant Mortality Rate still high, the

variation in life expectancy in different areas, the A&E wait times and

avoidable admissions. It was suggested that some community services (Step

Up services) should be based in the Manor Hospital, allowing patients to

have a central point of contact, directly accessible and in theory, avoid

unnecessary hospital admissions.

Promoting Healthy Living There are several services that offer healthy living advice. Patients can get a score which calculates the chance of them having a heart attack in the next 10 years, based on several factors and will be given appropriate advice and preventative treatment if required to try and reduce this score. Public Health, which has been amalgamated with Walsall Council (now known as the Joint Commissioning Unit), promote healthy living in schools

**Actions**

* To send the minutes of the meeting as soon as they are available
* To find the dates of the public health and wellbeing meetings and inform the members of the PPG

**Glossary**

**Step Up Services** Services where the patients receive extra support from community services

to allow the patients to manage their condition(s) at home

**Step Down Services** Patients are discharged from hospital to community services, again giving

them extra support at home, rather than taking up a hospital bed which isn’t

necessarily required.

**Out of Hours Service** Badger Out of Hours Service currently provides round the clock cover for GPs

in Walsall and will see patients who need to be seen urgently when their surgery is closed.

The next meeting will be held in January 2015.