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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**

**TUESDAY 4TH MARCH 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

**Welcome and Introductions**

Dr Suri welcomed the group members and thanked them for attending. A special welcome was made to the new member David.

**Apologies**

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

**Notes from previous meeting**

The notes were summarised for our newest member David, who suggested making a glossary of NHS terms at the end of the minutes and to write the first letters of any abbreviated words in bold.

**Actions**

I was suggested that all members of the group are contacted the day before the meeting as a reminder to attend if they are able to. It will also allow the meeting to start promptly if we know no one else is expected to attend.

**New GP Contract – Update**

Dr Suri summarised the new GP contract that will come into effect in April 2014.

Some new changes which have been reviewed since the last update were discussed. There will be more money coming from the **L**ocally **E**nhanced **S**ervices and **D**irectly **E**nhanced **S**ervices. Anyone can be a provider of a DES, as long as they can prove their accreditation. They are known as **A**ny **Q**ualified **P**roviders. GPs have been given 10 LESs they may provide if they wish but have only been given until mid-march to apply for them. Questions were raised as to who would monitor these AQPs.

**O**ut **o**f **H**ours Service – Currently, GPs pay 6% of their income to the OOH Service. The new contract allows GPs to group together to provide 24 hour care rather than pay the 6%.

Contract targets – there is more flexibility for GPs to cater for their patients with Diabetes and Hypertension on a more individual basis.

However, if GPs do not get accredited to provide these services which their patients need on a regular basis, where will the patients go?

The new contract wants to get rid of **P**atient **R**epresentation **G**roups and instead, questionnaires will be sent out asking patients if they would recommend their GP to family and friends.

**Any Other Business**

***Manor Hospital Data*** – this gives the national target of: Patients seen at A&E within the 4 hour target

 Trolley waits

 Number of ambulances waiting outside for >30 mins

It provides a snapshot of how the various services are doing as members of the public are able to compare local figures with national figures.

The Hospital must meet the targets set out to them (their Key Performance Indicators) or pay a penalty. They include: out patient appointments within 13 weeks, 2 week waits within 2 weeks, operations within 18 weeks, patients to be treated in A&E within 4 hours (although the Manor is struggling to cope with this target at present due to the high volume of patients coming from the Stafford area), Hospital Mortality Rates, avoiding patients dying within 28 days of discharge from hospital and Infant Mortality Rates (this hasn’t been reduced yet due to a number of factors affecting unborn babies: Ethnic minorities, smoking mothers; and child neglect).

More Doctors and Nurses are needed but these need to be recruited and trained which will take time and therefore will not be achieved quickly. The language barriers between health care staff and patients is also a big problem.

***Care.Data*** – this has been delayed for 6 months

Anonymized patient data has been sold off to a private company for research. Patients should have a choice as to whether their information is shared, anonymized or not. Questions were raised as to whether it is possible for all patient data to remain anonymized if computers and the internet are involved. Also, why not just upload the minimum amount of data required for the hospital to treat the patients in an emergency. This will be reviewed nearer the time that it is released.

**Glossary**

**Directly Enhanced Services** GPs are contracted to provide core (essential and additional) services to their

patients.  The extra services they can provide on top of these are called

Enhanced Services. Enhanced services plug a gap in essential services or

deliver higher than specified standards. DES must be provided or commissioned by the PCT for its population.

**Locally Enhanced Services** locally developed services designed to meet local health needs

**Any Qualified Provider** patients are able to choose between certain hospitals or clinics who have been approved to provide care and treatments for specific services. They will remain free for NHS patients to access but use will be based on clinical need.

**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 3 months.