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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 15TH DECEMBER 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

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David Lawrence yorathdude@live.co.uk

Michael Price mikeprice5454@yahoo.co.uk

Lisa Price lisaannmitton@yahoo.co.uk

**Welcome and Introductions**

Richard welcomed the group members and thanked them for attending.

**Apologies**

Apologies were received from Abdul Meah and Pravinchandra Patel.

**Notes from previous meeting**

The government is still wanting GPs to provide 24/7 care but in order to achieve this, more GPs and Nurses will need to be recruited. This is not possible as the demand will be higher than availability.

**Actions**

Hana to circulate the minutes of the meeting with the PRG invitation letter so members can read them before the meeting.

**Feedback from the PPG Chair**

On 14th November 2014, Richard attended a PRG meeting for members from various surgeries across Walsall. In Dudley, each PRG was entitled to £1000 funding but this was not available in Walsall. During the meeting, there were two factions fighting for control: Pro **CCG** and Anti **CCG**. Some members thought it would be a good idea for PRG Chairpersons to have relevant training for the role and also suggested sharing PRG templates which would help all PRGs understand what is required of them. Funding the PRG would allow better advertising of the PRG and help recruit new members.

A PRGs views and suggestions regarding services etc. can be forwarded to the GP who can then take it to the CCG. A PRG should consist of a vocal group of people to share ideas and who are prepared to make things better. A PRG can organise raise funds for new equipment to help patients in the surgery or to help pay for specific services if needed.

Richard is now invited via emails from the CCG to various meetings related to patient views and PRGs.

Richard also attended an NHS 111 Workshop to help understand their role. They have around 20’000 calls per week, each call lasting around 11 minutes on average. They have an electronic directory of services which they find most useful as it gives them alternatives to primary care. Paramedics however, reported still having too many unnecessary calls as a result of 111 calls. Some enhancements to the service were suggested: video calls and access to patient data. This was discussed during our meeting and it was felt that some video calling methods i.e. Skype have poor picture quality and you would also need a trained observer doing the video call (someone who could diagnose the problem). Having access to patient data was considered unsafe. These enhancements would be better to be implemented within GP surgeries.

Out of Hours care – this used to be provided by WalDOC. GPs would pay a fee to allow their patients to use the service when required. GPs would take it in turns to provide this cover. Now, 6% of the GPs income is paid to a private company, Badger, who provides the out of hours service but they have no access to patient records whereas when WalDOC were providing cover, GPs could contact each other directly for a basic summary of the patient so they could provide more specific care.

NHS 111 is funded by the CCGs, therefore the CCG Board have input into how it is run. It is generally thought to be an improvement on NHS Direct.

**GP Patient Survey 2014/15**

The results of the GP Patient Survey were summarised for the group. GPs will start to send text messages to patients when their test results are normal. Patients would like a little more privacy at the reception desk. Dr Suri had originally considered having a screen put up at the reception desk, more for the safety aspect of staff but this would make the privacy issue worse. One question was raised about reception staff, how do they determine the emergency of an appointment request. Some of it is down to experience but GPs are now triaging most urgent appointment requests or calling the patient directly to assess them problem and invite them to an appointment if deemed necessary.

EMIS Plus is a service that allows patients to access their test results online. The CCG want a survey done and asked members at the meeting that Richard attended, to ask their GPS to provide information on how many patients they referred to A&E directly. Dr Suri is certain they already have this information sent to them automatically.

**Crisis Car**

**DWMHT** have developed a new service for people with depression, anxiety, suicidal thoughts, alcohol addiction, binge drinkers and drug addiction. Many people would end up in the wrong place, accessing the wrong service. One example of this is people who are intoxicated and causing trouble in the street don’t necessarily need to be arrested and taken into custody or taken to A&E if they sustained any injuries. The new service provides a psychiatric nurse, a paramedic and a police officer all in one car to provide whichever service(s) is needed at the time. They can signpost people to a more appropriate service to meet their needs. The service has only been running for about 2-3 weeks and has already reduced the number of A&E attendance by up to one third. NHS 111 will also signpost people to the Crisis Car. They are based in Bilston and there are two cars covering the whole of the Black Country. They are available from 11pm until the next morning and at weekends.

**Co-Commissioning – introduction of the new model of working**

*At present* – the CCG is in control of buying (commissioning) services from the Manor Hospital/Physiotherapy/Community Nurses/Community Mental Health Nurses etc. They have nothing to do with GP contracts or the GP services.

*Co-Commissioning* – the current CCG will take over GP contracts and GP services. Conflicts could arise as some GPs who are also CCG Board members, will be commissioning their own services. For NHS England, area staff members jobs will be cut and these jobs will be offered to CCG members as they take on more work with the Co-Commissioning. It seems they will be slowly reverting back to the role of the old PCTs but will have no extra resources.

The CCG will have three options:

1. Do nothing more but have more say in community matters with the area team.
2. Jointly commission services with the area team. Both parties will take responsibility for any problems or concerns raised.
3. Have full PCT functions, the area team will disappear and the CCG will do everything.

CCGs are currently assessing which option is best suited for them. Co-Commissioning will also control other services not currently commissioned, i.e. Dentistry. Some GP surgeries will receive money to improve their premises or face the possibility of closure.

Walsall CCG wants to take its time to make a decision but are currently leaning more towards option 2. The **LMC** say they should stick with option 1.

Hospitals are struggling to keep up with demand and to keep within their targets set by the CCG: RTT (*refer to treatment*) – the target timescale within which the patient should be seen or have a procedure done and KPI (*Key Performance Indicator*) – the ‘trolley wait’ in A&E. Some hospitals are asking GPs to contact other hospitals to see if the patient can be seen any sooner, or to refer to a private hospital so they are seen within the target time.

Rather than fining hospitals for not meeting their targets, it was suggested that the money they would have to pay in fines, could be used to improve their services so that they are more likely to reach the targets. More patients are now being discharged on Saturdays and Sundays to allow more bed space for patients being admitted to hospital at the weekend. This should help improve the A&E wait times as beds will become available sooner.

**NHS Cutbacks and impacts**

Each CCG has been asked to save £5million per year. From April 2015, they want to cut £400’000 from the Alcohol and Substance misuse services. When Public Health joined with the council, they had an extra £1.1million in the joint ‘pot’. The Local Council want to try and take this money back as part of the cutbacks.

Reducing the Alcohol and Substance misuse funding can have a more costly impact in the long run. If a patient approaches their GP to ask for help, they need that help ASAP while they are focussed. If they have to wait some time before being seen, they are more likely to continue abusing alcohol/drugs, obtaining money to pay for these by other means such as stealing, patient may be arrested if caught stealing, admitted to hospital for treatment if intoxicated. All these services cost money.

Patients are being encouraged to read about the NHS cut backs.

CCGs are also being asked to join with other CCGs, again to save money.

**Family and Friends Test**

This was started on 1st December 2014 and the data from them will be submitted on a monthly basis.

**Band 6 Surgeries**

Walsall GP Surgeries are assessed by the CQC and given a grading from 1 to 6 (1 being poor and 6 being excellent). Birchills Health Centre was given a Band 6 grading. Some surgeries were given a 1 and may be forced to close. Those with a grading of 2 or 3 need to make some big improvements to their premises, policies, protocols or services that they provide.

Some surgeries scored low but were assessed using the wrong criteria and so the CQC have been asked to reassess them.

**Any Other Business**

Patients First Booklet Richard picked this booklet from reception and asked Dr Suri his views on it.

Collaborative working GPs might be able to tackle the government’s idea of working 8am-8pm and

 at weekends. Surgeries can group together but it will result in job sharing

and possible job cuts, mainly of admin staff. GPs would take it in turns to do the ‘night shift’.

Specialised GPs Some patients are referred to GPs who specialise in certain areas i.e. Minor

Surgery as it costs less than referring them to the hospital and the patients will also probably get the procedure done quicker.

What the PRG needs David suggested that the surgery creates a document for the PRG members,

detailing what the surgery wants from the PRG and for the members to draft a few ideas about what they think they can do to help the surgery and the wider services it provides. At present, the PRG members attend the meetings and have a lot of information shared with them but don’t really contribute much themselves. So the PRG can organise fund raisers if there is a piece of equipment that the surgery needs that will help the patients, for example.

Services we provide It was brought to the attention of the PRG that some patients aren’t fully

aware of the services that we provide. So they could be advertised better and also it might be a good idea to get the TV in the waiting room working again so we can promote the services that way too.

**Actions**

* To send the minutes of the meeting as soon as they are available

**Glossary**

**CCG**  Clinical Commissioning Group – the group of GPs that control the services

commissioned for use by the patients in that area i.e. Walsall, Dudley, Wolverhampton

**DWMHT** Dudley and Walsall Mental Health Trust

**LMC** Local Medical Committee – Each borough has a group of NHS GPs that represent their interests in their localities to the NHS health authorities.

The next meeting will be held in March 2015.