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| ***DR. A. S. SURI & PARTNERS*** | ***BIRCHILLS HEALTH CENTRE***  |
| *MBBS, FPA Obs. CHS. List.* | ***23 – 37 Old Birchills*** |
| *(Approved under MHA 1983)* | ***Walsall*** |
|  | ***West Midlands*** |
|  | ***WS2 8QH*** |
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**MINUTES FROM THE PATIENT REPRESENTATION GROUP MEETING**

**TUESDAY 12TH FEBRUARY 2013**

**PRESENT**

|  |  |  |
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| Dr A S Suri  | GP |  |
| Lisa Parkes  | Reception Manager at Birchills (and a Patient) |  |
| Michael Price | Building Surveyor | Married |
| Lisa Price | Shop Assistant at Tescos |
| Ellen Jones | Care Assistant for Housing21 |  |
| Glenys Davis | Retired | Married |
| John Davis | Retired |
| Mahesh Pancholi | Newsagent |  |

**Welcome and Introductions**

The group was warmly welcomed and thanked for attending by Dr Suri, who chaired the meeting. Dr Suri asked all members to introduce themselves and provide a little bit of information about themselves.

**Apologies**

No apologies were received prior to the meeting.

**Notes and Actions from previous meeting**

The minutes were read by all and it was agreed that they should be sent out by post to all members before the next meeting. A column will be added on the right so that the initials of the person required to take any action will be clear.

**Birchills Health Centre – recent changes and developments & Update on the CCG**

Dr Suri informed the group about the recent changes to the PCT. The PCT will no longer exist after 31st March 2013, at which point, the CCG will take over. The CCG board consists of 15-16 members compared to 300 PCT staff. The CCG had to learn everything that was done in the last 50 years by the PCT and NHS. Dorothy Pattison Hospital (DPH) and commissioning GPs will be responsible for providing the services needed by patients.

Dr Suri apologised for not arranging a meeting sooner, he had been very busy attending the CCG meetings and other related meetings prior to the CCG taking over.

GPs have to make the decisions for patients after obtaining feedback from them as to their needs and satisfactions with the services being provided. These are given to patients in the hospital after an outpatient appointment or inpatient stay. The patients are at the centre when it comes to what services will be provided.

Dr Suri informed the group that 9 out of 10 surgeries have Patient Representation Groups – PRGs (formerly known as Patient Participation Groups – PPGs). The PRG posters, leaflets and forms were discussed and circulated. Mrs Davis suggested asking patients directly to complete the feedback forms rather than leaving them in reception and the waiting room for them to complete on their own.

The NHS Parliament consists of 2 members from each locality (North Walsall locality is made up of WS2 and WS3). These members are elected (if thought to be beneficial to the meetings) and meet with other members as and when required (this can be monthly, fortnightly or weekly) to discuss general health problems within the community and matters arising in the Hospital. At each subsequent PRG meeting, the representatives can feedback to the group.

Dr Suri spoke about the various budgets in each sector and the services provided:

*Manor Hospital*

Dr Suri informed the group that the Health and Social Bill has now been passed. He also told everyone that the Manor Hospital is applying to be a Foundation Trust. The government wants all hospitals to prove they can work as an effective organisation. They can borrow money if they can fit certain criteria and provide services in return. The Manor approached the PCT and asked if they could take over community services (i.e. District Nurses, Health Visitors, Midwives, CPNs). The Manor added their own £300 million to the commissioning services budget. This was one of the criteria that have been met. Mrs Price asked why they don’t have Matrons anymore. Dr Suri informed everyone that they are actually thinking of bringing some back. The Manor is now Manor & Community Services and the GPs buy the District Nursing service from the Manor.

*Acute Psychiatric Services*

Walsall had a £40 million budget which wasn’t big enough to become a Foundation Trust on its own. Wolverhampton Mental Health Trust weren’t keen to join Walsall (they were also overspent by £15 million, which Walsall has never been as DPH is very strict). Walsall MHT has therefore joined Dudley MHT, is now called joint Walsall Dudley Mental Health Services and has a budget of about £80 million. The GPs commissioning services are combined as a joint budget.

*GP Services*

GPs are under pressure to provide more and more services in-house as it is a much cheaper option rather than referring to the hospital. The hospital has a £15 million/month mortgage to pay for so wants patients to attend so that they can charge the GPs for providing the services. Patients who attend A&E cost their GP £160 - £1000 depending on what they have done while they are there. GPs are being encouraged to provide a ‘virtual hospital’ whereby they treat patients in their home and at the surgery. Questions were raised over dementia patients if GPs were treating in the home. Where are they going to get the treatment from? GPs are being asked to diagnose ASAP and treat it in order to reduce the progression of the dementia and save the patient from being admitted to a Nursing Home.

The hospital mortality rates for preventable deaths are being monitored. Patients with chronic diseases/short life expectancy are being asked if they would like to be sent to hospital or remain at home to die and they are also asked to sign a DNR (Do Not Resuscitate) form. This therefore reduces the hospital’s mortality rate if the patient chooses to remain at home.

If the Manor doesn’t get Foundation Status, it will be closed down.

Mrs Davis asked if a deprived area would get more money than an affluent one. Dr Suri said that people living in the South and East have a life expectancy of +2.5years for a man and +1.5 for a woman compared to the North and West. In Walsall, the North and West areas are near the motorway and have more unemployment, more anxiety and depression, more asthma, more smokers therefore more smoking related disease, and alcohol related diseases which result in more hypertensives (raised blood pressure) and anxiety and depression. As a result, the north and west localities will be requesting more money out of the budget.

Walsall CCG had to achieve 116 targets to be passed off as a CCG. These have all been achieved.

Some patients can’t be dealt with in-house, at the Manor or at DPH. These patients are referred further afield to more specialist centres or hospitals. Some of these other services have to be purchased. Ellen asked whether in future, patients will be charged for self-inflicted injuries such as getting drunk and an ambulance having to be called. Preventable deaths, such as those caused by obesity, diabetes and smoking related illnesses will be taken over by the joint Public Health and Walsall Council (with a joint £13.5 million budget).

**Chairmanship and PRG Constitution**

* It was agreed that Birchills PRG needed more members.
* Confidentiality Statements were circulated and signed by all members of the group.
* The PRG Constitution was read out to all by Lisa.
* Methods to get more patients involved was discussed. Lisa circulated posters and feedback forms which can be displayed in the waiting room. The possibility of the PRG members giving some time to hold clinics for patients to approach them with applications to join the group, suggestions and comments was also discussed.
* The PRG needs a Chairperson, ideally a patient, a Vice Chairperson and a Secretary. No-one wanted to take the role of Chair or Vice Chair but as Lisa was taking the minutes of this meeting, she volunteered herself to be Secretary for the time being until there were more members. None of the current members had any objections.
* A copy of the PRG Application form was circulated to all.

**Any Other Business**

* There are 1.1 million people in the Black Country and the CCG are hoping to save £25 million for the budget.
* From 1st April 2013, Religious Circumcisions will be treated as procedures of clinical limited value, i.e. they won’t be available on the NHS as there is no clinical reason for the circumcision.
* The cost of private residential care was discussed. Patients have to pay the first £75k of care. An individual budget assessment is carried out by a Social Worker.
* When a patient is admitted to the hospital, their discharge is planned from day 1. It costs £600-£800 per night when the patient stays an inpatient.
* Michael raised the issue of the fire exit being obstructed. The surgery cleaner needs to be informed that this should remain clear at all times.
* Mr Pancholi mentioned that a lot of people ask about chiropractors within the area.

There were no immediate actions required following the meeting. Application forms and posters will be finalised before being displayed.

The next PRG meeting to discuss the Patient Questionnaire results will be arranged soon, to be held in about a month.