|  |  |
| --- | --- |
|  | *BIRCHILLS HEALTH CENTRE* |
|  | *23-37 Old Birchills* |
|  | *Walsall* |
| ***Dr A.S. Suri & Partners*** | *West Midlands* |
|  | *WS2 8QH* |
| ***Dr Rebecca SURI*** | *Tel: (01922) 614896* |
| ***Dr Anuradha MUNIYAPPA*** | *Fax: (01922) 621876* |
| [**birchillshcadmin@walsall.nhs.uk**](mailto:birchillshcadmin@walsall.nhs.uk) **/** [**www.birchillshc.co.uk**](http://www.birchillshc.co.uk) | |

**MINUTES FROM THE PATIENT REPRESENTATION GROUP MEETING**

**MONDAY 9TH MARCH 2015 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

David Lawrence yorathdude@live.co.uk

Michael Price mikeprice5454@yahoo.co.uk

Mahesh Pancholi

Joan Nicholls

Pravinchandra Patel

**Welcome and Introductions**

Richard welcomed the group members and thanked them for attending.

**Apologies**

Apologies were received from Glenys Davis, John Davis, Lisa Price, Ellen Jones, Abdul Meah, Ian Mason and Sylvia Smith.

**Notes and Actions from previous meeting**

The minutes of the last meeting were circulated via email to all that attended. Joan does not have email so will collect a copy of these minutes directly from the surgery.

**Feedback from the PPG Chair**

* There is the Pinfold Health Fair on 20th March - Pinfold Health Centre will be informing patients of the services available to them.
* The new PRG Liaison Group have met twice so far
  + One member from most PPGs across Walsall are invited to attend to represent the PPGs. CCG members also attend (x3) but they may not be allowed to vote on anything. Currently only 10 surgeries are represented.
  + CCGs can reach out to patients’ opinions via PPG representations. PPGs have the power to stop new services, stop new buildings, propose new buildings and services etc.
  + Although the funding for PPGs will come to an end in April 2015, it will still be a contractual requirement for GP surgeries to have one, or at least try their best to have one, from April.
  + The first meeting outlined the role of PRGs. They can signpost patients to services they need. PRG members will need basic training before they can take on this role.
  + The second meeting listed the draft roles and functions of the PRG Liaison Group, which can also be used for the surgery PPG
  + The third meeting, to be held on 24th March, will list the roles and functions in more detail.

**Patient Participation Enhanced Service – Reporting Template**

The priority areas and Action plans were discussed. Richard will sign it off when completed.

During the discussion, the suggestion of finding out how many patients use the Pharmacy First scheme was raised. Particularly when we are open, comparing to when we are closed. Patients using the service when we are closed may help to reduce the number of A&E attendances.

Dr Suri would like Richard to have his own stamp to use for PPG matters, to make it more official. The stamp is to include ‘Richard Dean, PPG Chair, Birchills Health Centre….and *telephone number’*

**Family and Friends Test**

It was suggested that maybe the surgery could send emails to patients if they don’t respond to text messages. Some people, especially of the older generations, do not like modern technology.

**Maintaining Quality and managing GP’s workload**

Some GPs are feeling pressurised and not enjoying their job anymore and they feel they are unable to provide their patients with the care they need. The GPs workload is increasing.

GPs accept their core contract – seeing ill patients, taking history, advising management, examining, sending for further tests etc. However, Consultants are discharging patients back to their GP after one visit and asking the GP to prescribe medication and provide follow up. The GPs want Consultants to provide follow up and monitor the patients until they are stable.

If patients DNA a hospital appointment, for a valid reason, they are still discharged and the GP has to re-refer the patient, which costs even more money. Patients may want an assessment for a wheelchair, a note to excuse them from school due to illness or their passport application counter-signing. This all adds to the GP’s workload.

GPs are also being asked to provide other services that used to be done at the hospital i.e. monitoring diabetic patients but GPs are not receiving any extra money for this that would have been given to the hospital for providing this follow up.

GPs will say no to these services, also due to the patient safety aspect. Unless they have the necessary skills and knowledge then GPs don’t want to take on this extra work. GPs are also being asked to do home visits for patients aged over 75 to provide a full care plan. There is a shortage of 4000 GPs and 9000 Nurses in the UK at present.

**Active Patient and Public Involvement at the Centre of eHealth Innovation**

Richard will be attending this meeting on 18th March and feedback to the group in the next PPG meeting.

Walsall Health and Well-Being Board are currently targeting Obesity in children (promoting healthy living, diet and exercise) and Alcohol and will review this in 1 year.

**Epilepsy and World Epilepsy Day**

The ***WHO*** declared that 26th March is World Epilepsy Day.

On the Epilepsy Action website, Walsall CCG had announced that they were going to have written plans in place for Epilepsy in 2014/15 but there has been no clinical lead appointed yet. However, GPs have Epilepsy QOF targets that they use which gives the patients the follow up needed on an annual basis. There is no need for an actual Epilepsy care plan at present. The Neurology department at the Manor does not have the sufficient staff to provide a high level of care. The one consultant only works part time and there is one full-time epilepsy nurse specialist.

**Any Other Business**

Minor Surgery The new joint injection clinics should be promoted on the website (along with out

other new services such as family planning – coil fittings).

It was asked if skin tag removals could be available on the NHS again.

Prescribing Budget Birchills Health Centre has the lowest prescribing budget for the number of patients

on the register.

Advertising the PPG The PRG notices should be added to the surgery-made notice board as patients are

more likely to read them rather than the mass-produced posters.

The TV in reception could be used to advertise the PPG – Ravi to look into this. The

TV could be used to target certain patient groups at certain times, i.e. baby clinic.

To look at getting the posters done in different languages to target more patients.

Practice Website Needs more publications available for the patients to download and print. It was

suggested that the PPG could develop a newsletter and make this available on the

website also.

Frequency of Meetings It was suggested that the PPG meetings be held bi-monthly in order for us to provide

a better service.

Meeting Preparation Richard to copy reports of meetings that he has attended prior to each meeting so

members can read them and only a brief summary from Richard is required.

Health & Social Care Budget Walsall may be a candidate for this after the next election.

Walsall Alliance From April, numerous GPs will be bidding for services so they can provide them

directly for patients.

**Actions**

* To send the minutes of the meeting as soon as they are available
* Ravi to look at setting up the TV for advertising
* PPG poster to be added to the surgery-made notice board
* Richard to have his personal stamp for PPG purposes

**Glossary**

**WHO**  World Health Organisation

The next meeting will be held in May 2015.