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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*** |
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**MINUTES FROM THE PATIENT PARTICIPATION GROUP MEETING**

**TUESDAY 13TH MARCH 2012**

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| **PRESENT** |  |
| Dr A S Suri | Mahesh Pancholi |
| Lisa Parkes | Pravinchandra Patel |
| John Davis | Joan Nicholls |
| Michael Price |  |

**Welcome & Introductions**

The group was warmly welcomed and thanked for attending by Dr Suri, who chaired the meeting.

**Apologies**

Apologies were received from Glenys Davis and Dr B Mitra.

**Notes and Actions from previous meeting**

The minutes were read by all and it was agreed that there was no action to be taken.

**Chairmanship**

Dr Suri once again stressed that the PPG should be chaired by a patient. The group should have a good mix of local patients, different ages and from different ethnic backgrounds as it will be the patients telling the GPs what services they would like to be provided. The group should meet at least 3 times per year.

**Update on the Health and Social Bill**

The NHS is not sustainable in its present form is what GPs are being told. The new reform has not been made a legal bill yet (it should have been passed 12 months ago) as Doctors, Nurses and Physicians are all saying they do not want the new system. There will be 3 ways the NHS will save the money required for the new bill:

1. At least 50% of managers will lose their jobs i.e. in hospital, PCT, community services etc as they are considered ‘surplus people’.
2. Centralise services i.e. 1 Payroll Department to cover Walsall, Wolverhampton, Dudley and Sandwell. Money will be saved as there won’t be as many buildings to maintain. Lichfield House is one example. All staff have moved to Jubilee House. They will all lose their jobs as PCT staff, some will be made redundant and some will be offered jobs at the Commissioning Support Service (CSS).
3. GPs will be asked to stop providing services that have limited clinical needs and procedures of limited clinical value i.e. warts and varicose veins will no longer be available through the NHS. Hernia patients will be given a support belt rather than an operation (unless there are complications).

Dr Suri has been working as a Clinical Commissioning Group (CCG) member for the last 2 years and there was recently an election for re-electing the chairman which Dr Gill and Dr Sinha had put themselves forward for. Dr Suri has been chairman for the north locality and CCG Board member. No GPs from the south-east volunteered which indicates that the GP body as a whole is not in favour of the bill. The board needs 8 members in total in order to function and they have been informed they will have a third of the budget (approximately £25 per patient per year) that was previously allocated to the PCT.

Walsall, Wolverhampton, Sandwell and Dudley PCTs have all been closed down and a Black Country Senate has been created instead. This new superstructure itself has cost money to create. GPs are currently consulting with the Manor to become a Foundation Trust (by April 2014). My NHS Walsall currently has 15000 patients, all of whom are being consulted about the Manor Hospital – on how money can be saved and generated and My NHS Parliament has around 80 members, who are also being consulted about the Manor Hospital.

From April 2012, the CCG will become a Shadow Board, taking over around 70% of the budget (£300 million approx.).

Walsall and Dudley Mental Health Services have amalgamated and are applying to become Walsall Dudley Mental Health Trust from April 2013. Wolverhampton or Sandwell did not want to join this merge. Mental Health Services for Walsall and Dudley currently cost around £70-£80 million per year. In order to save money, the GPs now have to refer patients to a Mental Health Nurse before referring to a consultant and the patients will be discharged to the community to be monitored by their GPs (who do not have the specialist training required in order to look after them).

Dr Suri agreed that money does need to be saved but a lot can be saved by not admitting patients unnecessarily.

*In hospital, patients cost* ***£500-£1000 per day*** *to be looked after whereas this falls to*

***<£500 per week*** *if cared for in the community by GPs.*

The Walsall PCT and BMI Budget have been amalgamated into a joint commissioning budget to provide NHS and Social Care services jointly.

**The GP Patient Survey**

Before discussing the survey, Dr Suri informed the group how the surgery will be assessed by external bodies in future. The surgery will be required to register with the Clinical Quality Commission and obtain a kite mark. In order to achieve this, the surgery will be assessed by Infection Control and this will start from August to September 2012. It is estimated that 15-20% of surgeries won’t pass the assessment.

The results of the survey were then discussed:

* The ethnicity of those surveyed reflects the surgery’s actual ethnic population
* The number of males surveyed was less than women which shows they access GP services less than women
* Birchills is not a wealthy area which is reflected in the % of home owners and % of those employed.
* It was clear that not many patients knew all the surgery’s opening hours so Dr Suri suggested making sure that the Practice Leaflet was circulated to all patients.
* Access on the phone- some surgeries do not allow patients to speak to the Doctor at all. The GPs here call patients back when necessary but not many patients contact the surgery as advised, to obtain their test results.
* GPs cannot please all patients all of the time so it is expected that the waiting times to see a clinician may not satisfy everyone. In order to improve access, the surgery has now implemented a DNA policy in order to try and reduce the number of DNAs and therefore reduce the waiting times. The surgery also aims to educate patients regarding self-help and thus reduce the number of ‘emergency’ appointments with the Doctors or Nurses.
* Waiting times once at the surgery – genuine emergencies do arise and can cause a delay for the Doctors or Nurses. Reception staff need to keep patients informed of any delay.
* Satisfaction with their consultation with a Clinician has improved since last year. This may be because there are now more GPs working at Birchills Health Centre.
* Approx. 9 out of a 10 minute consultation is spent educating a patient regarding their long standing condition i.e. Bronchitis, Asthma, Diabetes, Heart Problems, Alcohol etc. £3 billion was spent on patients with alcohol related problems in hospital last year and £7 billion was spent on COPD and smoking. Hospitals and GPs will have to work together in order to educate and treat patients effectively.
* Regarding prescriptions: Errors can occur if orders are taken over the phone which is why we insist on written requests.

Dr Suri summarised by saying these were the best results the surgery has had for the last 8 years. The surgery has also been one of the top 5 best surgeries in Walsall for the last 8 years.

**Any Other Business**

Dr Suri touched on what the role of a Patient Participation Group (PPG) is. The group is there to raise funds and talk to patients about what they want from the GPs. If the PPG wanted a particular service, it can be mentioned and then discussed with Health and Social Care. Such services may include:

* Ladies who wear burkas are deficient in vitamin D as they have no access to sunlight. Therefore a gym purely for these women (who do not interact with men) can be set up so they have access to sunlight but not have men around.

There are Health Trainers but their work is not focused on these minorities. It was suggested that asian health trainers go to asian patients’ homes to advise these ladies regarding health, diet and exercise etc.

Mr Davis commented on Social Care: when patients reach a certain age, there is no more money to care for them. When they really need the support of the NHS to be looked after in their old age, there is no more money in the pot for them.

The health of the younger generations compared to older ones was discussed. There seems to be more stress on younger peoples’ shoulders which can cause illnesses. This combined with an unhealthy lifestyle from fast food and not exercising, may cause children to die before their parents in years to come.

It was thought that maybe the NHS was being sold out to private companies as it has to make a profit somehow. This is a certain fear among GPs. One question raised was how does the Manor generate money to pay off the mortgage for the new buildings if money is being cut? Another question raised was whether the builders were leasing the hospital buildings out to make more money? Or does maintenance of the new buildings have to be done by a private company who then charge the Manor a fortune?

**Date and time of the next meeting**

The next meeting will be arranged in due course but can be called earlier if any of the members have any concerns or suggestions. Karen Goldsmith will be invited to the next meeting.