**SOLIHULL PATIENT PARTICIPATION GROUPS NETWORK**

**Minutes of Meeting on Thursday 29th September 2016**

**West Warwickshire Sports Club**

*Note:* SG *indicates Steering Group Member;* PM *indicates Practice Manager*

**CHAIR:** Tony Green, (Monkspath) SG

**ATTENDEES:**

Walter Smart Shirley Medical Centre SG

John O’Donnell Swanswell Medical Centre

Ted Richards Castle Practice

Val Tabb Dorridge

Keith Boad Richmond Medical Centre SG

Clive Savage Haslucks Green

Alan Frankcom Yew Tree

Simon Johnson Arden

Phil Jones Shirley Medical Centre

Reginald Patrick Shirley Medical Centre

Ian Black Haslucks Greeen

Michael Evans Monkspath

David Perry Monkspath

Jo Walker Shirley Medical Centre SG

David Cuthbert Yew Tree

Sue Klein

Hazel Malcolm

Amanda Shakespeare PM Dorridge

Martin Wright Jacey Practice

Bernie Aucott Hall Green Medical Centre

Kevin Byrne

Kevin Rudge HEFT patient group

**SUPPORT** provided by Arden GEM Commissioning Support Unit

**APOLOGIES:**

Barry L Austin Northbrook

Florence Walsh Grove

Susan Gomm Grove

Edna Notman St Margarets

Michael Notman St Margarets

Alan Scott Jacey Practice

Richard Birkin Arden

* **ITEM 1 – Welcome and Administration**

Everyone was welcomed. Apologies were listed. The draft minutes of the previous meeting on Thursday 28th July 2016 were corrected in respect of attendees and apologies, and subject to those amendments and, proposed by Jo Walker and seconded by Keith Boad, were accepted as a true record. The Chair summarised the agenda and said that while our normal agendas had an early time slot before the break and a late slot after the break, this time it had had to change because both the main invited topic speakers had clinical commitments that meant they needed the late time slot. He asked whether anyone wanted to flag any item of Any Other Business for discussion later in the meeting. One delegate asked what is the purpose of the Network.

* **ITEM 2 – Chair’s announcements**

All but one of the services in the current Walk In Centre in Solihull will be relocated into the main Solihull Hospital building on 29 October. The exception is that patients who are registered with the GP practice at the Walk In Centre have been told they will need to re-register with other GP practices and have been given advice and information to assist them to do this before the deadline.

There will be several mergers. The Children’s Hospital and Women’s Hospital Trusts are likely to merge in 2022, which will probably mean Children’s Hospital services relocating from its Birmingham City centre site to Edgbaston. The two larger hospital trusts, University Hospitals Birmingham and Heart of England Hospitals, will merge though no date has been announced yet. Solihull CCG, Birmingham Cross City CCG and South Central Birmingham CCG will merge in 2018. This means that these larger combined bodies may be less inclined to respond to the voice of individual GP practices, so it seems likely that some GP practices will merge with others, and that all GP practices will join federations that can carry their collective voice: for example it’s expected that Solihealth Ltd will be the federation for Solihull GP practices.

Another size-related development is that NHS England has drawn up 44 geographical “footprints” that between them cover all of England. One of them covers Birmingham and Solihull and Mark Rogers, Chief Executive of Birmingham City Council, is leading discussions between the 12 organisations involved. Within each footprint, all the public organisations involved in the commissioning or delivery of health or care services must draw up and jointly agree a Sustainability & Transformation Plan (STP) to be published on 10 October and set out both how the quality of health and care services will be improved and also how efficiency savings will be made. Each footprint must produce five annual STPs, and NHS England will analyse each round of STPs and that will shape the guidance it issues for the next round. The savings will help to pay for the GP Forward View aim (summarised in our July meeting) to increase the percentage of NHS funding for primary care – mainly GP practices – from just under 8% to 10% by 2020.

The STPs had to be drawn up and agreed very quickly and kept confidential: there was no formal scope for patient involvement – though at our July meeting we gave some patient feedback to Doug Middleton who is Solihull CCG’s lead on STP.

Most people agree that there is inefficiency and waste in the NHS and care services so it seems likely that the first annual round or two of STPs will focus on reducing that, rather than proposing anything that will disadvantage patients. But in each successive round it will get harder to find more achievable savings… Dr Patrick Brooke, Solihull CCG’s chief officer, has assured the Chair that this year’s STP “ …will focus on improving maternity services, better community nursing, more prevention, & trying to harness the economy to the benefit of health”, & that “there is nothing sinister in our STP, no hospital closures, no A&E closures etc. Both nationally & locally we want to write a coherent plan before we publish & consult on it”.

One delegate expressed the view that the lack of patient engagement in STP preparation was illegal because it didn’t meet the Gunning Principles, which require patients to be involved in decision-shaping, not just responding after decisions are fixed, and certainly not excluded altogether. He said somebody should apply for a Judicial Review because the NHS has broken the law. The Chair said that if any of the changes involve a reorganisation of a health service that might potentially disadvantage patients the change cannot be put into practice until there has been patient engagement. If it seems an application for a Judicial Review might be justified it would cost money and the Network has no budget.

* **ITEM 3** – **Care Navigators** presentation by Lucy Garratt of Age UK and Dr Bilal Patel GP

Solihull CCG, on behalf of Solihull Together for better lives, has commissioned Age UK Solihull to deliver the Care Navigation Service. The Service is a pilot, initially in disadvantaged areas of Solihull, where there will be one Care Navigator per three GP practices. It will become operational on October 1st 2016 and will run until 31 March 2017, then potentially be extended to other areas. Each Care Co-ordinator will assist elderly patients in their homes to access care services to achieve what the patients define as to a good quality of life.

The Chair thanked Ms Garratt and Dr Patel for their presentation and delegates applauded.

* **ITEM 4 –Talk with a stranger break**

Because of the unexpected discussion about the lack of patient involvement in STP preparation and the Care Navigators presentation having significantly over-run, the Chair said that unfortunately there was no longer time for the normal ‘Talk with a Stranger’ break, so he invited delegates to get a coffee or tea and take it back to their seat as the next speaker was due to start at 12 noon and would have to leave 30 minutes later.

* **ITEM 6 – Eye problems and treatment** presentationby Mr Anil Negi, head of Heartlands Hospital’s Ophthalmology Department

Mr Negi gave a talk around eye care services in Solihull. He said that the major eye problems in the area were macular degeneration and cataracts. Cataract surgery is now performed at Solihull Hospital. There are two main types of age-related macular degeneration (AMD), both of which destroy central vision: the most common and least serious type, affecting 90% of AMD patients, is dry AMD, which develops very gradually. Wet AMD is more serious and can destroy central vision in just a few days. Mr Negi’s staff are trying to address a range of problem issues, namely:

* Discharging people who no longer require treatment
* Transferring people to the care of optometrists
* When booked/appointments get high, transferring of patients to private providers.

No emergency services are provided – this is provided by the eye hospital.

Service is currently open seven days a week. We provide children services, diabetes, plastic surgery, severe sight issues, glaucoma, laser surgery and special optometrics. The main challenges are cataracts, diabetes, lifestyle changes and macular glaucoma.

There is a patient support group attended by 75 patients.

The Chair thanked Mr Negi for his presentation and delegates applauded.

**AOB** (Any other business)

NOTE *'Q' means 'question'; 'A' means 'answer'; and 'C' means 'comment'*

In answer to the earlier-flagged question “What is the purpose of the group?” the Chair said that

* Firstly NHS services are a vast, complex jumble of ill-fitting systems, constantly shaken by changes and striving to use finite resources to meet seemingly infinite demands. As a result, without help it is hard for most patients to understand more than a few small fractions of it. This matters, because patients who don’t know what services and treatments are available are unlikely to know what questions to ask NHS staff and which answers to accept, and which to query. So the Network aims to provide some of that help. That is why the Network has at each of its bi-monthly meetings usually two main health topics presented by expert speakers, and delegates can question the speakers.
* Secondly without something like the Network, each individual PPG operates in isolation, with no efficient means of swapping ideas and solutions with other PPGs. So the Network enables any delegate who wishes to talk about their own PPG to the whole meeting is welcome to do so (providing they notify the Chair in plenty of time) and other delegates can question him or her. Also the 15 minute ‘Talk with a stranger’ break gives delegates from different PPGs the opportunity to meet and swap ideas.
* Thirdly often potentially significant changes are occurring in health services either at local CCG level, or regional or national level, and individual PPG members might not know about them, so at most Network meetings we have a Chair’s Announcements item where the chair gives a summary of relevant health news.

**Q** For a long time we have had talks about individual PPGs. Why isn’t that still done?

**A** Because in the past few months nobody has volunteered to give one. At or immediately after any Network meeting, any delegate can volunteer by notifying the Chair and a time slot will be reserved for them to do this at the next Network meeting.

**Q** Have we got any voice to represent us at the local level?

**A** We currently have no voice at a local government level, but we do at CCG level. Currently four people at today’s meeting serve on or chair CCG-led patient groups. For example Solihull CCG’s Patient Voice Panel was initially consulted only about decisions that had already been made, but as mutual trust increased we asked to be involved at an earlier stage – at decision-shaping stage, and the CCG agreed and implemented that. However being involved in decision-shaping sometimes means we are given information that is confidential, so we can’t pass that to the Network meeting until the confidentiality is lifted. But when it is lifted, we do. Our voice with individual PPGs is via the delegates that the PPG sends to the Network and the quality of feedback the delegates give to their own PPG about what they’ve learned. Steering Group members, usually the Chair, will visit and offer advice at any existing PPG or to any Practice Manager who is hoping to set up a new PPG, but only if invited to do so. The Network steering group cannot and does not wish to make any PPG do anything against its will: we provide opportunities for their delegates to learn, find out and interact, but how much delegates use those opportunities is up to them.

* **ITEM 7- Thyroid Disease** presented by Dr Andrew Bates from Heart Of England Foundation Trust

Dr Bates gave a general overview of the thyroid gland and how it normally functions, then its disorders – mainly overactive or underactive thyroid glands - the symptoms each causes, and the treatments available. Then he described less common disorders such as goitres, and Grave’s Eye Disease. The gland often goes wrong, but fortunately most of its disorders are treatable.

The Chair thanked Dr Bates for his presentation and delegates applauded.

**Note:** *Copies of overhead slides from all three presentations (Ms Lucy Garratt on Care Navigators; Mr Anil Negi on Eye Problems; and Dr Andrew Bates on Thyroid Disorders) will be distributed to everyone on the Network’s distribution list together with these draft minutes.*

The chair thanked delegates for attending and for raising such interesting issues and closed the meeting at 1.10 pm.

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**The next Network meeting will be on** **Thursday 24 November 2016 from 11 am to 1 pm**. Two speakers have been provisionally booked: one to present on Anxiety, the other on Birmingham Community Services Trust and the many services it provides.