**SOLIHULL PATIENT PARTICIPATION GROUPS NETWORK**

**Minutes of Meeting on Thursday 28th July 2016**

**West Warwickshire Sports Club**

Note: 'SG' indicates a Steering Group member.

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

**ATTENDEES:**

Geoff Baker Village Surgery (Cheswick Green)

Tom O’Sullivan GPS Healthcare

Pauline Mathias Jacey Practice

Megan Comlay Jacey Practice

Alan Scott Jacey Practice

Florence Walsh Grove Surgery

Walter Smart Shirley Medical Centre SG

Susan Gomm Grove Surgery

Edna Notman St Margarets Medical Practice

Mike Notman St Margarets Medical Practice

Liz Tout Yew Tree Medical Centre

John O’Donnell Swanswell Medical Centre

Bernadette Aucoth Hall Green Medical Centre

Jo Walker Shirley Medical Centre SG

MRN Evans Monkspath

Dave Perry Monkspath

Ted Richards Castle Practice

Reg Patrick Shirley Medical Centre

Val Tabb Dorridge

Ian Black Dorridge

Keith Boad Richmond Medical Centre SG

Jadine Culliford Jacey Practice/Lions

Andy Jeynes West Midlands Ambulance Service (guest speaker)

Doug Middleton Solihull CCG (guest speaker)

Lara Barnish ThiNKnow Ltd (healthcare engagement specialists) (supporting Doug)

Nick Sykes Solihull CCG

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

**APOLOGIES:**

*(See note taken by Jo)*

Richard Burkin Shirley Medical Centre

Jan Noble Grove Surgery

Joyce MacNichol Hobs Moat Medical Centre

Delia Zeuthen Grove Surgery

Ann Perkins

Sophie Dixon Jacey Practice

The Chair opened the meeting by welcoming everyone then he summarised the planned agenda.

* **ITEM 1 – Administration**

Apologies were listed. The draft minutes of the previous meeting on Thursday 26th May 2016 were confirmed as accurate and Keith Boad seconded Walter Smart’s proposal that they be accepted as a true record.

Two matters arose from the minutes.

Firstly Susan Gomm asked whether anything had been decided about who would provide the 111 service. The Chair said that he, Jo Walker, and John O’Donnell had recently gone to West Bromwich Albion football ground to take part in a multi-CCG, multi-factor evaluation of shortlisted bidders for a contract to supply the 111 telephone health service and also for the Out of Hours (OOH) service. He said that Solihull CCG has already decided it will continue to use the BADGER OOH service. All the outstanding decisions were expected to be made in early August.

Secondly Walter Smart asked what delegates thought about the recently-introduced practice of sending out brief newsletters before the minutes were sent. Several delegates said the newsletter was useful and they would like the practice continued.

The Chair asked if there were any AOB matters to be flagged now for discussion at the end of the meeting. None was flagged.

* **ITEM 2 – Chair’s announcements**

Tony had invited two guest delegates from Birmingham-based PPGs, namely John O’Donnell and Bernie Aucott, who had asked to come and see how our Network operates, as it differs greatly from the way Birmingham Cross-City CCG interacts with its PPGs.

Solihull CCG, Birmingham Cross-City CCG, and Birmingham South Central CCG have agreed to merge by April 2018, by creating an overall umbrella commissioning body and then transferring their powers to it in stages.

GPs’ share of NHS funding has declined over the past few years from just over 10% to just under 8%. In April, Simon Stevens, Chief Executive of NHS England, announced the GP Forward View, a commitment to restore that share to 10% within five years. The money is not new funding, but will be made available from much greater efficiency savings yet to be made by the NHS, and there is some doubt whether the savings are feasible. Also the announcement was made before the BREXIT referendum result, which has unknown implications for the size of the economy, so unknown implications for the tax revenue that funds public services. Doug Middleton’s presentation will give more details of the GP Forward View.

* **ITEM 3 – Presentation on attendance statistics by Keith Boad (SG)**

Keith presented a report on the findings from the recent survey of attendance over six meetings. Delegates welcomed the report. There was just one item of accuracy: delegates from one PPG said that it serves two practices, both Jacey and Dickens Heath, so Dickens Heath shouldn’t be listed as lacking a PPG.

*A copy of the (corrected) presentation slides will be distributed by email with the draft minutes.*

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

**Q.** Susan Gomm asked about officer information to the Network.

**A**. The CCG has several times invited the Network to nominate patients to serve on its engagement and consultative groups. Currently Jo Walker (SG) is joint chair of the CCG’s Patient Voice Panel (PVP), and serves on the Integrated Care and Social Services (ICASS) steering group. Ian Black and Tony Green (SG) are members of the PVP. Tony chairs the CCG’s Patient Reference Group on Urgent Care Implementation and serves on the CCG’s Out of Hospital Workstream Steering Group. At first, patients from the Network were just involved in responding to decisions already made, but as trust has deepened, they are now involved in decision-shaping and decision-making. This means that we get some information that we can share with the Network, which we do, by a variety of means (including by inviting expert speakers on the topic, or via Chair’s Announcements) and some information that is confidential, which we share as soon as the CCG agrees to lift the confidentiality. Any Network member can register to receive information directly from the CCG: details are on the CCG’s website.

**Q.** Are GP’s examining the set-up of the PPG?

**A**. Almost all PPGs are patient-led and patients determine their set-up. However when a new PPG is set up there is often a degree of bargaining between the PPG and the GP practice over the type of support the practice gives, and what each party wants or needs from each other. There is no standard format for this, but if and only if invited to, a Network SG member could offer advice to either or both parties. Also there is no legal or other requirement on a GP practice to have a PPG.

At a larger level, as the three CCGs move towards merger they will need to decide how they want to liaise with their surgeries’ PPGs. The possibilities range from a larger version of our patient-run Network, to larger versions of the arrangements currently used in either of the other two CCGs. Our guests from PPGs in Birmingham Cross-City CCG have invited their CCG’s communications team to come to observe our Network’s September meeting….

* **ITEM 4 – Presentation on the West Midlands Ambulance Service by Andy Jeynes, Community Response Manager.**

Andy presented a lively and impressive presentation about NHS West Midlands Ambulance Service (WMAS). While most ambulance trusts are making a financial loss, WMAS manages to keep within its budgets. It is also the best performing ambulance trust, based on a range of key measures. The majority of its ambulance crews include a fully trained paramedic and WMAS will increase that majority. It keeps reviewing and improving its systems: now by the start of each day every ambulance has been cleaned, checked, fitted with all necessary equipment, and delivered to a site from which it can reach a defined area as quickly as possible when it’s necessary to do so.

Delegates enjoyed the presentation.

*A copy of the presentation slides will be distributed by email with the draft minutes*.

* **ITEM 5 – the ‘Talk with a stranger’ break**

Tony said this is an opportunity for inter-PPG learning – for delegates to meet delegates from other PPGs to swap ideas and information.

* **ITEM 6 - Presentation on the General Practice Forward View by Doug Middleton, Chief Operating Officer at Solihull CCG, supported by Lara Barnish of ThinKNow Ltd.**

Doug said that the GP Forward View announced by the NHS chief executive aimed to raise the percentage of NHS funding on primary services from its current level of just under 8% to 10% by 2020. Some small fractions of the total amount have already been promised for particular purposes. At present NHS England has asked CCGs and GPs to discuss and decide how they think the extra funding should be used.

**Q.** (slide 4) - What disciplines will the 3000 new fully funded practice-based mental health therapists cover?

**A.** Talking therapies – e.g. ‘Healthy Mind’ – these are lower level mental health services.

**C.** (slide 6) – Infrastructure – present cap is 66% - the practice puts the other 33% in.

**Q.** (slide 8) – Local Response – Premises proposals - Does it mean there is only a 10% chance of these four proposals being agreed?

**A.** No, but the outcome is hard to predict.

**C.** (slide 17) – We don’t want to rest on our laurels, we want to progress.

**C.** (slide 18) – Gratified that someone wants to do more admin (block three)

**C.** In business block seven (Planning and problem solving) should be as high as block one (Time spent with patients).

**C.** There are 27 practices – some of these buildings have free space.

**Q.** PPG member attendance was poor at the AGM – why was this?

**A**. Many of those invited didn’t attend, or couldn’t attend. Tony admitted that though he’d been invited, confirmed his acceptance, and meant to come he’d just forgotten to attend. It’s thought that the name “AGM” might put off many of the potential attendees, and technically the event wasn’t an AGM because it lacked any proposal to accept the CCG’s annual report and accounts, and to approve any election or re-election of board members. The CCG would try to find a less off-putting and more accurate name for the meeting.

**C.** Worried about the lack of the word implementation within the GP Forward View.

**C.** If the practice wanted to improve facilities, the maximum grant is 66%.

General Medical Services (GMS) is the contract the NHS has with GP’s.

**Q.** is there a GP recruitment problem?

**A**. Yes.

**C.** Patients with complex needs like to see the same GP - that saves them having to explain over and over again.

**Q**. Are there Practices that accept training?

**A**. Yes we plan to increase the number of new GP’s in the system.

Delegates showed appreciation for the presentation.

*A copy of the presentation slides will be distributed by email with the draft minutes.*

**Table discussion – What practical changes do you want to see?**

The Chair asked each of the four table groups to talk together about practical suggestions that might help GPs to help patients, but first to choose one of their number to note and be ready to feed back the group’s suggestions.

**Table 1.**

Six month’s referral (prescription review). The Practice nurses (or in future, a surgery-based pharmacist) should do the review, with provision to see the GP only when it is a problem.

Politicians campaign for a 24hr / 7 days a week service – but patients in the recent survey don’t want this.

There is a scarcity of doctors, putting pressure on the current ones. This needs to be addressed.

**Table 2.**

Patients ring and can’t get an appointment, but can get a triage service on the phone. Can this service be extended/spread out to prevent backing up and a backlog?

Can the doctors make phone calls to patients, rather than everyone getting an appointment with their GP? Those that don’t need to be seen can then be screened and referred to other healthcare professionals.

People just don’t understand what the word ‘Triage’ means. This needs to be explained.

**Table 3.**

Most Practices could do with expanding in size (physically). More room for extra GP’s would lead to shorter waiting times. Over the last 40 years, the physical size of most practice buildings hasn’t changed, but there are now many more patients. The expansion of Practice buildings has to be compliant with disability access.

The main thing patients need is to get to be seen when ringing for an appointment.

**Table 4.**

An understanding of patient ‘expectations’, not ‘wants’.

Research has got to be across the full demographic.

GP’s ‘multi-component diagnostics’ - needs a consultant GP standard.

GP’s with specialisms should get more career recognition.

Laura Barnish said – Would you like to know more about GP specialisms? (for example what the GP’s in your practice specialise in?) Would you like to be directed on to a specialist GP rather than seeing your usual GP each time? Delegates considered this but no definite answer emerged.

Comment from table 3.

It may have been better to have asked if there was just one improvement what would it be? The answer would be just to get through and a prompt appointment.

* **ITEM 7 – Any Other Business** There was none.

The next Network meeting will be on **Thursday 29 September 2016 from 11 am to 1 pm**.

The chair thanked delegates for attending and for raising such interesting issues and closed the meeting at 1.05 pm.