**Charles Road PPG Meeting 03.11.2016 at 1pm**

**Welcome & House Keeping**

Dr Amir

**Apologies**

*Anonymised*

**Attendees**

*Anonymised*

**Practice Staff**

Dr Amir Zafar

Dr Arif Zafar

Dr Katie Brough

Dr Sangita Sarkar

Nurse Linda Barnes

PM Noorin Akhtar

**Approval of meeting**

Meeting minutes were approved, there was 1 item outstanding patient survey as an action point

**CCG Update**

Dr Amir explain that there are four CCG’s responsible for buying services from GP’s and hospitals, have been responsible for 3 years. CCG stand’s fro Clinical Commissioning Groups, these are Birmingham South Central CCG (which the practice is Part of), Birmingham Cross City CCG, Solihull CCG, Sandwell & West Birmingham CCG.

The government want another change which means creating a one big CCG temporarily call BSol CCG. Dr Amir gave a background to the staff of the strategies and the Board information and what will be expected of services.

STP – Sustainability Transformation Plan. The NHS and the Council have been working on this for a couple of years and they have to save £20 million which means cuts in services there will be public consultations if Patients require information and would like to get involved please ask Dr Amir.

The PPG raised the question will patients suffer?

Gave the back ground to the procedure of low clinical value, things that cannot be done by NHS, Hip Knee replacement. Cataract etc.. As CCG are unable to fund these.

There are benefits that there will be services which can be localised such as x-rays are done at Piercy Road very quickly, ophthalmology in the community.

**Federation**

Federations of GP surgeries will be formed and will become suppliers to the CCG of services. Practices pay a subscription fee to be part of this federation the practice is part of My Health Care Federation which is the second biggest. A benefit of being part of the federation is having in-house services in surgery such as being a hub and delivering services such as winter pressures.

PPG’s question was is there a financial gain for the practice?

If we get to deliver the services yes the practice does gain financially but then the extra staff and extra opening hour’s bills can be paid through this.

**Patient Survey**

Copies of the patient survey results were handed over to the PPG group and Dr Amir went through this point by point. The following were the results:

**GP Care**

89% Good at Listening

87% Good Explanation

94% See GP again

**Receptionists**

5% Very unhelpful

19% Average

**Action Agreed: To arrange staff Training**

**Telephone Access**

25% Difficult or very Difficult

48% Average

**Action Point Agreed:**

1. Recruit
2. Extra Staff
3. Reconfigure Roster
4. Have a dedicated member of staff completing non-telephone tasks

**Opening Hours**

43% Keep Unchanged

33% after 6pm

9% Saturday

**Action Points Agreed: Join My Health Care Federation. Look at gaining Winter Pressure Status again this year.**

* Following was discussed during the Patient Survey Presentation:
* Demands and expectations of the patients with in the area the practice survey
* A scene was a discussed which was given by a PPG member a gentle presented himself at the practice reception and was very rude, complaining that they are making him wait. But the receptionist spoke to him professionally.
* Benefits of My Health Care Services were discussed and the weekend openings through the federation were discussed.

**Enhanced Services**

The practice has signed up to a number of enhance services some of them are as follows:

- **Frail & Elderly**

The practice will keep a separate register of patients who are frail. These patients will be having annual checks, ensuring they get to see a named GP; we will look at social prescribing lonely meals on wheels and any help they require if they are lonely etc.…

The PPG found this very helpful

**E-referrals**

Dr Amir went through the process, of how the patient before leaving the practice will have letter ready for them at the reception with an appointment booked for them, these all referral and the fast track 2 ww. If the systems are down on the other side the staff will keep you informed.

**Latent TB**

This where we call patient in who meet the criteria who may have a risk of TB, these patients have a blood test to rule out TB.

**Prescribing Incentive scheme**

This will be an item on the next month’s meeting agenda. By signing up to this CCG scheme will stop pharmacies from ordering patient prescriptions.

**Immunisations**

Patient is doing well on the flu jabs and these will be given up until 31.03.2016. There will be a low uptake on the nasal jab as there is pork and the patient population that we serve are mainly Muslims who will refuse this.

**Accessible Information Standard**

All parts of NHS have to do this request information from patient about who they would like the practice to communicate with them i.e. brail, their mother tongue language, audio etc.… we have started to role this out in phases:

Phase 1: Add survey to the new patient registration pack

Phase 2: Put up poster for already patients registered at the practice complete form

Phase 3: All patients that walk in, that have not filled the survey will be requested by reception to fill out.

**Meeting Adjourned**