



Drs Marriott, McCourt, Razzak, Ejuoneatse & Richardson

Minutes of Patient Participation Group Meeting On 22 January 2015

Present: M Critchley (chair), M Bellis, W Coughlin, R Hazlehurst, B Bawden, I Woodyer, Dr M Ejuoneatse and S Burrows

Apologies: None received

Time	Notes	Actions
12.30	MEJ opened the meeting and thanked everyone giving up their free time to attend the meeting	
	<p>WC asked MEJ what is the value of the PPG? How staff view it and how it fits into the CCG?</p> <p>MEJ answered that looking at feedback from patients, and how the CCG look at the population as whole, the PPGs provide information to help the CCG to provide appropriate services and to empower patients in particular patients with long term conditions. A CCG priority is to develop good feedback to them.</p> <p>MEJ asked if anyone had been on the CCG website. The last CCG PPG was in November and the next one is at the end of January. Any items for discussion can be submitted prior to the meeting.</p>	
	<p>WC asked how PPGs originated.</p> <p>MEJ replied giving past reasons and it was bolstered up when the Healthcare Bill came in.</p>	
	<p>MC added that PPGs became popular in 2013 to stimulate interest in the NHS there were not many prior to this date. Aspirations for PPGs have changed. PPG is a 2-way thing and practices can ask questions about services before making it actionable.</p> <p>MEJ said communication can be via email if necessary. He added that a PPG body should stand alone and should be driven by the members agenda and work collaboratively with the practice.</p> <p>MB joined the discussion by stating that the NHS needs to treat people as sensible adults. Time and money is wasted in some services and gave an example of the chiropody service that she</p>	

	<p>had attended recently. BB added that when people have an appointment they tend to get lots of reminders, and asked if this is a good way of using NHS money?</p> <p>RH said that reminder letters are good for the elderly or forgetful patients.</p> <p>MB added that the NHS is looking at ways of saving money but in her opinion nothing changes.</p> <p>DNA rates at hospital are very poor. BB asked about the DNA rates at the practice. MEJ said based on the previous week probably 1 in 10 is a DNA approximately. He also added that if patients own management of their conditions was better this would alleviate pressure on Drs and appointments as he feels 10 minutes is not enough time. He also mentioned that more proactive work is being asked of practices to avoid hospital admissions. He added that 60% of availability is being taken up by proactive rather than reactive issues.</p>	
	<p>MEJ added that any issues regarding the NHS could be brought up via CCG Patient Engagement Group, information regarding this can be found on the website.</p> <p>He added that the purpose of the CCG is to raise issues that need the CCG to investigate the services being provided.</p>	
	<p>BB asked about cancer drugs and what is allowed in St Helens or disallowed? MEJ responded that all cancer drugs are available that are recommended by NICE (National Institute for Clinical Excellence) and would be available to all people in St Helens. At this point BB gave thanks to Central Surgery and for all their help.</p>	
	<p>WC said that she wants the NHS to be kept alive rather than be privatised. MEJ replied that this is not a priority within St Helens to look at privatisation. He explained about AQPs (any qualified provider) who can offer services and meet certain requirements.</p> <p>SW commented on the recent news on problems with hospital admissions and patients vacating beds. He said in his opinion the problems come from funding cuts and an aging population living longer due to better health.</p> <p>MEJ agreed with SWs comments but did not feel there was a short term solution. He mentioned that some options would be to:</p> <ol style="list-style-type: none"> 1. Invest in prevention 2. Better support network 3. Better management of conditions leading to healthier lives 4. Better community support <p>In reality how would this be implemented and delivered?</p> <p>The CCG are trying to improve healthcare services but at present services do not work well together i.e. joined up care. This would</p>	

	help avoid hospital admissions.	
	<p>MC commented that Care Homes pay staff very low rates yet patients pay a lot of money to use these services. He added that it is wrong that money is taken out of these services and paid to shareholders!</p> <p>SW feels that at meetings held by the CCG he finds that they do not listen as claims to the contrary were made in the local newspaper. He asked how information gets dispensed to the CCG from various voluntary groups – how are they heard?</p> <p>How is their information (their voice) getting through to the CCG? This needs clarifying, how do issues get raised?</p> <p>MEJ said the CCG wants to learn from people but cannot respond to everyone and any action taken by the CCG has to be justified. A lobbying group could address issues at the CCG PPG meeting.</p> <p>RH added that he thinks Central Surgery is excellent and none of the group present had any complaints and was in agreement.</p> <p>MEJ stated that the PPG was not a forum for raising complaints but to look at making improvements and coming up with ideas that may help patients. To help develop services we provide, to be innovative and make changes where necessary.</p> <p>BB asked if we have a Practice plan, MEJ said that we do but it has not been updated recently and this should be done annually and we can input information from the PPG. He commented to SB that this needs to be done in the near future.</p> <p>A challenge set by MEJ is to look at the practice and determine what the practice does well and what it could better.</p> <p>MC commented that we have now had two years of the new NHS regime and how has the GPs workload changed, i.e. admin. MEJ responded that a decision was made that all partners would work a 3-day week to enable them to have a better work life balance. He added that he does additional work in his other 2 days i.e. CCG work.</p> <p>BB thanked MEJ for his contribution to the CCG on the Practice's behalf.</p> <p>SW commented that a doctor at the practice recently took time out to discuss a recent problem with him and he said that this doctor listened to him and he was very grateful for this.</p> <p>WC asked about the recent change of all patients over 75 having a named GP. MEJ said that this was to try and alleviate patients being admitted to hospital and that the patient's care would be coordinated by a particular doctor. SB added that despite letters being sent out with a particular doctor's name (usually the registered doctor) patients do not have to see that doctor and can</p>	<p>MEJ to find out</p> <p>Practice</p>

	choose their usual doctor as their named GP.	
	Date of next meeting: to be decided	