**PPG MEETING 16/03/2016**

Present: Dr S. Sukumar (SS) Julie Gordon (JG) Douglas Hoyle (DH) Geoffrey Simmonite (GS) Susan Green (SG) Brian Green (BG) Cynthia Edwards (CE)

Apologies: Julian Boreham, Teresa Potocki.

SS asked if everyone had a copy of the last minutes and could they be taken as a true and accurate account. All agreed they were.

A copy of the latest Newsletter was passed around for all to see.

SS asked DH to give an update on the Rotherham PPG Networking meeting which took place on 1st March 2016.

DH said that the 2 main subjects were on Critical Stroke Care, and Children`s surgery. There was a need for action to be taken as there were not enough specially trained nurses or doctors for Stroke Patients and the same for after care of Children`s surgery. This would involve other commissioning groups from Mid Yorkshire, Bassetlaw, North Derbyshire and West Yorkshire. It is planned that plans should start in May 2016, and there will be further meetings May 2018-2019.

Child Exploitation is still a priority in Rotherham and there was a meeting on 17th March at the New York Stadium which PPG members were able to attend. The meeting on the 10th March had to be cancelled due to unforeseen circumstances.

DH said it is the CCG AGM on the 6th July at the New York Stadium and all were welcome to attend.

SS said that everything was changing about the way patients are cared for. It is planned that more people will be cared for at home, and in the community as this is better for recovery. The New Emergency Care Centre will be functioning from 2017. SS told the group that at present there is not enough Doctors or Nurses, and the biggest problem is in general practice, as new doctors are reluctant to become partners or salaried GP`s. New doctors are doing locum work or setting themselves up as limited companies, and then they do not have the responsibilities of running a practice. Practices are relying on locum`s which then becomes a drain on resources for them.

SS said that all practices are trying various things to help with appointments, some are triaging, and some are holding open appointments, where patients go and sit and wait to see a doctor. He told everyone that NHS England do not count triaging as contact with a patient.

We always see children under 12 and assess urgent appointments and arrange to see.

CE said that she could not understand why some patients insist on being seen for minor problems. SS said that people`s perception of what is urgent is different and every case has to be assessed. BG said that doctors seem to see a lot of trivial ailments. SS told the group we had parents ringing up as slap cheek syndrome was going around school, and they wanted to be seen. Asked receptionist to get them to come down, and would see and give information. No one rang back to be seen.

BG said that a lot of doctors are going to work abroad after completing their training, so why could this not be stopped, and new doctors made to work for so many years in the NHS.

SS said that doctors do have to work for 2 years after qualifying, but then it is their choice. s. We get doctors from other countries to help staff our hospitals, and other countries poach doctors also from us and other countries.

SS said the changes that are being brought in like Saturday being a normal working day, and other changes, has resulted in the Junior Doctors taking Strike action. But there is already 7 day a week care in hospital. DH said he did not think doctors should strike, but sit down and have discussion for however long it takes to sort things out.

SS said that strike action by any doctor is a last resort and the decision is not taken lightly

DH said we can only wait and see what happens.

SS told the group that we now have Dr R. Spoczynski working for us 7 sessions per week, and he will be with us long term to cover maternity leave for Dr J Byford. Dr H. Mills has also come back to work after being on Maternity Leave, and is now working on a Monday. We are also have to employ some extra locums to help cover whilst SS is training the new GP registrar and to cover holidays. SS made apologies for the new registrar not being at the meeting as he goes to prayer on Friday lunchtime. DH asked if he would be back this afternoon, and SS said he would be seeing patient at Thorpe under supervision.

DH said he was invited on a course “General Practice Effectiveness Course. These are to be held in Sheffield and London, on how to make improvements in general practice.

SS said that they are trying to introduce Pharmacist and Nurse Practitioners in general practice to see patients because of the shortage of doctors. These are limited on what they can do, and can be false economy as the doctors may end up having to see the patients also.

It could be that in the future there will be more nurses and healthcare assistants at a surgery than doctors. Some surgeries have open clinics where patients come in and sit and wait to see a doctor. We are trying normal appointments, triaging, and telephone consultations.

DH said that people had got used to the NHS, and everything it offered. Now with austerity things are changing. SS said that patient and doctors have a different perspective on how the NHS should be.

CE said that it makes her mad that rich people can just afford to pay for their treatment and others have to wait.

DH said that everyone faces the same problems with old age, and may need to go in a nursing home.

SS told the group that with more and more coming to community, we as a practice are taking up as much as possible (warfarin monitoring minor ops etc.) and many more. We want to get the new services up and running smoothly before we start anything else new.

As partners of the practice (MH & SS) we do try our best to accommodate patients with more than 1 problem. SS said that the registrar ask why do we sort out more than 1 problem, as at his own GP surgery they have signs up saying 1 problem per appointment. If you only see them for 1 problem then they need more appointments and this cuts down on our resources for other patients. As a practice we always try our best for our patients.

SS told the group about the PBC meeting he attends and the aims of this. He explained about the audits we do, and how they are discuss with other members to see if anything could be done in a better way.

SS also explained about the Long Term Conditions medicals we do, and how we discuss 3 cases at the PBC meeting, and learn from each other, and find out about other services which are available. One of these services is Social Prescribing, which can help lonely patient access luncheon clubs and the befriending service so they have a companion and help going out.

PLT are training events and the CCG wanted practices opinions on this. We were 1 of 3 practices who gave our opinions, and Dr kitalowski came to discuss this with us. Our opinions are now going forward to the committee to be discussed.

GS said that some meeting can be just a lot of hot air.

SS said that we need to put our views forward to try to change the way things are done.

DH said that the hire of the New York Stadium must be astronomical and how can it be justified in this economic climate.

SS told the group that Friend & Family Test was on going and the results reflected that patients are satisfied with our practice.

DH said that this was to be discussed at the next Rotherham PPG networking and would report back to us what the outcome is.

SS said that DL was still off on long term sick, and the practice was being run at present by PD who is the Business/Finance Manager and JG who is the Practice Administrator. JG is having training from PD to take on more responsibilities.

SS said that we are in the process of looking for another salaried doctor for 3 days per week, which will help alleviate the pressures in the practice.

DH asked if we had received any complaints. SS replied that so far this year we had not. One lady had mentioned to another doctor she was not happy, and SS said he would be ringing her.

There was no other business and so the meeting was closed

Next Meeting Friday 29th April at 1pm.