Minutes from PPG: 12 February 2014

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| Attendees:  | MLKFPFKCDMCPDJJWPSL |
| Apologies: | Marie RoseTyrone Fowles |

There were no matters arising from previous minutes

ML Is now a member of the CHC.Midwives and nurses have been recruited but there is still a shortage, also a shortage of dementia trained nurses.

10 wards and clinics will be inspected across HEFT, ML will pass on outcomes once done

ML Walk in centre is not going to close but badger and A&E are going to stay but still no paediatrics at Solihull. There will be one entrance for all services and there will be a consultant on call 24 hours a day.

JW what level of person will determine where patients will be directed to?

ML it will be a senior nurse

KC There is a 12 week consultation period and they are asking for patients to fill in surveys for feedback and they are also running roadshows during Feb and March

ML We should go and have our say

ML Asked for emails if there is anything that needs to be passed on or also if there is something that needs to be shared

KC There are 3 things going on with regard to sharing information, Care.Data, Clinical care records and Summary care records discussed and differences explained.

CP There seems to be a step missing which is clinical info available for hospitals versus information being sold for research purposes only.

ML Can we put it on the website and also the tear off slips DM/KC to do. Practice need to publicize what is going on, It is in newsletter and on the notice board already.

KC The trees along the Old Warwick road have started to be lopped, they have confirmed hat it should be finished by end of April.

JW apologized for taking so long.

JW Advice re extension to car park, if we do a rough sketch with dimensions and positions of trees and what we want and send to Beckie Stevens or Kim Allen and they can give us some more advice

CP asked what we were looking to achieve and KC explained re increasing the amount of car parking spaces.

JW We will need to consider the surface re possible flooding risk.

KC it will just be hardcore

ML Practice survey results were very positive

DJ Patients of working age over half said they have problems of work restrictive

DJ number of people said that it would be helpful if we did blood tests at surgery – that is an overwhelming response

KC we do not refuse to do blood tests, housebound patients and anyone who is having a particular problem getting to hospital is offered an appointment. We will report back to CCG as a lot of surgeries have same problem, possibly the CCG may be willing to provide on a central point away from hospital for testing.

DJ there is a clear demand for patients who are working and surgery hours do not meet the needs, 10 patients commented that is a large proportion of people

KC it would cut down on the amount of demand at hospital if there was an outreach clinic

DJ what is the next step for survey findings , need to discuss further as a group, waiting times are not acceptable, can we monitor this?

KC yes we can do an audit

DM I will bring this information to next meeting for further discussion

Any Other Business

ML we have a nurse appointment shortage at surgery

KC We are recruiting currently but do have locums covering wherever possible, hoping to have a nurse in place by next meeting

Date of next meeting 2nd April