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| MMP South Patient Engagement Group Date: 28th August 2019  Time: 6.30pm  Author: Anne Care  Venue: BroadMeadow HC | | | |
| Present | Initials | Surgery | |
| Anne Care (chair) | AC | DPMC | |
| S Savage | SS | MMP | |
| D. Treadwell | DT | DPMC | |
| V. Treadwell | VT | DPMC | |
| S. Pope | SP | Stratford House | |
| David Snell | DS | All Saints | |
| D. Payne | DP | Broadmeadow | |
| J. Payne | JP | Broadmeadow | |
| H. Wheeler | HW | Vicarage Road | |
| S. Price | SP | Old Priory | |
| V. Soames | VS | Old Priory | |
| Dr S Ghosh | SG | MMP | |
| J.Deakin | JD | MMP | |
| J.Kerr | JK | MMP | |
| P.Majevadia | PM | MMP | |
| S.McCabe (MP) | SMcC | Member of Parliament | |
| Apologies | Mike Swift (Secretary) | |

1. Welcome

* AC welcomed everyone to the PEG meeting and mentioned a brief overview of a presentation by Dr A Ghosh (MMP) on Primary Care Networks.
* AC also mentioned that Steven McCabe ( MP) was invited to the meeting at the request of the member at our meeting of 21st March 2019.

1. Matters Arising

* AC referred to a letter which was sent by the PEG officers to the Rt Hon Matt Hancock Minister for Health in which concerns regarding the GP shortages across the UK. **A copy of the response is attached for your information.**

Agenda Items

1. Dr SG presented an overview of Primary Care Networks across the UK. These networks are supported by the Clinical Commissioning Group (CCG) and funded by the NHS. Each PCN is required to a have a patient list size 30-50K and as MMP as an organisation exceeds that requirement they have become a PCN in their own right, and are commissioned to provide services for all their patients.
2. The main purpose of the PCN’s build on the core of current primary care services to enable greater provision. In order to achieve this they will be working together with community mental health, pharmacists, social care, hospitals and voluntary services (social prescribing) to name but a few.
3. Dr SG also mentioned that there have been 4 GP retirements and 4 leaving to work abroad in recent times, and this has put considerable strain on GP resources across MMP, although every effort is being made to plug the gaps with salaried and locum.
4. MMP are optimistic that they can provide a wrap around service to patients by end of Dec 2019.
5. Dr SG and the PEG members questioned the future viability of GP partners as we know them, and how Primary Care can form an integral part of the redesign of our traditional medical services.
6. The involvement and support of patient engagement in shaping our future services is welcomed by MMP partnership.

**Additional Information**

1. MMP have recently recruited a clinical pharmacist and two physician’s assistants along with a district nurse for MMP north.
2. MMP have a current patient list size of 70k
3. Currently employ: 280 staff
4. 41k Patients in MMP North with 6 GP partners
5. 26k patients in MMP South (now MMP central) with 5 GP partners
6. Have seen a reduction from 30 to 17 partners in recent years
7. Services are commissioned through Birmingham and Solihull Clinical Commissioning Group (BSoL CCG)
8. MMP are providers of services that are commissioned through BSoL CCG
9. Social prescribing (referral to voluntary sector for non medical services, i.e., talking therapies) is being developed through PCN's at local level.

* JK Mentioned the introduction of a Smartphone APP from BSoL, which allows patients to view records, book and cancel appointments etc, and is now available to download. (BSoL App)

SMcC (MP) entered into a general discussion around NHS services and presented an opportunity for members to air their concerns and opinions etc.

**Discussions** included:

* Shortage of resources, including finance
* Recruitment crisis resulting in chronic staff shortages across the NHS
* Training and recruitment of healthcare professionals across all specialities of the NHS.
* The role of PCN’s and Primary Care in providing capacity through innovative service redesign.

He expressed his thanks for the opportunity to meet with the group and how informative he found Dr SG’s presentation. Members thanked Steve for giving up his time to attend the meeting.

**AOB:**

1. Proposed changes to trauma and orthopaedic, and gynaecology services, at University Hospitals Birmingham and NHS Foundation Trust:

AC (chair) attended a meeting at Solihull Hospital on 6th August to get information on the above.

Trust has proposed changes to how it delivers the above services across, Solihull, Good Hope and Heartlands Hospital. It is expected to:

1. Reduce waiting times and cancellations
2. Create a dedicated and specialist facilities designed for modern healthcare
3. Improve clinical outcomes and reduce variation at different sites
4. Create centres of excellence which will help recruit and retain a skilled workforce

**Trauma bone and joint injuries**

1. Fractured hips (and some other fractures) will be operated on at Heartlands and no longer at Good Hope. Patients will be transferred back to their local hospital for specialist rehabilitation following surgery:
2. Other traumatic injuries such as wrist and ankle fractures will be undertaking at Good Hope and with a few exceptions no longer at Heartlands.
3. After presenting at A&E most patients will be stabilised and go home before returning to a specialist clinic for assessment and where appropriate be promptly be added to one of the theatre lists.

**Planned Orthopaedic Surgery**

1. Procedures such as knee, hip and shoulder replacement will no longer be undertaken at Solihull and no longer at Good Hope

**Gynaecology Services**

1. Planned procedures such as hysterectomies and surgery for ovarian cysts will be undertaken at Good Hope and no longer at Heartlands
2. Patients who present with a gynaecology problem at Heartlands will be transferred to Good Hope for their treatment if they are not requiring urgent surgical intervention or need longer than a day in hospital (e.g. some early pregnancy complications and low risk ectopic pregnancies)
3. Chair also informed members that Heartlands has recently benefited from a cash injection in excess of £23m which is earmarked to fulfil recent plans to extend diagnostic and patient capacity with a building plan that has already been approved for the hospital.

**Stratford House Surgery**

SP (Stratford House) expressed some concerns around the general admin and staffing levels at Stratford House following the recent retirement of the team leader. PM (Senior Regional Officer) responsible for the site has arranged a one to one meeting to discuss pending issues at SH.

Chair thanked JD (team leader at Broad Meadow) for use of the surgery.

**Meeting closed at 8pm.**

**Date and time of next meeting: Thursday 24th October 2019**

Dudley Park Medical Centre, 28 Dudley Park Road, Acocks Green B27 6QR

**6.30 – 8.00pm**

**Guest speaker** will be: Dr K Crossman (GP partner MMP) who will be presenting statistics of missed appointments, and the impact on access for us patients, as well cost across MMP practices (DNA’s) to give PEG members an opportunity to discuss initiatives with the aim of reducing the numbers.

Please use the PEG email if you would like to add items to the agenda, have any questions or queries etc, Agenda items need to be presented at least 2-3 weeks prior to the meeting before agenda is circulated to members.

[vpegsouth@gmail.com](mailto:vpegsouth@gmail.com)

* Attached: Copy of letter from HR Matt Hancock, Minister for Health, House of Commons.