**MONKSPATH PATIENT PARTICIPATION GROUP MEETING**

**11th OCTOBER 2016**

The meeting began at 7.00pm. The Chairman Tony Green welcomed the 18 Attendees and advised them of the evening’s agenda:

* + - * Administration matters
      * Chair’s announcements
      * Presentation by Sandra White on how to become a member of HEFT, followed by a quick update by Jean Thomas
      * Mystery presentation by Tony
      * AOB, discussion and questions
      * Thanks and Close

**Administration matters**

Apologies for absence received from: Michael Evans

The Minutes of the 14th August meeting were proposed by Vic Lloyd, seconded by Jean Thomas and duly passed as an accurate account. No Any Other Business items were flagged.

**Matters Arising**

Vic thanked Ginny for her comprehensive minutes of the last meeting.

**Chair’s Announcements**

1. Solihull PPGs Network met on 29 September. Three presentations were delivered, on ‘Thyroid Disorders’; ‘Care Navigators’; and ‘Ophthalmology’. There were no presentation slides for the last of these but if anyone would like a copy of the slides on Thyroid Disorders and/or Care Navigators please email Tony at monkspathppg@hotmail.com
2. Three CCGs will merge by 2018 – Solihull, Birmingham Cross-City and Birmingham South Central. The Women’s and Children’s Hospital Trusts are planning to become a single Trust, perhaps by 2022, which may mean the Children’s Hospital will move from its current central Birmingham site to Edgbaston. Two larger hospital trusts, Heart of England Foundation Trust (HEFT) – which runs Solihull Hospital - and University Hospitals Birmingham are exploring the possibility of becoming one Trust, though no date has been announced in the event of this going ahead.
3. A few months ago NHS England (which manages the NHS) designated 44 “footprints” that between them covered all of England. One of the footprints covers Birmingham and Solihull. In each footprint all the public bodies with care or health responsibilities must agree and publish at the end of October an annual Sustainability & Transformation Plan (STP) showing how it will make financial savings while improving the quality of care and health services. The broad idea is to use the savings to increase funding for primary care.

Tony asked for any questions - Dr Green voiced his concerns on the future loss of Solihull Hospital. Tony said about a year ago Dr Patrick Brooke (effectively Chief Executive of Solihull CCG) had said all three of HEFT’s existing hospitals will continue to be needed for the foreseeable future, and that the challenge is to avoid the need to build a fourth hospital – which would be very expensive - not to close any. Dr Green was still concerned.

**Presentation by Sandra White on how to become a member of HEFT**

Sandra is HEFT’s Membership and Communications manager. She spoke on the need for more active members from the community and described the three different types of memberships, each with different levels of involvement.

There are also monthly health talks, the next being ‘**Bronchoscopy’** at Solihull Hospital at **5.00pm on Wednesday 19th October**, in the Education Centre on the 1st Floor. You do not have to be a member to attend but as they provide refreshments at seminars, it is advisable to call beforehand. If you are a member you get free parking. You can chat to a consultant about matters that concern you but it is **not** a consultation. They have a Youth Forum from the schools and colleges in Solihull and the students lead with ideas such as on drugs, alcohol problems and mental health issues throughout the year and the Group puts on a good show for them. Sandra left copies of membership application forms and other literature which were taken by those attending and also some left in the Surgery for patients. Dr Green suggested that the PPG send out a list of future talks in the PPG Minutes.

**HEFT update by Jean Thomas**

Martin Tolman asked

1. if there was a formal consultation period
2. can the architect of the plans come and talk to us at a future meeting

Jean: stated the aim of discussions by the 2 boards was to improve the quality and remove the inequality of services across Solihull and Birmingham. Want to create a single legal entity

The consultation programme will be asking for patients’ views.

The consultation was announced in September as the Trust is interested in everyone’s views and needs feedback. Jean was elected as a Governor to represent Solihull and she will fight for us.

Question: re closure of the Bruce Burns mental health ward that had been publicised today. Who will take over these rooms?

Answer: The Ward is not run by the Trust and it is on the agenda for the next meeting – the Doctors were just as surprised as everyone else.

Doctor Green said he worries about the change of use of Solihull Hospital. Jean said it’s hoped it will be easier to recruit staff if the Hospital becomes a centre of excellence as there are problems recruiting enough Doctors at the moment. *(Note: the plan was/is to make each of HEFT’s hospitals a centre of excellence, specialising and developing deep expertise in a particular type of surgery so fewer patients will die and more operations will succeed. Solihull Hospital was planned to specialise in muscular-skeletal surgery and eye surgery: it already does all cataract surgery.)*

**Mystery Presentation by Tony Green**

After inspired guesswork by attendees it was established that the topic was the Liver – its wonders and its disorders (mainly Hepatitis).

The liver does over 500 jobs to maintain and renew our body. It transforms food we’ve eaten into plasma and other proteins, carbohydrates and fat that can be absorbed and used by the body for energy and nutrients; stores vitamins, sugars and minerals until needed; detoxifies, removing all the poisons in our blood; and makes the cholesterol, bile and some hormones we need. It helps maintain electrolyte and water balance (so we don’t get seizures or kidney damage); removes and recycles damaged red blood cells; makes blood clotting factors (so we don’t bleed to death from an unnoticed cut), and maintains blood pressure (so we don’t fall over if we sit up or stand up). It increases the effectiveness of a thyroid hormone. It has two “top tricks”: it can transform lactic acid, a toxic waste, into useful glucose that it can buffer ready to release if blood sugar drops too low; and if a part-liver is transplanted from a live donor, both parts regrow into full sized livers!

If the liver is 70% or more damaged it starts to fail. Kidney dialysis can help buy time by slowing the rate at which we are poisoning ourselves, but isn’t a long term solution. There are no artificial livers, so the only long-term fix is transplants, either of whole livers from recently deceased donors or, rarely, of part livers donated by close blood relatives. Just over 600 transplants are done in England per year: it’s not enough. Mainly because of that shortage, over 16,000 people die prematurely each year, so liver disease is one of the five “big killers” – after heart disease, cancer, strokes and respiratory disease, and is the only one that is killing more people each year.

There are about 100 different rare types of liver disease (including drug-induced liver disease). Physical injury can harm it e.g. if it’s crushed or gashed, the liver may or may not be able to recover. But hepatitis (inflammation of the liver) is the most common disease. There are five viral types (from Hepatitis A virus to Hepatitis E virus), Alcoholic Hepatitis and Autoimmune Hepatitis. The viral types vary in how they are caught and spread, whether they are short or chronic; whether there is a vaccine; and how much treatment they need. Alcoholic Hepatitis is where excess alcohol has been drunk over so long that the liver is impaired. Autoimmune Hepatitis is where the body’s immune system suddenly attacks the liver and keeps damaging it until medication suppresses the immune system and reduces inflammation. Symptoms are sometimes missing and/or ambiguous until the final stages so it can be a challenge for diagnosis.

**Q**: How much Paracetamol would bring on drug-related liver disease?

**A**: [Answer is in italics to show that it was researched after the meeting] *The toxic dose of paracetamol is highly variable. The normal recommended* ***maximum daily dose for healthy adults is 3 grams****. Paracetamol in high doses carries a risk of liver scarring and liver failure. However whether the risk means actual damage depends on how high the dose is, whether other potentially dangerous drugs or alcohol are taken as well, over what period the high dose is taken, how healthy or unhealthy the liver is when the dose is taken, and the individual’s general health and current susceptibility to liver damage. In rare individuals, paracetamol poisoning can result from normal use. In adults, single doses above 10 grams or 200 mg/kg of bodyweight, whichever is lower, may cause toxicity. Toxicity can also occur when multiple smaller doses within 24 hours exceed these levels. Studies have shown patients who have taken slightly greater than recommended doses over 3 to 4 days don’t seem to have had ill-effects, but an adult risks poisoning if they take a dose of 6 grams a day over the preceding 48 hours. Intravenous doses should be smaller than those taken orally, all other things being equal*.

**Discussion and issues**

Dr Green outlined the success of the recent ‘flu jab vaccination events that have saved 1800 potential individual ‘flu appointments for the Practice. He said the Practice was slightly low on staff but it continues to review procedures and services accordingly. The Practice had dealt with 72,000 appointments so far this year, which is double the number last year. The Practice had been rated ‘Good’ from the recent CQC inspection.

Dr Green was concerned about the protection of the Practice’s receptionists. Several recent interactions have left receptionists in tears following verbal abuse from patients. There is zero tolerance of rude and abusive behaviour from patients. A written statement from the Practice on this matter was handed to most people leaving the meeting, and if anyone else would like a copy, more copies are available from reception.

Tony thanked everyone for attending and closed the meeting at 8.33 pm.

**A NOTE FOR YOUR DIARY:**

The next Open Meeting will be held at the surgery on **Tuesday 13th December 2016** at **7.00pm** at which the guest speaker will be an **eye surgeon** and there will also be a 10 minute talk on a **syndrome that causes many heart attacks, strokes and miscarriages**.