**Monkspath Patient Participation Group (PPG) Meeting**

**9th October 2018, at the Surgery**

**Present:** Alistair McLachlan\* (Chair), Ginny Lassam-Jones\* (Secretary), Tony Green\*(Vice Chair), Vic Lloyd\*

A further 26 PPG members signed in

**Guests:** Rachel Critcher, Chris Doolan

**Apologies**: Eddie Ankrett\*, Mike Evans\*, Bob Phillips\*, Carole Bishop, \*Martin Tolman, Linda Shapcott, Malcolm Peers.

\*Denotes Steering Group member

**Minutes:** The last meeting’s minutes (14th August) were agreed and approved.

**Opening Address:** Alistair welcomed everyone to the meeting, especially those who were attending for the first time. He then gave a quick update on the recent questionnaire undertaken by the group regarding their views on future subjects for talks/presentations. The final results had shown that the most popular subject was “The NHS”, closely followed by “Medical” and finally “Help and Support”. There had been a good number of topic suggestions made and the Steering Group will now take all this information into consideration when planning the meetings.

Alistair then welcomed and introduced the evening’s main speaker, Chris Doolan

**Talk by Chris Doolan, Community Pharmacist M R Pharmacy**

Chris began with a short explanation of her role as a Community Pharmacist, the four years training to her Masters Degree and the practical work she had completed before registering with the GPhC (regulatory body). Also, how she continues to update her knowledge and skills through continuing professional development.

She then gave a brief outline of her varied daily work which includes scrutinizing prescriptions and overseeing the dispensing process, providing information and advice on medicines, treatments, Public Health matters and minor ailments – referring to other professionals and organisations where appropriate. All of this is done with the support of a trained team of technicians and counter assistants. Chris told us about the most common drugs prescribed, their use and their cost.

Some interesting facts and figures:

* + 1.1 billion items were prescribed in the UK in 2017 at a cost of £9.17 billion
  + The most prescribed drug is Atorvastatin with 37.3 million prescriptions at a cost of £52.6million
  + The NHS spends £300million on medicines that are wasted, due to 30- 50% of all medicines prescribed for long term illnesses not being taken correctly, or not at all

As part of their contract with the NHS, community pharmacies provide two advanced services, the new medicine service and the medicine use reviews, which have been introduced to help reduce the amount of wastage. (These services are in addition to their dispensing roles). Pharmacists are trained to provide these services to ensure that medicines are taken safely and effectively and any adverse effects are identified and resolved.

Chris then mentioned Cardio Vascular Disease and statins. With CVD being the leading cause of death in England and Wales – around one third of all deaths – it is a major area for prescribing. Much of the conversation held during the new medicine service and the reviews will focus on how medicine taking can be supplemented by making different lifestyle choices that are within our power to change, to reduce risk factors

* Number one risk factor still remains smoking which affects the heart and the lungs
* Next is obesity so consideration must be given to a healthy diet and regular exercise
* Finally, no drinking alcohol in excess of the recognized safe level of 14 units per week –and that applies to men as well as women

If someone on being assessed is at a 10% or more risk of having a heart attack or stroke within the next 10years, they are offered statin therapy – which needs to be supported by the above lifestyle changes. Although there is much debate about the use of statins, at this stage, they are the most clinically effective treatment for the primary prevention of CVD. There is also emerging evidence that they may help prevent cerebrovascular diseases such as dementia.

Chris then gave an update on the ongoing shortages in the medicine supply chain and thanked people for their patience while they tried to overcome the difficulties faced. All pharmacies are facing these difficulties due to many issues beyond their control, including the global glitch in manufacture or transportation or the imposition of quotas by manufacturers in an effort to restrict trading practices within the European free market driven by a weak pound and a strong euro. Medicines are cheaper in the UK so we are one of the last markets to be supplied. It is a real problem nationwide.

People who have gluten free foods supplied on prescription may already be aware that from December it is expected that only bread and bread mixes will be allowed.

Further, there are restrictions being imposed on prescriptions for minor conditions that can be purchased over the counter. The aim is to reduce the £570million the NHS currently spends on these items

**Update on the Solihull PPGs by Tony Green**

It’ll be early November before a decision is made about the new patient co-chair of the CCG’s Birmingham & Solihull PPG Forum (formerly called the Primary Care Engagement Forum or PCEF).  It will have no more than quote “40-ish” members and about six CCG staff attended the first meeting, so the B&SPPGF only has space for one from each of a third of its estimated 90 PPGs and none for the rest.  There’s no current plan for any assemblies between the limited-access BSPPGF and the individual PPGs.

The Solihull PPGs Network is patient-led and now wholly independent and self-sufficient and will continue through 2019 and probably beyond.  It welcomes up to three delegates from each PPG in Solihull, and isn’t strict about that, so up to about ten per PPG can come.  Its next meeting will be on **Thursday 29 November at 11 am to 1 pm**.  The venue is **Solihull Indoor Bowls Club**, at the end of Brick Kiln Lane, which is off Widney Lane, **B91 3LE**.  The guest speaker is: David Carrington-Porter, who has been on many risky adventures despite being totally blind.

Tony’s guess is that by the end of 2019 the CCG will realise it needs to have a Network-equivalent in each of its six localities, or pairs of localities, and each Network-equivalent could send nominees to serve on the central Forum.  That way every PPG can communicate via its Network to the central Forum, and the CCG can keep its ear open to what’s happening throughout its whole area.

The urgent care options haven’t changed.  There are two possible ‘pathways’ into the GP-led Urgent Care (UC) centre at Solihull Hospital.  The faster one is to ring 111, answer their questions and they’ll tell you whether to self-treat, or call an ambulance, or attend an appointment at UC which they (111) will book for you. So, if you go to UC just before your appointment time you’ll have minimal wait.  The slower pathway is to just roll up, register and then wait.  The UC centre is GP-led, so if any patient has an injury or other condition so complex or serious that GPs can’t treat it, 111 should have told you that you need to go to a full consultant-led A&E, the nearest being at Heartlands Hospital.  Badger is the GP-staffed firm that is based at Solihull Hospital to provide the out-of-hours GP service.  There’s no public access to its section: all its contacts are on the phone.

**Rachel Critcher, Practice Manager**

Rachel then spoke to clarify what was happening re: the extended access to the ‘hub’ surgeries. This began on October 1st and provides a number of appointments from 6.30pm to 8.30pm Monday to Friday and 8.00am to 11.00am Saturday and Sunday mornings. This extended service operates from the Blossomfield Surgery hub and there will be GP, nurse or healthcare assistant appointments available. Patients should make appointments for this through reception as normal. This service is for pre-booked appointments **only** and not if you wish to see a Doctor urgently – in this case you would call reception as usual and speak to the triage nurse or call 111.

**A.O.B**

There being no AOB, Alistair thanked everyone for attending. The meeting closed at 8.25 pm.

**Provisional Date of next meeting**:

Tuesday 11th December 7.00pm until 8.30pm at the surgery