

**The Richmond Medical Centre Staff
and The Patient Participation Group
Would like to wish all Patients
A Very Happy New Year**

Why not join our PPG Consultative Group?

We are trying to build a Consultation Group of patients who are interested in helping the practice by giving their views on health care matters, developments to the practice etc. If you are interested in being included please give your name and email address to reception or contact us direct on ppg.richmondmc@gmail.com and we will contact you. You will also receive regular information on these and other related subjects. **See this newsletter online at: www.richmondmc.co.uk on the home page.**

The React Programme

Last September a Letter dropped on my mat from the University of Birmingham concerning a programme being carried out in conjunction with four other University bodies, Exeter, Oxford, Bath and West of England. The correspondence invited me to take part in a study which was part of a research programme supported by the NHS and Department of Health to try and influence future Decisions concerning older people.

I was accepted for the Exercise and Social group and invited to attend Tudor Grange Leisure Centre twice a week for an hour each time, Mondays and Wednesdays, this reducing to one day after three months. The exercises, all quite gentle, and what with the change of instructors, illness and Christmas, have been somewhat depleted. The aim is to improve long term physical abilities for the over 65's so they remain active, healthier and more independent well into their later years. The main aim is to prevent small aches and pains from developing into more serious ailments. The final outcome is to provide the NHS with proof that this is the way forward and to help prescribe exercise as part of treatment for the Elderly.

There were supposed to be twelve members but there has only ever been nine maximum, four of which were from Richmond Medical Centre.

This idea has been tried and tested in USA so watch this space.

Carolynn Gilbert

Articles Welcome

If there is anything you would like to see in this newsletter or you want to contribute an article please contact us on the email below: ppg.richmondmc@gmail.com we will be only too pleased to print it.

PRACTICE NEWS

We have a new practice nurse called Anita Jha, who will be working every Tuesday and Friday plus offering an minor ailments clinic on a Thursday morning

New services at the practice

AAA Screening or attend:

1st Tuesday of the month	1:30pm - 4.00pm
2nd Monday of the month	1:30pm - 4.00pm
5th Wednesday of the month	1:30pm - 4.00pm
Repeated every month	

Haematology Oncology Service

Heart of England NHS Foundation Trust - 1 consultant and 2 nurses, every Monday afternoon.



TAKE SURVEY ▶

Your views count!

Make sure we hear them by taking part in the Richmond Medical Centre 2018 Patient Survey.

The Practice has produced a survey in conjunction with the Patient Participation Group (PPG). We would appreciate and value as many patients as possible taking the time to complete the survey.

In the survey we are interested in finding out your views both about how we perform and the services we offer, together with your opinions about how well the staff at Richmond Medical Centre assist you. All of your answers and comments will then enable us to develop any necessary plans to improve the overall service that you receive.

We have tried to keep the survey short and at the end of the survey there will be general comments section where you can add any other comments that you may wish to make. All answers you enter will be anonymous. Please note, this survey will only be open to current patients of Richmond Medical Centre.

The survey will be available to be completed either as hardcopy, given out when you attend any appointment at the surgery, or by email to those patients who have signed up to the PPG Consultative Group.

The results of the survey will be published online on the Practice website <http://www.richmondmc.co.uk> by the end of April 2018 and again in the subsequent PPG Newsletter.

Please take part, as by knowing and understanding your views we can develop and improve Richmond Medical Centre both for you and your family.

An Introduction to Adult Care and Support Services

Teresa Scragg, Strategic Commissioner for Older People,
Solihull Council

**Did you know...
there is a National Health Service
but no National Care Service?**

The NHS provides health services free at the point of delivery but if you need care, it's means tested and you will have to contribute to the cost (unless its provided by a relative or other unpaid carer).

Key Facts- Adult Social Care Services in England

- Accommodation and personal care provided in residential care homes, nursing homes and specialist colleges - 16,000 locations
- Personal care provided in the community to more than half a million people in own home, as well as in extra care housing, and supported living services.
- Employs around 1.4 million people and contributes £20 billion to the economy.

Key Facts- Solihull

- 93 Registered Providers
- Annual budget of £54m (39% of Council spending)
- Council supports 2,342 people with long term needs
- 691,615 hours of care at home
- 465 care home placements at any one time
- 3,886 people with a learning difficulty
- 13,000 under 65's with a physical disability
- 25,600 in the Borough are unpaid carers

Key Challenges - Adult Social Care

- An aging population with increasing needs (for Solihull in the next 10 years, the over 85 population will grow by 28% - 8,500 people.
- More than a third of people over 85 have difficulties undertaking tasks of daily living without assistance.
- Market fragility –costs and quality
- Difficulties in recruiting and retaining staff
- Rising costs through National Living Wage and other cost pressures.
- Poor image of care in press and media.

Adult Care and Support– Our Offer to You

- Prevent- access to information and advice
- Delay- no long term decisions in a crisis
- Enable –targeted services to help regain independence
- Support- On-going professional support to those with complex needs
- Review- makes sure we are providing the most effective service, both financially and in regard to health and well being

To be continued next newsletter

DID NOT ATTEND (DNA)

**January was 109. of which GP: 39,
Nurse: 76, Hospital: 29, Community: 9**

NEXT PPG MEETING DATE

Thursday 22nd March 2018 at 11.30am

Information on current situation Solihull GP Alliance 18/1/2018

At a recent meeting the opportunity arose to request up to date information on the Solihull GP Alliance.

It became apparent that the Alliance has a number of issues awaiting clarification from NHS England which has meant very little can be finalised and distributed as a positive action that will be taken.

The main focus of the Alliance at this time (which is via the weekly meetings of the Practice Managers) is centred on the extended hours of operation, 8 am to 8 pm, 7 days per week and how that can be implemented. Further answers to questions have yet to come from NHS England before proposals can be finalised. Whichever route is chosen the patient will still have the choice whether to accept an appointment at another surgery or not.

A complication that is being worked on heavily relates to the IT Systems used within the Alliance for appointments, repeat prescriptions etc... There are three from what I can gather, operated by commercial organisations, and as you will imagine they were not designed to talk to each other. The ability to communicate between systems will be extremely important to enable a Doctor to have information on a patient if the consultation is not at their normal surgery.

This scenario is not restricted to Solihull; it is also very prevalent within Birmingham too.

An additional challenge is the General Data Protection Review which comes into effect in May of this year, which may cause problems in sharing patient information between surgeries.

The enhanced diabetes service is now available via the Alliance. Action is being implemented now to further control the repeat prescribing for appliances i.e. catheters, stomas etc., these will be vetted by the CCG to meet the patient's needs and not repeated on an automatic basis. (A trial was run some months ago by the CCG which identified items being issued when not needed. The amended prescription yielded a considerable saving, hence the current implementation.)

Apart from the comments made above, differences have been identified in the services offered by the three CCG@s shortly to merge, one case in point is INR (international normalised ratio) a test relating to the clotting of blood (Warfarin users) which is done in Solihull Surgeries but not in Birmingham Surgeries. I guess these sort of anomalies are inevitable, which have to be addressed to overcome postcode lottery comments.

I would think there are many other pieces of the jigsaw which will drop into place very soon.



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Richmond Medical Centre
CQC overall rating

Good

2 February 2017

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