**The Cottage Surgery**

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**Patient Reference Group [PRG]**

 Minutes of the meeting on Tuesday, 3.3 15 at 6.00pm at the surgery

1. **Present**: Les Pole (Chair), Rod Hudson (Treasurer), Dr. Steve Clay (GP), David Harris (Assistant Practice Manager), Marsha Blisset, Colin Brookes, Rochelle Hubbard; Ann Irving, Karenna Galer-Coombes, Anne Gray, Gwenfred Shrives and Margaret Taylor (Secretary). Also attending was Noel Singh, a representative from Leicestershire County Council invited to speak to item 5.
**Apologies** were received from Claire Ayres and Maria Jansen.

2. **Minutes** of the Meeting on 2.12.14 had been circulated and were approved.

3. **Matters arising** not otherwise on the agenda:
a) Information screen: The screen has now been installed. The meeting expressed its approval and thanked David Harris for arranging this. The cost was a little over £300 and the treasurer was asked to reimburse Dr. Clay for this amount.

 b) Defibrilator for Woodhouse: Ann Irving reported that Heart Beat had adopted the Woodhouse telephone kiosk and arrangements were in hand for the provision of a defibrilator and the training of volunteers. Dr. Clay informed the meeting that 25 Woodhouse Eaves volunteers had now been trained and that the surgery defibrilator had been used twice by him.

 c) Chairs for the waiting room: In the absence of Maria Jansen there was nothing further to report on this. The meeting reaffirmed its view that new chairs were needed.

 d) Visit of local MP: Stephen Dorrell, MP had visited the surgery in January to hear of the ‘Doctor First’ scheme initiated by Dr. Clay. Mr. Dorrell did seem impressed by the scheme but as he retires from Parliament at the end of April Dr. Clay did not expect any action by him. Ann Irving suggested that in his new role with KPMG in their health division Mr. Dorrell may be of help in promoting the Dr. First scheme.

4. **Finance**: Rod Hudson informed the meeting that two donations totalling £400 had been received, one from an individual couple and one from the proceeds of the horticultural festival, as contributions to the provision of the planned new waiting room furniture. Currently the funds total £1648.98 although there are a number of outstanding bills to be paid. The accounts have been examined the independent examiner, Mr. R. J. Rees.
The secretary gave notice that some costs would be incurred in relation to the planned weight control event but that the sum would not be large.

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5. **Local Area Coordination in Leicestershire**: Noel Singh was welcomed to the meeting. He explained that he was involved with others in the setting up of a pilot scheme to employ coordinators to facilitate the care of elderly and vulnerable people in local communities. The pilot will run initially for eighteen months and then its effectiveness will be assessed. The model used in this initiative came originally from rural areas in Australia where it has been found to be effective. There are no plans at present to include our area but Noel Singh was keen to know what is already being done by volunteers in our area as the intention is to build on what is already being done. A schedule outlining the scheme is attached to the minutes. The meeting expressed interest and general support for the initiative but noted that assessment and evaluation of such a project would be difficult, especially after such a short period as eighteen months. A number of points were made during discussion: the possibility of increase funding from Better Care Together if the project was successful; the difficulty coordinators would find in making the links with the vulnerable people; the problems caused by First Contact’s policy of limiting action to self-referral only; the need to see that the work of the coordinators does not replicate what is already happening.

6. **Support for elderly infirm and vulnerable**: The meeting continued consideration of the concern raised at the last meeting about what role we might have in relation to the care of people who were vulnerable or isolated. We noted that neighbours do care for others and there are opportunities for people to meet, for example a lunch club, the Evergreen Club and a regular film evening. We noted the value of opportunities for intergenerational meeting and the need for this in a community where many people have moved in at a distance from family connections. Dr. Clay reminded us that there has for some time been the possibility of putting people with newly diagnosed long term conditions in touch with others who would offer them support. We were told of some people willing to help but there is a need for people who will act as organisers of activities. We were encouraged to look for volunteers and for opportunities and to keep this on the agenda for further consideration and action. Anne Gray reminded us of the need to be sensitive to people who want to be independent but who do need some help.

7. **Patient Questionnaire**: Margaret Taylor informed the meeting that approximately 60 completed questionnaires had been returned and been collated, the great majority expressing considerable satisfaction with the care received from the practice. Copies of the results collated to date were provided (attached to the minutes). Margaret will complete the collating as soon as possible and liaise with David Harris to produce an action plan which will be circulated to the PPG members.

8. **Practice Appraisal**: The annual practice appraisal had taken place on February 18th with two representatives of WLCCG meeting with Dr. Clay, Sharon Clay and David Harris, with Margaret Taylor attending. It had been more relaxed than the previous year with less stress on detailed results and a general feeling of approval of what is being done in the practice. David Harris expressed the hope that the visitors might take lessons back to other practices; the meeting agreed.

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9. **Weight Control Event**: Margaret Taylor and Rochelle Hubbard outlined the plans for the event which will take place on Saturday, May 30th from 10.00am to 12 noon at Woodhouse Eaves Village Hall. The likely title is ‘Happy, Healthy Us’ and the programme will consist of a welcome by Dr. Clay; a game to get people talking about what might be good or bad for us; a presentation ‘Throw Out the Rulebook’ by Rochelle; a ‘Let’s Get Moving’ session led by Betty Dawkins and some light refreshments. Publicity will be by leaflets, posters, inclusion in the ‘what’s on’ lists in village magazines and by word of mouth. The intention is to make it fun as well as informative. The meeting was generally supportive and we agreed that we should all come and bring one or more friends or neighbours. Rochelle and Margaret will continue the preparation.

10. **Meetings attended**:
a) PPG Network: Margaret reported that neither Anne Gray nor Claire Ayres could go to the PPG Network on January 15th, so she went alone. The focus of the meeting was mainly on plans for the New Start New You initiative and a report on progress on developing co-operative ways of working between Health and Social Care professionals and volunteer groups; the publicity officer for Better Care Together showed some of his ideas on publicity but the group challenged him, saying that lively publicity was all very well but we wanted to see details of action. There was encouragement for PPG’s in the four localities (we are in South Charnwood) to find ways of working together and supporting each other. [Dates of the next two meetings are Apr 16th, and June 18th]

 b) New Start New You Campaign: Margaret spent a cold but useful session in Loughborough Market. Quite a number of people came asking for information on health matters and sharing their experiences both good and bad of the NHS. Many people were supportive and understanding of the limitations but a few seemed to be expecting the impossible. Claire Ayres spent time at Thurmaston and I believe she had a similar experience. The organisers expressed their gratitude to the PPG representatives who took part along with Health Watch and health professionals.

11. **News Items**: Mention was made of the recent ‘Inside Out’ programme on television which had focussed on problems people had with access to GPs and to A & E. Dr. Clay shared his concern that the greater problem for the future of General Practice lies in the way in which doctors are paid; partners have the greatest responsibility and are paid the least, salaried doctors are paid more but have less responsibility and limitations on the hours they can work; locums are paid most and have least responsibility. Neither salaried doctors nor locums have the commitment to stay in one area which partners in General Practice have. These factors are pushing general practice towards a future in which control is by management companies with more interest in profit than in the care of patients, a future in which the costs will greatly increase because of high salaries and limited hours, and in which young men and women become doctors for reasons other than the commitment to care which has characterised doctors going into general practice in the past. In spite of attempts to communicate this concern to those with power, both medical and political, Dr. Clay has found that they do not seem able to comprehend the problem. The meeting understood and shared Dr. Clay’s concern and asked what we could do. Dr. Clay asked us to take every opportunity we could to try to get people to understand. This we agreed to do. *Continued on p.4Minutes 3.3.15 continued*]

 *11. News Items - continued]*Mention was made of the campaigning group 38 Degrees and the possibility of exploring what could be done through that and Les Pole asked if Dr. Clay would be willing to speak on Radio Leicester if that could be arranged. The general consensus was that we must do whatever we can.
[Ann Irving has supplied the web address for 38 Degrees - http://www.38degrees.org.uk/pages/about.]

12. **Patients’ experiences**: Margaret mentioned her uncertainty about the purpose of sharing patients’ experiences with WLCCG. Ann responded that the original purpose as she had understood it was for WLCCG to build up a basic general knowledge of people’s experiences in order to facilitate their planning, not to follow up on individual cases.
In relation to delay experienced by patients in getting results of tests in hospital Dr. Clay explained the ICE system which now allows GP practices to access the hospital records and therefore to provide patients with information more quickly.

13. **Other Business**: There was no further business for this meeting.

14. The next meeting will be on Tuesday, 2.6.15 at 6.00pm in the surgery.

 Margaret Taylor 4.3.15