

MINUTES OF the Meetings of the 7th Trescobeas Patient Participation Group (PPG)

Held at 4.15 and 4.30 pm on Wednesday 29th October 2014 at Trescobeas Surgery.

Present: Mary Bradley (PPG Chairman), Mike Burden (MB), Frank Eva (FE) , Amy Heelis (AH), Chris Heelis (CH), Glyn Hoyle (GH), Sue Hughes (SH), Viv Lavan (VL) , Peter Lidiard(PL), Varena Mitchell(VM), Celia Savage(CS), Yorick O’Nyons (YO) (Practice Manager, in attendance)

Apologies for absence were received from: Barbara Coumbe, Joe Strange.

An informal meeting of the PPG with FOTS members began at approx 4.15. After brief discussion, during which VL expressed the benefits of separating the PPG and FOTS and the need for a clear structure and a constitution, it was agreed that the two groups would now operate independently.

PPG Meeting

At approximately 4.30 the Chairman welcomed everyone and opened the formal meeting of PPG and FOTS. Referring to a later agenda item, she explained that KCCG (Kernow Clinical Commissioning Group) were meeting on the 5th November and had requested input on end-of-life care. She also mentioned that HealthWatch were working on the same topic.

2 Apologies for Absence were received as above.

3 The minutes of the last meeting were accepted.

4 Actions and matters arising from the minutes.

YO reported:

- i, YO had relayed our thoughts about communication to the Commissioning Group.
- ii 2 PPG members (MB and CS) had sent in constructive comments on the waiting room. Megan will see what action she can take.
- iii Joe Strange had given valuable input re the latest newsletter.
- iv YO had investigated the yellow safety paint suggested for the steps area outside the surgery building. Unfortunately, the contractor said that the paint would be unsuitable largely because it is vulnerable to wear and tear and would not illuminate adequately (particularly on misty, wet evenings). Some alternatives were suggested, including better outside lighting. Action: YO to research.
- v There was now a bell at the reception desk.
- vi Health Promotion Services had indicated they cannot supply a condom machine, but they have sexual health information leaflets and can supply some condoms to the Practice to pass on.

vii YO also reported on Serco's out-of-hours procedure: from 11th November the service will change, and patients' calls will be diverted automatically to the NHS 111 line.

FE reiterated his proposal for selling books in the waiting area to raise funds. After discussion, it was agreed that a table of books would be best run as a clearly identified FOTS initiative.

5 Patients' Association Workshop

CH gave a comprehensive presentation on the workshop she had attended on behalf of the PPG, on the National Association of Patient Participation's development programme, which was attended by a variety of professionals and Commissioning Group personnel:

From April 2015 GP practices will have to have PPGs, run under Best Practice guidelines.

The Government wants patients' voices to be heard, as 'smoke alarms'.

A PPGs' role is a 'critical friend.'

PPGs should have constitutions and join the National Association.

One GP at least should attend every meeting.

The members should be representative of the practice's patient population. (It was noted that currently younger people were not well represented; someone from a different ethnic background had expressed an interest and it was hoped that he would join us. CH introduced her daughter, Amy, as a potential young person's rep.)

'Virtual' PPG groups attract input by a wider sample of patients.

Notes of the PPG's activities should be displayed in the surgery and the website.

Surveys are important. PPGs should write their own and evaluate them themselves. YO welcomed this as the current surveys need to be processed and voluntary input would be welcome. Agreed that people will do this. Action: YO will organise a date and time.

Best practice is to do a survey at least once a year and it is mandatory to have the 'friends and family test' question.

Evidence of a good PPG is what changes in the practice.

The PPG may support a fund-raising group.

Agendas must be the property of the PPG itself and should contain feedback from events attended by members. Action: YO will circulate PPG members for agenda items a week before writing the next agenda.

PPG posts should come up each year at an AGM and a 'healthy situation' would be that they rotate.

It should be possible to adjust meeting times to suit people.

The Chairman noted that CS was willing to act as secretary on a temporary basis, until the constitution was in place. CS noted that we would then need to be appointing officers

anyway. FE proposed that the group approve the arrangement which was seconded by CH and VL and approved unanimously.

The Chairman thanked CH for her comprehensive report, which everyone was pleased to support.

6 Terms of Reference

The Chairman opened by referring to the need for a constitution. YO tabled draft constitution notes by Three Spires PPG and CS circulated some notes she had made from the National Association of Patient Participation website, which were much in line with the report just given by CH. After some discussion, it was agreed that a working group consisting of the Chairman, CH, SH, VL CS and YO would draft a constitution to bring to the PPG soon, if possible before Christmas.

7 End of Life

The PPG had been requested to discuss this as the KCCG (Kernow Commissioning Group) was concerned that there is a “medicalisation” of the normal process of becoming older and frail, relatives requesting that “something should be done” and the people dying in hospital when their wish was to die at home.

A lively debate ensued, with varied experience and opinions of the practicalities of caring for someone at home. PPG members cited a variety of situations which they had experienced which highlighted excellence of care – and poor uncoordinated care at the end of life. The main points arising were :

- i Societal changes: Families scattered, whole family needs to be considered, e.g. sons and daughters working; teenagers in the family; shift work; families not knowing where to go for help; lack of community networks and neighbours’ involvement; isolation of older people; towns not having true communities, while small villages have close knit communities.
- ii Death: is ‘swept away’ – out of sight; many people have never seen a dead person, have not the knowledge or skills to cope and do not realise when death is imminent.

Summing up:

- Need for Holistic Integrated Care
- Advocacy – how to make a complaint and not be penalised
- Resuscitation – who decides?
- Communication lack – who do you trust?
- Elderly frail persons’ need for companionship – loneliness
- Should the State take over the family role?
- How to identify the frail, elderly, vulnerable.
- Earlier discharge from hospital.
- Hospital Consultants’ communication with GP re patient’s situation
- Should we start planning for the future as we get older?

8 Young People

It was felt that the PPG needs members of all generations, especially 'young mums'. Amy was welcomed and YO invited her to look round the surgery: first impression was that more toys for young children were needed.

9 Any Other Business

FE asked the following questions to which YO replied.

Who owns the building? The partners do, on a personal mortgage.

Does the practice pay council tax? Yes, at business rate.

Water rates? Yes, on a meter, but reimbursed.

Trainee doctors? The Practice is paid the costs of training them.

FE then asked what were FOTS collecting money for now. GH said the balance in the account was £582.84. YO said the practice buys the essential equipment it needs, but there may be other ideas for FOTS, such as a tv screen in the waiting room and a water cooler, but these decisions should be made by FOTS.

10 Closing. CS asked for confirmation (for the Minutes) that the meeting had decided that the PPG and FOTS would operate separately, as YO would need to know who was on which group, for example for issuing agendas. This was confirmed.

The Chairman said that some people will belong to both groups, and asked if those present today wished to be on the PPG: Agreed.

11 Date of the next meeting: No date was arranged, but a meeting to consider a constitution will be required when the working party has produced a draft, ideally before Christmas.

The meeting ended at approx. 6.15 pm.

Date of Next meeting. Date of next meeting. The next Commissioning Group meeting is 7th January which with Xmas gives us little time to meet up before hand. I have not yet had clarification over the 7th January meeting and what it will discuss. I would also like to wait until after the Constitution working group (and see what progress we make). Depending on the outcome of those I have 2 possible dates; Weds 17th December and Weds 28th January (week before February commissioning meeting).

SECRETARY'S NOTES:

These minutes are not very brief as there was complicated business. Mary kindly edited my copious notes on End of Life. The PPG may prefer something shorter in future, but here is a brief note of the actions to be taken:

Item 4, Research more safety measures outside building. YO.

Item 4, Table of books for sale in surgery waiting room: FOTS

Item 5, PPG members to help YO work through the survey results. YO and PPG members.

Item 5, Agenda items in advance of agendas: YO and PPG members.

Item 6, YO to convene Working group to draft constitution: Chairman, FE, CH, SH, VL, YO.

Item 10, Absent members to please tell YO if they wish to be on PPG and/or FOTS.