

TRESCOBEAS PATIENTS' PARTICIPATION GROUP

MINUTES

OF THE ANNUAL MEETING AND ORDINARY MEETING

HELD ON 22ND APRIL 2015

ANNUAL PPG MEETING:

Present: Mary Bradley, Mike Burden, Frank Eva, Sheila Hallett, Viv Lavan, Verena Mitchell, Celia Savage; Dr Catherine Burnett and Yorick O'Nyons (in attendance).

- 1 Apologies for Absence: Chris Heelis, Glyn Hoyle, Sue Hughes and Joe Strange.
- 2 Chairman's Annual Report. Mary presented the report for 2014/15, which was received. Mary encouraged the PPG to keep up the momentum of the working group, and also to keep in contact with Healthwatch and focus on wellness.

Yorick thanked Mary for her work over the three years as a founder member of the PPG and presented her with a bouquet in appreciation.
- 3 Election of Chairman for 2015/16. It was proposed by Mary and seconded by Frank that Mike Burden be Chairman for the year, which was agreed unanimously.
- 4 Election of Vice-Chairman. After some discussion, it was agreed to work without a vice-chairman at least for the time being, leaving it 'on the table'. When Mike needs a substitute someone will be found as and when.
- 5 Election of Secretary. It was suggested that Celia continue, proposed by Mary, seconded by Viv. Celia said that she could have commitments later in the year, but undertook to continue at least for the time being, which was agreed unanimously.
- 6 Any Other Business. There was none.
- 7 Date of the next Annual Meeting. It was agreed to select a date in April 2016 nearer the time.

PPG MEETING

- 1 Mike took the chair. Those present and apologies were the same as for the Annual Meeting.
- 2 Minutes of the last Meeting. Celia said she was away at that time and had apologised in advance. The minutes were then approved with this alteration.

3 Matters Arising (not on the agenda). Mary referred to problems with booking ahead for GP appointments. Catherine said that when it is a matter of following up a patient's appointment elsewhere, e.g. with a consultant, it is best for patients to see and discuss the results with the same doctor who made the referral. There was some praise for the surgery and the way it works. Yorick said that generally if patients insist on what they want then the surgery will go along with it.

4 Student Nurse/PPG Project. After some discussion, it was proposed by Frank, seconded by Celia and others, and agreed unanimously, that we would join the project. Action: Yorick would let Chis Iremonger know right away.

5 Patient Surveys. Viv reported work on the survey had been 'huge', and eventually she and Chris Heels had taken over the analysis, which involved many hours. All comments, including critical comments, had been logged. Viv suggested that a different form be used for the next big survey to make it easier to collate the responses. However, people were sometimes uneasy about filling in forms because they thought that staff would see the comments. There was therefore a need for a secure box in the surgery to collect comments, with an indication that the results were collated by the PPG, not the staff, and Viv offered to collect them. There was a clear need to encourage patients to complete surveys in order to inform the Practice. It was agreed that a suitable box be purchased and installed at the Trescobeas Surgery. Action: Yorick.

Celia suggested that to encourage more people to fill in forms we might put a notice on the PPG board describing the improvements that have been made thanks to everyone who has sent in comments so far.

Mary suggested looking in on mother-and-baby groups to encourage young mums to respond. Frank suggested simplifying the form, and Yorick said that 'Friends and Family' ones were very simple. It was then agreed that we would progress things by drafting a possible survey modelled on one from another practice (Penryn). Action: Viv would investigate.

6 Carrick Localities Commissioning Group. Mary reported that the CLCG would not be meeting until September, and spoke on various topics:

Plymouth University was researching end-of-life care, and the Alzheimers Society has a patient profile for dementia. End-of-life care, the number of admissions and why people are kept in hospital for non-medical reasons (such as carers being ill) were being looked at. 'At risk': how do you know if a patient is at risk? Information such as the number of 999 calls and who is the key person to work with/for the patient were crucial. At the end of life they should look at the 'whole person' and their circumstances.

People should take responsibility for their own health, but it is difficult if they are elderly and on their own. There are relevant statistics on deaths at home and elsewhere.

(b) The Locality Plan showed that Penryn had 18,000 patients. In October 2014 it was decided that Penryn and Falmouth would be able to work out their own plan for integrating care. There was a short training programme, including English, for carers from

overseas.

Mike recalled that we intended to look at the problems people experience from isolation.

7 National Association of PPGs (NAPP). Mary noted that the NAPP conference takes place at Leamington Spa on 6th June. Would Mike, as Chairman, wish to attend, or another member?

PPG Awareness Week would also be taking place: Mary would inform Yorick and/or Mike and if necessary we would have an extra meeting.

8 End of Life. Mary noted (1) the virtue of 'MoTs' for the over-70s, (2) the virtue of having neighbours who care and (3) the tendency, if someone feels a bit off colour, not to see doctors early enough.

9 Any Other Business. Mike, as Chairman, reiterated the need for PPG members to tell Yorick what we want to put on the agenda well in advance, and said that 'AOB' as an agenda item should not be necessary. However, on this occasion he knew that Mary wished to say something.

Mary reported that (1) she had reminded the pharmacy that their notice of opening hours was out of date, but it did provide a week-end service. (2) Re out-of-hours, it had taken someone 23 minutes to get through on the 'phone, which is not right in a serious situation, and it turned out that only one doctor was on duty.

10 Mike asked everyone to take the Healthwatch Cornwall paper, read it, and it would be on the agenda for the next meeting.

The Meeting concluded at approximately 7.30 pm.

Please note: We did not arrange a date for the next meeting but a date will be arranged.