***Quay Lane Surgery***

***Patient Participation Group Meeting & AGM***

***Meeting held on Tuesday 10th June 2014***

**Present: PPG Members – David (Chair), Nigel (Vice-Chair), Margaret (Treasurer), Maurice, Beth, Louise and Muriel**

 **Staff Members – Dr James Moore and Debbie Todd, Practice Manager**

**Apologies: Diana, Lennie, Venetia and Mitzy**

**AGM – Minutes**

**1. Welcome and Apologies**

David welcomed Louise to the group and introductions were made. Apologies for absence were given.

**2. Minutes of 2013 AGM**

It was accepted as an accurate record of events and there were no matters arising.

**3. Year-end Report by the Chairman**

David began his report by thanking everyone for attending and gave special thanks to Debbie and Dr Moore for their help with the shaping of the Group and to Nigel and Margaret for all their energy, enthusiasm and help during the past year. Thanks were also made to those who have taken the minutes, especially Diana, but also Venetia.

In his report at last year’s AGM Robin Louvel highlighted the confusion about representation of PPGs at Kernow Commissioning Group level. This has been a real focus for work during 2014 with Nigel being nominated and subsequently elected as Chair of the Umbrella Group for SE Cornwall. Nigel now sits on the Commissioning Group as Chair of the Umbrella Group (which represents all Practices in SE Cornwall) and he has achieved a renewed sense of enthusiasm, energy and direction for the Umbrella Group and PPGs. We all have much to learn about the ever-changing structure of the NHS if we are be successful advocates for our patients and we now set on course to achieve just that through the direct flow of information that has been achieved under Nigel’s leadership.

Our PPG met four times during the year and attendance has been consistently high. Each meeting was carefully planned by a small sub-committee which includes Debbie and Dr Moore.

The PPG held a Public Meeting in the Eliot Hall to discuss changes within the NHS. Public attendance was low (15) but an interesting and informative evening was spent learning about the NHS from those involved with local administration.

A survey of patient experiences on discharge from hospital was initiated and implemented –preliminary results are available. We owe a debt of gratitude to Margaret and Nigel for their work on this and to Debbie for her ever-helpful guidance and help.

The PPG funded a wheelchair to loan to patients in temporary need. This is duly branded as a PPG gift. The Group also looked at the possibility of funding a defibrillator for Downderry but upon examination the need for not found to be there.

Fundraising as a whole was not spectacular during the year. Christmas and Easter Draws were held; the PPG took part in the St Germans Priory Christmas Market (thank you Venetia) and a proposed coffee morning did not materialise. If we are to be in a position to meet patient needs we need to raise money more effectively and we should perhaps be thinking of a fundraising sub-committee to look at this area in some greater detail and to take charge of events such as the draw. There are proposals for expenditure in the coming year on the agenda for the meeting that follows immediately after this one!

The PPG was involved in discussions about the effectiveness and need for TRAC – now DRSS – in securing hospital appointments for patients. David visited DRSS\*, representing the Elective Care Patient Representation Group (ECPRG) and, while the discussions are ongoing, was not over-impressed by their performance. The issue arose largely through concerns about the manner in which information about choices is given to patients by DRSS to enable them to make informed decisions about their healthcare.

During the year work was started on an acronym list for PPG members. PPG member’s involvement in external organisations is as follows:

* Umbrella Group – David Watters (as Chair) and Margaret Sampson (by nomination from PPG)
* Elective Care PRG – David Watters (by invitation from KCCG)

The Practice survey was carried out in the autumn of 2013 using the General Practice Assessment Questionnaire, as required under General Medical Council regulations. The Practice scored above average in every area. Arising from the survey leaflets have been devised on making an appointment and advice on obtaining test results made better known.

The ‘Waiting Room’ (on-line appointments and prescription ordering) was introduced from the spring of 2014 and the sign-up to this e-format has been encouraging.

The greatest need is that of attracting more people of all ages and backgrounds to the PPG, especially perhaps younger parents. We need to do some hard thinking and networking about this in the months that lie ahead.

Finally, following discussion with the PPG, Quay Lane Surgery will be enabling access to the NHS weight-loss programme. This will become available to those who are obese and willing to reduce their weight and thereby reduce threats to their health e.g. diabetes, blood pressure, heart conditions, joint damage, e.t.c.

\*DRSS is the Devon Referral Support Service. They manage the referrals for all East Cornwall Practices. The service is being reviewed at commissioning level who are working collaboratively with GPs and Practice Managers to decide which service is preferable for patients. The review needs to be completed by the end of the summer. Dr Moore said that there was no evidence that referral management centres saved money but NHS England insists that we use them.

**4. Election of Officers**

David is happy to stand as chairman again for this year but mentioned that he may be moving out of the area mid-term.

Nigel would like to step down as vice-chairman due to his commitments with the umbrella group and would like to remain as a member.

Margaret is also happy to continue in the role of treasurer.

Diana mentioned to Debbie that she is happy to continue taking the minutes.

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| **Committee Member for 2014/15** | **Proposed by:** | **Seconded by:** |
| David – Chairman | Muriel | Margaret |
| Louise – Vice-Chair | Margaret  | Beth |
| Margaret – Treasurer | Beth | Nigel |

**5. Treasurer’s year-end report**

Comparisons were given from the previous year. No grants were received this year and no monies were requested from the community shop. The overall profit for 2014 was £610.11. It is important to continue to raise money if we are going to help the patients of Quay Lane Surgery. Money in the bank as of 30/4/2014 is £2,993.43.

The cake stall at Christmas took a lot of effort and was costly and was not worthwhile. More advertising needs to be done in the future. Health and Safety does put a dampener of certain fund raising activities.

**6. AOB**

None

**PPG Meeting- Minutes**

**1. Apologies for Absence**

As above in the body of the AGM. E-mails and letters will be sent to each patient participant to ask if they still wish to be part of the group.

**2. Minutes of the March Meeting**

It was accepted as an accurate record of events.

**Matters arising:**

A fundraising committee needs to be set up for the coming year to help improve fund-raising.

Serco are opting out of out-of-hours provision and will be taken over by NHS111. Practices are being phased over to NHS111 over the next six months. The KCCG are looking at different solutions and have eleven months to come up with a solution.

The weight loss programme will be initiated in the surgery when the new nursing team is in place. They hope to make a start later in the year.

The surgery had a visit from DRSS to explain the changes that are happening. There are meetings in progress at present with GPs and Managers. No changes have been made at present.

Discharge questionnaires – this has been a useful exercise. If it is to be rolled out then it may be better to have it on a survey tool on the computer. Quay Lane ran a pilot which looked at issues patients had following discharge. It was a patient centred questionnaire and is quite different to hospital questionnaires. The umbrella group have received and copy as have Healthwatch. 14 questionnaires were returned – 10 completed by patients, 3 by family members and 1 child.

3 responses showed that the patients had been concerned about their discharge procedures and were not satisfied. They didn’t specify which ward they were staying on so the results cannot be linked back to the hospital for feedback. There was one concerning comment which was an observation of someone else’s treatment at the hospital. This will be fed back to the hospital.

Feedback from patients was that it would be nice to have a not applicable box next to some of the questions and a list of clinicians with whom the information may be shared with. Beth said that she is happy to be involved in this pilot.

**3. Treasurers Report**

Margaret has set up internet banking and has transferred £2,000 to a higher interest account.

**4. PPG Projects**

Sarah Coryton offers cancer patients clinical massage at the surgery approximately twice a month and has been funded historically by the PPG. There is £1,605 in the practice patient fund account and Sarah’s fees are approximately £1,200 per year. There is enough to fund a further year. It will be reviewed again next year.

The surgery has asked if some PPG funds could be used for purchasing a rail-mountable minor operation light for the treatment room. The current light is not suitable for minor surgery. The group agreed that they are happy to fund this. The light costs approximately £600.

Debbie asked whether patients would benefit from a self-check in machine at Quay Lane Surgery to relieve pressure on patients and receptionists at the desk. The machine and installation cost is approximately £1,480 and incurs a £300 per year maintenance cost. This is costly and consideration needs to be given by the practice whether they will take on the ongoing maintenance costs. Debbie will chat to patients and staff to see if it is beneficial. If the group do decide to go ahead with this project then the community shop can be approached.

**5. New Specification for PPGs**

This will be discussed in more detail at the next meeting.

**6. Dementia and Memory Cafes**

They felt that they were not getting enough contact from patients in the area. Debbie confirmed that posters are displayed although not many came through. Debbie also confirmed that the surgery does have a named dementia liaison nurse.

**7. BMA & Care Counts**

Leaflets were circulated for information only.

**8. Umbrella Report**

An end of year report it attached and explains what the group does. 11 practices represent East Cornwall and the group gives the opportunity to air concerns either with the practice, in the area or wider. It is important that groups participate in KCCG changes. Healthwatch gave a talk about the complaints procedure. There is a planned talk by Paula Bland from the local commissioning group about a number of changes to DRSS (Devon Referral Management Centre), SERCO (out of hour’s provision) and frailty amongst other things. It is important that patients make a contribution. Another group is being created in the region looking at the roles of patients.

**9. Elective Care Group**

These meetings are held 6 weekly. At the meeting the group tend to be told how things are going and not what might be happening. They are currently looking at orthopaedic surgery and back pain clinics and the ideas behind it. The group is made up of a GP chair, the KCCG and chairs of other PPGs.

**10. AOB**

None

**Date of the next meeting**: Wednesday 24th September

Debbie Todd

13/6/14