

Minchinhampton Surgery Patient Participation Group (PPG)
Committee meeting held on Wednesday 3rd April, 2024
At 7-00 pm at the Cotswold Club, Front Bar

MINUTES

M1. Welcome, attendance and apologies.

Present: Eve Jackman (Chair), Gervase Hamilton (Vice chair), Kerry Thompson (Surgery manager), Dr Freddie Walker (GP partner), Gerald Ford (Transport officer), Louise Wilson, (Longfield Community Hospice: guest speaker), David Nurden (Driver), Coralie Nurden (Guest: transport coordinator), John Cleever (Pharmacy liaison), Anne Marie Marlow (PPG president), Graham Spencer (Immediate past chair), Ian McPherson (Secretary).

Apologies: Maggie Cornock, Colin McCleery, Alison Gray, and Nikola Jack (Guest).

M2. Update from the Practice Manager (Kerry Thompson)

Compliments, comments and concerns. The feedback from the Friends & Family form continued to be highly positive. 91% of responses (388 patients) had ratings of 'Very good'. The very few complaints were mostly about the building, or waiting times for appointments. These were all followed up with patients whenever they gave permission. The response rate for use of the form had dropped slightly as the novelty effect had decreased. Reception-office team members were supported with tailor-made training and a break time for lunch and hand-over briefing. The turn-over rate for the team was very low. PPG flyers in the Surgery can be used to ensure more patients are aware of the PPG transport scheme, especially as this could be needed by some patients when the new building opens. Eve Jackman would follow this up.

The Committee discussed possibilities for restarting monthly talks for patients, particularly when the new building is operational. Suggestions for possible topics and speakers are welcome. Topics for a pilot programme might include diabetic support, ADHD, behind the scenes at the Surgery, depression, cancer and hospice care, and young people's mental health. A conference room in the new building might be used.

M3. Update on the new building (Dr Freddie Walker). Currently ground-floor walls were being built and floors were progressing. In spite of a delay of three or four weeks for moving a pylon, progress was generally good. Gerald Ford mentioned some criticism of the apparent quality of block laying. Dr Walker undertook to look into this.

M4. Update on Dr Weir's Spring Song fundraiser 16 March (Kerry Thompson, Dr Freddie Walker, and Eve Jackman). The Spring Song evening musical entertainment and fund-raiser was a great success. £1241 profit had been made on the evening. This will more than cover the cost of the proposed decorative mural for the ground-floor interior of the new building. Dr Weir, guests, and the Surgery team were joined by volunteers from the PPG Committee. The meeting congratulated those involved on all that had been achieved.

M5. Surgery requests for PPG funding (Papers attached: treasurer & secretary) ECG systems (x2) & spirometer. The Surgery has requested PPG funding to purchase two ECG systems and one spirometer. As the treasurer could not attend the meeting, the

secretary introduced this topic. The secretary was grateful for the way the requests had been set out helpfully by the Surgery, using the agreed PPG form. Currently the Surgery had no spirometer and the ECG systems were nearing the end of their useful life. All the proposed equipment would improve matters for both patients and Surgery staff. The meeting approved in principle the proposed expenditure of PPG funds on purchasing all the requested equipment, this being clearly in keeping with the aims of the PPG. However, there would be a problem if all the equipment were purchased immediately, as the PPG current account would not at present allow for this and for the standard expenditure on PPG running expenses, mainly for the transport scheme; while drawing money from the fixed-rate savings account before this matured would be penalised by loss of needed income from the forfeited interest. The secretary understood that the spirometer could be purchased immediately, while the two ECGs (needing to be purchased together) could be purchased in the following financial year, subject to the treasurer confirming all these practical considerations as soon as possible, subject to any further discussion of details as may be needed with Surgery staff, and subject to no detriment to the usual annual funding of standard PPG activities. The meeting approved this approach in principle and looked forward to the treasurer being able to implement it as soon as practicable.

M6. Guest speaker: Louise Wilson, Longfield Community Hospice

Longfield Community Hospice currently provides free-of-charge services to adults over the age of 18 in Gloucestershire living with a life-limiting condition, as well as to their family, loved ones or carers, and those who are bereaved. There is a wide range of life-limiting conditions that are supported such as, but not limited to, cancers, advanced lung diseases, organ failure (such as heart failure) and some neurological diseases (including Parkinson's, Motor Neurone Disease, Multiple Sclerosis, and early to mid-stage dementia) aiming to provide support from the point of diagnosis through to bereavement. The key services that Longfield offers are Hospice at Home, Wellbeing Centre, and Counselling and Bereavement Support. Longfield's services can be accessed via an appropriate referral. For Wellbeing, Counselling and Bereavement Support, referrals can be completed on Longfield's website www.longfield.org.uk or over the phone (01453 733706). Patients, carers and the bereaved can self-refer. A referral can also be completed by a family member, a loved one, carer, or a health-care professional, as long as they have the person's consent to do so. Once a referral has been received, a member of the team will contact the person referred, to determine how best the needs of the patient, carer, or the bereaved, can be met. For Hospice at Home, the referral must be completed by a healthcare professional, such as a GP or District Nurse. Every Friday there is a drop-in session from 10am – 12pm for people to come along (no appointment is necessary) to find out a little more about ways they could access support. As a Community Hospice, Longfield does not provide any beds, as it does not have an in-bed unit. Longfield's full, responsive and inclusive programme of activities at the Wellbeing Day Centre is available online < <https://longfield.org.uk/our-services/wellbeing> calendar/ > and in printed leaflets, as distributed at the Committee meeting by Louise. There are many ways in which volunteers can assist with fund-raising for the hospice. Longfield has 20 charity shops located across Gloucestershire and online, now linked with a central warehouse and with expert assessment of the value of donations. All kinds of offers of help are welcome with an impressive range of activities, including volunteer driving. Volunteers are encouraged and supported in many ways. Those thinking about volunteering are recommended to contact Longfield directly on their main phoneline

- 01453 886868. The overall cost of running Longfield is approximately five million pounds per year. Eve Jackman, on behalf of the Committee, thanked Louise for her very comprehensive and lively presentation. (Louise is the Community Engagement Officer for Longfield Hospice.)

M7. Minutes of previous Committee (7th February 2024) (Chair).

(a) Accuracy: The minutes were accepted without amendment.

(b) Approval. The Committee approved the minutes unanimously.

(c) Matters arising (Secretary):

[c i] Planning for next AGM: 1st May, speaker David. Rawlings, Stroud District Council.

Light refreshments would be provided by volunteers. Eve, Coralie and Ian would liaise as needed.

[c ii] Armed Forces Veterans' Accreditation for the Surgery had been completed. The Committee congratulated all involved in this at the Surgery.

[c iii] Waiting-room memo on PPG patient transport. Eve was working on this.

[c iv] New NHS contract for GP Out-Of-Hours & 111 services. Ian had been told by NHS Gloucestershire that a new contract was being processed and should be implemented in the autumn. He undertook to reply, asking about arrangements for PPG involvement in evaluation of fulfilment of the new contract.

M8. Pharmacy update (John Cleever).

John reported that the situation at Boots' pharmacy continued to put staff under much pressure. Non-urgent prescriptions could still take seven days to be dispensed. When doctors marked prescriptions as "Urgent", Boots did their best to dispense them on the day they received them. The "Pharmacy First" service could still not be started, due to the lack of a regular full-time pharmacist. Such a post had been readvertised. The shop continued to close from 1.00 to 2.00 for staff lunch and recuperation. Customers' patience, respect and courtesy for staff were occasionally not evident. John had sent another letter of thanks to Boots, in appreciation of the continuing dedication of staff. John was now also a recognised local contact for Healthwatch Gloucestershire. <https://www.thecareforum.org/project/healthwatch-gloucestershire/>

M9. Patient Transport Service Report (Gerald Ford). Currently there are about 17 active drivers, including two new ones. Some drivers are available only for local journeys. More drivers are needed. Longer journeys still include Oxford and Bristol. The mileage rate continues to be 60p per mile. Gerald had taken 48 bookings for patients in March. It can take an average of six phone calls to find a driver. Two more coordinators (to arrange bookings) are needed. Alison Gray had recently help by coordinating for two weeks. Use of a "WhatsApp" smartphone group for drivers would not solve all problems, as someone still needed to take responsibility for ensuring that all patients' requests were appropriate and met in a sufficiently timely manner. It was hoped a drivers' meeting could be arranged as soon as practicable. (See also M7 [ciii] above).

M10. Treasurer's report. As the treasurer was temporarily unavailable, Ian McPherson covered the most pressing issues: see M5 above. Ian would keep the treasurer informed.

M11. Preparations for AGM (Wednesday 1 st May). (Secretary)

Nominations for Officers & Committee: Ian invited the meeting to consider the memo, issued for this meeting, listing all Committee places and offices, with the names of current officers and all other Committee members. The meeting noted this and agreed that the memo should be part of the AGM agenda, as a group nomination of all current Committee members for the coming PPG year (2024 to 2025), pending any additional or alternative nominations or resignations, any of which could be announced before or at the AGM. The Committee also noted that the only current vacancy on the Committee was for a third nominee to represent the Surgery. It was still possible such a nomination could be received before the AGM voted on next year's membership.

M12. Any other business. None. (The meeting ended at 8-25 pm).

Dates of following meetings in 2024: Wednesdays 1 May (AGM), 3 July (Committee), 4 September (Committee), 6 November (Committee).
[Ian McPherson, PPG secretary, 15 th April 2024].