

**Culverhay Surgery
Patient Participation Group
Minutes of Annual General Meeting held:
Tuesday 21st March 2017.
6.45pm**

Attendance from Practice:

Caroline Pearmain, Practice Manager (CP)

Attendance from Members

Michael Sykes (MCS) Derek Higgs (DH) Dave Johnson(DJ) Gwen Bridges (GB) John Bridges (JB) Christine Kocik (CK) Anne Slann (AS) Graham Cook (GC) Scott Bryce (SB) June Kent (JK) Jenny Dadd (JD) Robert Maxwell (RM)

Apologies:

Peter Beresford (PB) Anne Weaver (AW) Helen Beresford (HB) Sue Hope (SH) Philip Kendell (PK) Greg Packham (GP)

1) Welcome:

MSC Chairman opened the meeting with a warm welcome to members. MCS outlined the plan for tonight's meeting, which included the AGM and two guest speakers.

2) The first guest speaker Sarah Hadden from Active Gloucestershire. Sarah outlined her role and function at Active Gloucestershire together with a brief history on how it began and how it has and is evolving.

Active Gloucestershire has been running for 9 years and started as an independent charity working with people aged 15 – 20 years and was based on physical activity and sports. The remit has extended to cover not only all ages and all abilities but also the definition of activity is much more inclusive now.

The service is countywide including towns and rural areas and that in itself brings a challenge in terms of the geography.

Active Gloucestershire Funding comes from Sports England, Government and National Lottery. Sarah brought with her information leaflets about the service and explained how Culverhay Surgery PPG can work and fit with Active Gloucestershire to inform and educate members of the practice patient participation group of the support and help that is available to get groups or projects up and running in our locality. These groups would initially receive the help and support to set up but ultimately be run by the community itself.

There could be some support with funding of small projects or equipment transport etc.,

Sarah talked of the aging population and the need for preventative action now and of how aging could bring with it other problems of complex health issues.

Active Gloucestershire acts as a conduit to other organisations and the workers in the 120 organisations that work with Active Gloucestershire meet to discuss countywide provision on a regular basis.

Sarah herself would not work with individuals or groups but her role provides a conduit to these other organisations. Leaflets are available in our resource pack, and also some were left with the surgery.

3) Our second guest speaker Jane Creed, The Village Agent, was welcomed and introduced by MCS.

Jane began by saying that the area she covered had changed she now covered Wotton, Dursley, Hillesley, Tresham, Alkington, North Nibley, Stinchcombe and Dursley.

The client group included vulnerable people over 50. The word vulnerable was not defined as such so her judgement was obviously a factor that is considered when referrals come through. Referrals can come from anywhere, eg Doctors, friends, social workers, family, self referral, concerned others etc.,

The aim of the Village Agent scheme is to try and keep people as independent as possible in their own home with support for those people caring for them.

Jane told us that although she does not have the answer to every question, she can probably find someone that does have knowledge or who knows someone who does. Due to her past experience, she is able to help with a whole range of queries like benefits entitlements, pensions, transport, lunch clubs, access to property. Social isolation and aging again is the main focus of the scheme as well as physical and mental well-being. Village Agents have good links with statutory and voluntary organisations and Jane tries to be involved with as many of these facilities as she possibly can.

Previous support to individuals has included support for people to attend a lunch club, benefit check, and much more. All this is done in a mere 10 hours per week which means that accessing Jane often comes down to a voice mail message on her mobile. She tries to respond to act quickly as possible. If Jane is not available people could ring the adult help desk 01452 426868. She pointed out that the Village Agent role is not an emergency service!

Jane gave leaflets to the group of the organisation and how contact can be made in her leaflets that also contained some very helpful information on how to refer etc. This service is not run by South Gloucestershire so practice members for example from Hawkesbury Upton would not be able to access this service. DH plans to take this up with SH.

Funding comes from Gloucestershire County Council and Care Commission Gloucestershire and Jane advised us that we do not know what the specification for the tender will be or look like as the current contract comes to an end in September/October. The new service may therefore be different.

Jane said that the patient participation group could link and work with her service by ensuring that our members know that the service is there. We could do this by giving people a leaflet, making the phone call with them. It is her job to come to talk to people like us to spread the word. Jane has also completed an article for our newsletter which should give us a good start on getting the message out.

4) Adoption of the Minutes 21st February 2017.

Minutes were adopted and signed by Chairman (MCS) - there were no amendments.

Action: GB to pass to KH

5) Review of the Past Year

a) Surgery Update (CP)

CP reported that there had been many changes in the year 2016 -2017 for Culverhay Surgery.

Changes included the retirement of Dr Pritchard in May 2017 after 27 years of working in the practice as a fulltime partner.

Dr Porter (previously salaried GP) becoming a 4 session per week partner in May.

Dr Grace Thompson, Dr Thurston and Dr Russell joined the practice all becoming salaried GPs from 1st June 2016. The surgery has seen registrars come and go – Dr Lee Cooper and Dr Nafisa Rahim sadly with us for only 6 months at a time, were exceptional.

The surgery currently has Dr Diarmuid White until August 2017. He too has been exceptional, and there have been lots of positive feedback from patients.

During the year we have seen one receptionist leave, to be replaced by Andrea Playle who joined the reception team in July 2016. Andrea has settled in very well and has quickly become a huge asset to the team.

On 31st March 2017, sadly we will say goodbye to Judy Drinkwater, Practice Nurse, Judy will be retiring next week after 27 years of working with the practice. We wish her all the very best in her retirement. We have appointed a new nurse (Dixsa Purgas-OSullivan) who will join the team at the end of April. Dixsa's background is in diabetes research and also staff nurse at Southmead Hospital, Dixsa has a lot to learn in becoming a fully-fledged practice nurse but we will support her along the way. CP was sure that we will all get to meet her in due course.

We wait with excited anticipation to see what 2017-18 will bring. We know for sure that our long awaited building improvements will go ahead. CP thanked the PPG for their positive involvement in helping move forward with this. PPG input has helped to refine the plans to what we hope will vastly improve the building for use by all of us patients and staff alike.

A big thank you from Dr Probert, Dr Porter and CP for our continued support of the surgery. Most notably our input has increased awareness of our online services – now 1 in 4 registered for on line services (previously 1 in 25). This is a fast changing area for which we need continued patient input. We look forward to working with you during 2017 – 2018, not least on the refurbishment works.

b) Chairman's Report (MCS)

Only one meeting was abandoned due to illness and weather in January 2017.

Speakers:

April – Ceri Cockram (Fire Fighter and Safety Advisor)

May – Dean Cowley (Longfield) and Jeff Natrass (Carers Gloucestershire)

July- Engaging Youth Worker – booked but was not able to attend.

September – Chloe (Pharmacy Manager Lloyds)

March – Jane Creed (Village Agent) and Sarah Hadden (Gloucestershire Active).

We lost some members, we gained a few members – currently we have 18 and we now have a strong group of attending members. However, we need to recruit some younger members.

It is regretted that due to lack of interest and support from local, District and County Officers, the hope of a pedestrian crossing spanning Culverhay, with associated removal of vehicles had to be abandoned. At least we tried!

Thanks to GB for her excellent support; also to DH for covering as Chairman in February.

6) Election of Officers

The current officers stood down. MCS explained to the group that he had intended not to stand again for election but as there had been no nominations put forward for the role of Chairman, despite trying to encourage some members to consider the possibility, he would stand again, **for one year only**, otherwise we would have no mandate.

- a) Chairman MCS was nominated unanimously and seconded by GB.
- b) Vice Chairman DH was nominated unanimously and seconded by GB
- c) Hon Sec: GB was nominated and unanimously and seconded by MCS.
- d) Treasurer DJ was nominated unanimously and seconded by JB

MCS will arrange to update members' photographs on the web site and Surgery screen – and will "shoot". JD, CK, PK GP. at 6.30 prior to 6.45 start next meeting. SB will be unable to attend and gave apologies for next meeting and so his photo so will be "shot" in May

Action : MCS to arrange meeting with SB

7) Newsletter

GB advised that there had been no progress on the Newsletter for 8 weeks. After agreeing at the last meeting that CP and GB would try to contact GP by email or phone this had not been successful. GP had sent his apologies for not attending the Meetings twice, advising that there were problems with his internet service.

GC agreed to contact GP to ascertain if everything was well with him and if he was still interested in continuing with the newsletter. If not could he send an electronic copy of the work to date to KH so that we could carry on with the excellent work to date. Everyone agreed that this would be the best way to proceed.

GB reported that she had prepared a list for distribution that JK had offered along with DH and DJ to disseminate when the newsletter was ready to go.

Action: GC to contact GP and report at the next meeting.

8) Gloucestershire Patient Participation Forum Meetings

Next Meetings

21st April - Theme- Cancer
28th July - Theme Sustainability and Transformation Plan
27th October - Theme – Planning for Winter

All Meetings start at 10.00 and are held at Churchdown Village Hall.

Locality Meeting on 6th April – RM & GB will attend.

Action: Members to let GB know if they wish to attend any of these meetings

9) Any Other Business

a) Surgery Update (CP):

Two tenders being submitted 31/3/17
New staff to be inducted (as above)
Pneumococcal vaccines are now coming in 10 at a time. The surgery is contacting patients when they have supplies.

b) Patient Survey:

DH was concerned that the surgery was not included in the survey that was distributed by email to all members. GB agreed to send a copy of this to both MCS and CP.

Action: GB to forward to MCS and CP

c) Medication: Stock-Piling

DH wondered if we were able to set up some sort of system whereby people's medication, that was no longer needed, could be collected or taken to a place of safety and he potentially thought that the village shop might be able to do this in Hawkesbury Upton. After a brief discussion it was concluded that legally this could not happen because of the laws surrounding the handing of medication. The issue is not about reclaiming this medication as such but more how we could stop people over ordering in the first place. CP will be meeting with the new shared pharmacist shortly and it was agreed by all that we should put an article in the newsletter. DH said that people seemed to be confused when medication is changed. CP advised that the new pharmacist will be working with patients to ascertain what they need in both surgeries.

d) DH also wondered if we should start our own data base with information about people like the two speakers here today. GB advised that there is a data base being worked on with all this information in the NHS currently. If we tried to achieve this for our practice it would require many hours of administration time to set up and to update it. These services are often open to tender and therefore change. People, like the Village Agent, are there as a conduit and will often have access to local information.

e) DH asked what might be happening with the returns of appliances, walking sticks etc., An agenda item for the future could be inviting an OT to talk to us about this.

f) DH mentioned the problem of a pulsing light in the waiting area that might cause an epileptic fit.

Action: CP would arrange to have it fixed.

Date of Next Meeting: 18th April 2017 at 6.45

Those attending for photographs at 6.30 please.

Apologies for next meeting AS & SB

Signed.....

Dated.....