**Strettondale Patient Participation Group**

**49th committee meeting**

**Wednesday 30 November 2016, Ley Gardens, 10-12.00**

Present: Gloria Carter, Anne Gee, Pat Gibson, Sue Hockaday, Sue Pinsent, Bill Ross

Observers: Liz Cinnamon, Hilary Claytonsmith

Apologies: Sue Marsh, Richard Chanter

1. BR summarised Richard Chanter’s input to the SPPG and the reasons for his resignation. He will be much missed. He was thanked in his absence for his valuable contributions to the SPPG and the SPG and will be invited to the next meeting.
2. **Minutes and matters arising:**

PG’s suggestion that the minutes should be signed by BR as a true record was agreed and acted upon.

The SPPG leaflets are now printed on both sides, were available on open evening, and are now available in the waiting room.

EK is now in receipt of the Community Messaging emails.

SPPG minutes are now on the Practice website.

1. **Do You Know:**

The December issue of Focus will carry a Do You Know invitation for people to join the committee and is on the notice board.

Future guidelines for the Do You Know items: it’s good to have an eye-catching presence in the local press, but not necessarily every month; it’s better to have fewer posters with something specific and necessary to the MP to highlight rather than contrive something to place in every issue.

The Do You Know format is not appropriate to the information about doctors’ specialisms. (The Family tree idea proposed by GC). PG and SM are working on this information currently. Publication and the format for Focus should be cleared with the committee and the partners. The information could also go on the rolling screen. **(Action SM/PG)**

LC’s suggestion about Focus articles which took different staff roles in *A Day in the Life of* format was welcomed.

1. **Open Evening:**

All agreed that the recent Open Evening was excellent with an impressive turnout of around 100 people. Feedback indicates that patients were very impressed with Dr Bennett’s openness and his standard of presentation, including his ability to avoid confusing jargon.

The committee discussed the issue of MP staff’s attendance at the meeting. Whilst appreciating that other partners were working at Shropdoc that evening or were away, there was disappointment that no other partners attended what is the Medical Practice’s Open Evening, not the SPPG’s evening. The committee would also welcome greater representation from other staff: nurses, receptionists, secretaries etc. It was appreciated, however, that both EK and SM were present.

It was proposed that next year the date would be set earlier and the evening could concentrate on the roles and responsibilities of different staff to give patients a greater overview of the day to day workings of the Practice.

In response to questions from HC and LC the committee was clear that over the years the relationship between the SPPG and the partners has improved considerably: the committee was consulted on the changes made to the reception area and the appointments system; committee members attended part of a whole staff training day; AG and SH were involved on the interview day for the new Practice Manager; the committee was invited by the partners to join the meeting called with Philip Dunne MP; RC and BR were involved in the recent Change in General Practice review at the MP.

SM’s regular attendance at meetings and EK’s appointment have made a difference to the more open relationship which exists than when the SPPG was first set up. When the constitution was rewritten in 2015, SM reported back that the partners were happy to accept the objectives. It was not felt necessary to get written confirmation of their agreement.

The constitution states: *At least twice a year, the committee meets with Practice partners to discuss current issues.* In practice, this happens once a year. Rather than amend the constitution, the committee would prefer to have the two meetings a year with more than one partner’s involvement. The committee is willing to book a room and provide lunch for this, and would also appreciate the opportunity to be involved in another training session as this had allowed members to meet a range of MP staff on a relatively informal basis. **(Action SM)**

1. The committee would welcome an update on the progress of the Medical Practice’s interest in forming a federation with other local Practices. The committee is clear that this would give the Church Stretton MP a stronger voice and good potential to share resources and expertise. **(Action SM)**
2. SP was thanked for volunteering to prepare an annual newsletter to distribute at Open Evening, taking an item of interest from each meeting to highlight the year-round activities of the SPPG. The format will be short and punchy making use of bullet points. **(Action SP)**
3. **Suggestions from a patient:** BR had received an email asking about roles and responsibilities after a patient has been referred to a hospital consultant. It was agreed that BR would circulate the questions in advance of the January meeting. **(Action BR)** SH reported that it is necessary for a patient to give written, signed permission for Practice staff to speak to or contact a specified relative about a patient’s care.
4. **SPG representation:** In advance of his impending move away from the area, RC has resigned from the Shropshire Patient’s Group. BR’s proposal that he should go to two or three meetings was welcomed. Other committee members could accompany him, but it was agreed that as Chair of the SPPG, he was the right person to attend for now. He will contact RC about dates and venues. **(Action BR)**
5. **From the Comments box:**

Doctors could give guidance on self help preventative strategies.

It would be useful to know doctors’ specialisms.

It’s very cold in the reception area (Cold air is actually better than warm air where germs can more easily spread; could patients be encouraged to access reception via the Health and Well-Being Centre?)

**(Action SM)**

1. **League of Friends:** a gadget to indicate whether or not a patient has a viral infection is to be purchased; a machine which stops bleeding during minor operations carried out at the surgery is to be purchased; as members of the group, AG and BR are keen to encourage the group to promote itself in Focus with a view to attracting more legacies to fund resources to benefit patients. Whilst the SPPG is not a fund raising body, the LoF could place itself in that position.
2. AG reported that there is a potential new committee member who cannot attend on Wednesday mornings. Monday afternoons were put forward as a possibility, subject to SM’s availability **(now confirmed).** The next meeting will be in the main meeting room in the Health and Well-Being Centre from 2pm to 4pm on Monday 23 January 2017. Possible guest speakers were discussed: SH suggested Jen Cowles who works for the Community Health Trust; someone form Healthwatch is another possibility; BR agreed to ask at an SPG meeting for recommended speakers, including a CCG representative. **(Action SH, BR)**
3. HC agreed to rejoin the committee, a decision which was welcomed by all. LC agreed to attend another meeting to get a fuller picture before making a decision about her future involvement.

Next meeting: Monday 23 January 2017, Health and Well-Being Centre, 2-4pm. Guest speaker Jennet Cowles, Proactive Case Manager (former title Community Matron) will talk about her role in the community.