**The Cottage Surgery**

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**Patient Reference Group [PRG]**

**Minutes of the Meeting on Tuesday, 7.2.17**

1. **Attendance**: Present were Les Pole (Chairman), Rod Hudson (Treasurer), Marsha Blisset, Colin Brookes, Karenna Galer-Coombes, Anne Gray, Ann Irving, Sue Taylor, Dr. Steve Clay (GP), David Harris (Assistant Manager)   
Apologies were received from Liz Shrives, Claire Ayers, and Margaret Taylor.

2. **Minutes of the Meeting on 6.12.16**: The minutes having been circulated and there being no corrections they were taken as read and signed.

**3. Matters arising not otherwise on the agenda**:

a) Good Neighbours Scheme: An open meeting had been held on Friday 3 February that around 30 people had attended. Some small changes to the Constitution were approved and it was decided to hold several meetings each year that would be open to the community. There are just over 30 volunteers and a growing number of calls for help.

b) Driveway improvement: There is still no progress.

4. **Treasurer’s Report**: Little had changed since the previous meeting. The bank account holds £566.36.

5. **First Aid training**: After discussion, it was agreed to find a date in May and to invite Shepshed Lions (Bob Lilley) and his team to provide the training. The aim would be to keep the event focused on the practical. Attendees would be asked to make a donation towards their funds.

6. **CGC visit**: At the previous meeting, it had been agreed that the PPG would draft a letter to the CQC expressing concern about some aspects of the process during the inspectors’ time in the surgery. The chair reported that, after discussion with the practice manager and assistant, their advice was not to do this but instead to ask formally if the PPG chair and secretary could attend the next CQC inspection, where there might be better opportunities to raise their concerns. It was therefore agreed by al present that the PPG should write to thank the CQC for their report (when available) and make this request.

7. **WLCCG PPG Network meeting**: Marcia and Sue reported (summary papers had been circulated). Of particular interest were details of ‘Integrated Locality teams’ designed to help manage patients at home – it had not become clear where the funds would come from to support these. Dr Clay explained how some of the proposed development affected GP practices, and led to reductions in their funding.

Also of interest was a planned campaign to reduce medicine waste. The slides for this will be mounted on the surgery display panel.

8.-10. **STP, SCPPG Network and Alliance PPPG & Planned Care Board reports:** were held over owing to Margaret’s absence.

11. **News items**: Colin asked if the group could discuss two recent social media campaigns - GPs use of paid private practice to support NHS work and a video of an anaesthetist explaining the crisis in hospitals. Dr Clay explained that a GP can undertake some paid private practice but not on their own patients – in contrast to the way that hospital consultants can work. It became obvious that Government lacks sufficient understanding of the situation on the ground, and a couple of PPG members offered to give some thought to ways in which the right ears might be reached. **Please add to next agenda.** Good summary on what’s going wrong is at<http://www.bbc.co.uk/news/health-38887694> (*Ann: best I’ve seen in ages*)

12. **Patients feedback**: Several PPG members contributed examples of recent NHS experiences from friends, family and others.

A heart attack in another part of the country, fast action from a first responder, fast transfer to a cardiac unit and surgery to install a stent – all completed within 2.5 hours. The patient (70+) is making excellent progress. The NHS at its best.

A possible broken limb, 6 hours waiting in Leicester A&E overnight, and voluntary discharge in the early hours from sheer fatigue. The NHS at its worst.

A patient in hospital for 2 days who had the same tests done six times by different people.

13. **Any other business**:

*Question* - How are armed service personnel supported locally?

*Response* – they have to be registered at their base, but family members can register with a local GP.

*Question –* Does the surgery interview patients who transfer from the practice to find out why?

*Response –* No

*Comment –* BBC Radio 4 lunchtime programmes have recently broadcast several items of good practice from other parts of the country. One was about a surgery with 30,000 patients which hosts multiple professionals and can therefore treat patients more holistically. Another surgery arranged for similar teams to attend a community centre, which had reduced A&E admissions by around 7%.

14. **Date of next meeting**: Tuesday 16 May at 6 p.m.

Ann Irving (Scribe) 9.2.17