**The Cottage Surgery**

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**Friends of the Cottage Surgery - Patient Participation Group [PPG]**

**Draft Minutes of the Meeting on Tuesday, 8.8.17 at 6.00pm at the Cottage Surgery**

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

2. **Minutes** of the Meeting on 23.5.17: These, having been circulated, were taken as read and approved.

3. **Matters arising not otherwise on the agenda**:  
a) Good Neighbours Scheme: Claire Ayres had sent a report (attached) of the work of the volunteers over the last quarter and of the group’s intention to consider providing companionship. Karenna told the meeting that she had been in touch with Claire about a charitable scheme in which her friend is involved which provides such companionship. Plans are in hand to arrange a meeting to learn from that charity’s experience. Claire also reported that the Good Neighbours Scheme has been put forward for a Community Award.  
b) First Aid Training: Sue had previously indicated her satisfaction with the sessions held so far and her recommendation that working with small numbers is preferable. She had borrowed equipment for these first two sessions but it may be necessary to purchase some equipment for future sessions. In Sue’s unavoidable absence decision on further plans was left to a future meeting.  
c) Driveway improvement: There has been no development on this.

4. **Treasurer’s Report**: Rod Hudson reported that there had been no expenditure since the last meeting.   
A replacement ear syringe had been paid for from other funds. The current balance in the account is £567.07. Sharon Clay told the meeting that the recliner chair which had been removed from the waiting room was available and asked if anyone knew of someone who could use it. Margaret said that there might be a future need to ask for a small contribution to expenses for the South Charnwood PPG network.

5. **Care Quality Commission inspection**: As agreed at a previous meeting, Margaret had written to Professor Steve Field, head of CQC to express our concern about the way in which the CQC visit had been conducted and the inaccuracy of the findings and also the wider implications of this kind of approach for the future of General Practice. After some months a reply has been received in which Professor Field informed us that the inspectors are required to carry out their inspections in the light of the terms of the NHS contract with the practice but that they are free to add other requirements which they deem appropriate. They are not given specific training in how to carry out inspections. Margaret reported that, since Ruth Waddington had not yet responded with a suggested date for the meeting with the PPG which she had requested, Margaret had spoken to Ruth’s colleague, Kay Bestall, who had assured her that she and/or Ruth still want to meet us and that the West Leicestershire Clinical Commissioning Group are working with the practice to ensure a positive report when the CCG inspectors revisit. Margaret will invite them to join us at our next PPG meeting. Sharon said that the practice team were not now expecting a preliminary ‘inspection’ by WLCCG but that she now expects the CQC follow-up inspection to be in September. We agreement that PPG members should be present.

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7. **South Charnwood PPG Network**: Margaret told the meeting that, following a decision by the South Charnwood Federation that they could no longer organise meetings of representatives of the Patient   
Participation Groups from the surgeries in the Federation, some of those representatives had decided that it   
might be possible and advisable for us to organise meetings ourselves. Representatives were invited to meet  
to discuss this. A meeting took place on 29.6.17. Due to difficulties over arranging a date, only four PPGs were represented although others had expressed interest. There does seem to be a role for a network in supporting struggling PPGs, in sharing actions and in relating to the Federation. It was agreed to arrange a further meeting, on Thursday, October 12th at 6.00 pm at Woodhouse Eaves Methodist Church in order to decide whether to take this forward.

8. **WLCC PPG Network**: No-one from our PPG had been able to attend the meeting on 27.7.17 so no report can be given to this meeting. Margaret has asked for the WLCCG report of the meeting and will circulate it.

9. **Reports** **from Alliance PPPG, Planned Care Board, UHL Patient Groups**: Margaret continues to attend   
the Alliance PPPG and the Planned Care Board and will report further at our next meeting. The UHL Patient Groups meeting is an initiative of the CEO of UHL and involves representatives from a wide range of patient groups which have contact with the hospital. The group considers a range of concerns and makes recommendations for action, some to volunteer groups and some to the UHL Board.

11. **Patients’ feedback**: There were no current items of patient feedback raised with the PPG.

12. **Other Business**: a) Resignation: Dr. Clay informed the meeting that Dr. Caroline Eccleston had indicated her decision to resign from General Practice. The pending vacancy has been advertised. The meeting expressed regret that Dr. Eccleston would no longer be part of the surgery team and our appreciation of the contribution she has made over the years, and wished her well for the future. (*Since the meeting, David Harris has informed us that two applications have been received for the vacancy*.)  
b) econsulting: Dr. Clay told the meeting that the government is pushing consultation via the internet. Of the companies providing this, some are independent of doctors’ surgeries but others are linked in to the patient’s own doctor. The former, lacking patient histories, could lead to dangerous misdiagnosis and treatment. The latter could provide useful access for patients, however there is at present a lack of research into the true demand and whether such econsulting would reduce the demands on general practice. The Cottage Surgery is one of the few surgeries which have a historic record of the demand on consultation time. In discussion with colleagues and with the company providing econsultation linked with the patient’s own doctor The Cottage surgery has agreed to install the econsult system in order to assess the effect on demand. The system will be in place in the next few weeks. The system will be advertised on the surgery web-site, on the waiting room screen and in ‘Roundabout’. We are asked to use the system and feedback reactions.  
c) Attendance for consultations: Members drew attention to the notice thanking patients for the 90% attendance for consultations and expressed disappointment that the figure was not 99%. The 10% of failures to attend were mostly for appointments with a nurse. 99% attend for appointments with Dr. Clay. Patients who fail to attend without good reason are told not to make advance appointments but phone on the day.

The date of the **next meeting** was arranged for Tuesday, November 21st, 2017 at the surgery.