

# Marazion Surgery

## Patient Participation Group



### Minutes of the Marazion Surgery Patient Participation Group Meeting on 3<sup>rd</sup> October 2019, at 6.30pm

Present:	Apologies:	
Mrs Serena Collins (Chair)	Mr Brian Baker	Mrs Trudy Jones
Mrs Juliette Benstead	Mrs Mary Baldwin	Mr Nick Kelly
Mr Leslie Lipert	Mrs Jackie Brown	Mrs Emma Kelly
Mrs Mary Page	Ms Tania Cannavo	Mrs Jane King
Mr Michael Page	Mrs Elizabeth Clarke	Mrs Ann Miller
Dr Adam Price	Mrs Vanessa Cooksey	Mr Michael Miller
Mr Douglas Smith	Mrs Margaret East	Mrs Pauline Needham
Mr Nigel Walker	Mrs Sandra Easterbrook	Mrs Fran Phillips
Mr Barry Webb	Mrs Kate Ford	Ms Jane Richards
	Mr Donald Godbold	Mr Colin Treleven
	Mrs Gillian Johnson	Mr Mike Willcox
		Mr Ben Mitchell, KCCG

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## Patient Participation Group



1. Minutes of Previous Meeting:

The Minutes of the meeting on 4<sup>th</sup> September 2019 were agreed to be a true record.

2. Terms of Reference:

It was agreed that there should be a quorum of five; the average attendance of meetings was eight. Terms of Reference were agreed. The ground rules, which appear on the Agenda, were discussed and agreed.

3. Mr & Mrs Page – Stennack Surgery PPG:

Mr & Mrs Page kindly volunteered to attend a meeting of Stennack Surgery PPG to see how they ran and what projects they were involved with. A copy of their report is attached. Mr Page felt that Stennack PPG were approximately four or five years ahead of where Marazion PPG was currently; they had active involvement with the Practice, whereas the Marazion PPG had been more involved with county-wide issues through Dr Walden's role as Locality Lead GP.

#### 4. Role of PPG:

Being a community hub, similar to the project being worked on by Stennack, with information sharing for patients was aspired to. Being a resource to advertise local groups was something that the PPG wished to work towards. It was agreed that Symon Stephens, Social Prescriber would be invited to a future meeting to discuss this; he was happy to attend but would like a good attendance in order to make this a productive meeting.

In terms of the role of the PPG it was felt that hosting this first event for patients to attend would be a very positive step. Mrs Easterbrook had offered to hold a dementia talk on Tuesday 12<sup>th</sup> November at 6.30pm, for about an hour. She had done such talks before and was happy to do a presentation, have a question and answer session and share information. This would not be an appropriate forum to discuss individual cases. Refreshments could be provided. It was agreed to proceed with this date and to advertise it as soon as possible. Members would be Emailed copies of the poster, or could pick up hard copies from reception, to display in local community centres, shops and relevant places. It would be advertised in the waiting room and on the surgery website. It was also suggested to ask the local residential homes if they would display posters for relatives of their residents. Mrs Benstead would contact Mrs Easterbrook for her assistance in wording a poster and circulate this to members as quickly as possible. Volunteers to assist at the event were requested.

When the Practice first formed the PPG, back in March 2012, a presentation had been given. This had been located and was read to the group as it was felt that this may help to clarify the role of a PPG, most relevant slides are copied below:

#### **Patient Participation is:**

- Patients working with a Practice
- Varied to suit local needs
- Based on co-operation

- 1.1 *Contribute to the continuous improvement of services, ensuring we are more responsive to the needs and wishes of patients*
- 1.2 *Improved communication between practice and patients*
- 1.3 *Provide practical support and help to implement change*
  
- 2.1 *Each group determines own activities according to needs of community and practice*
  
- 3.1 *Build a relationship between practice and patients to break down barriers and share information*
- 3.2 *Develop to influence wider NHS*

#### **Why do we want Patient Participation Group?**

- To help the practice become more responsive to the needs and wishes of patients
- PPGs are good for patients
- PPGs are good for Practices

- 1.1 *An unbiased view of the patients' and wider community's needs and priorities*
- 1.2 *Collect feedback on patients' experiences*

#### *Benefits to Patients:*

- 2.1 *Patients will have a better understanding and knowledge of the practice and its staff*
- 2.2 *Everyone can be involved – a virtual group by Email*
- 2.3 *Patients are consulted before decisions are made*
- 2.4 *Improved communication*
- 2.5 *Forum to suggest positive ideas and voice concerns*
- 2.6 *Offer peer support to other patients*

#### *Benefits to Practice:*

- 3.1 *Increased understanding of patient priorities, needs, wishes and perspectives*
- 3.2 *Improved communication*
- 3.3 *Everyone can be involved – a virtual group by Email*
- 3.4 *Resource to raise awareness of and signpost wider services, to promote health and provide practical help in specific campaigns*
- 3.5 *Plan services with patients to increase their effectiveness*
- 3.6 *Get help from patients in meeting targets and objectives*

5. Revisions to PPG Patient Survey:

There had been very little feedback from the group since the previous meeting. However following discussion with Mrs King, Mrs Collins had drafted a revised survey form. The value of the survey was questioned and it was suggested that members could speak to the people who attended the dementia evening about the PPG and it's role, and its gauge interest in future events.

6. Advertising the PPG:

As requested, the PPG would have half of the display board near the dispensary hatch as this was a more prominent area than where it was currently sited. It was agreed that a more prominent page/tab on the surgery website and a newsletter would be aspired to. This would require PPG members to provide articles and assist with content. Content would be easier once the PPG became more active, such as with the dementia evening. It was suggested that the members could be more prominent, possibly with their name and pictures displayed; no decision was made on this.

7. Requests to the Practice from the PPG:

The telephone system had recently been put under pressure due to the number of patients who had been contacted to remind them to attend for a flu vaccine. This caused pressure on the system every year at this time, but was difficult to avoid. Patients were asked to contact the surgery after 11am so has not to add to the pressure first thing in the morning, but they often rang earlier. Staggering the invitations in previous years caused complaints as some were called and their friends or relatives who were not called at the same time complained that others were being given priority.

The PPG Noticeboard in reception was agreed to be moved; as mentioned above.

A quotation to have three more disabled parking spaces sign written on the tarmacked car park, opposite the front door, had been agreed; work would have to be undertaken outside of surgery opening hours so as not to disrupt patients.

Mrs Brown, Practice Manager had been due to attend to talk to the PPG members, but unfortunately she had to send her apologies as she had been called away at short notice due to a family emergency. She offered to meet with the PPG Chair and/or PPG representative at a time to be arranged. The PPG felt strongly that it was important for a doctor to offer the PPG their support and to attend meetings; this was to be emphasised to the Practice.

8. Any Other Business:

There were no issues regarding the Practice or the wider area that anyone wished to raise.

9. Date of next meeting:

The next meeting would be held on Thursday 7<sup>th</sup> November, this would be just prior to the dementia evening on Tuesday 12<sup>th</sup> November when arrangements could be checked. It was hoped that as many members of the PPG as possible would support this event by attending on 7<sup>th</sup> and 12<sup>th</sup> November.

**Action List:**

	<b>Action for Membership</b>	<b>Date to be Completed</b>
1.	Mrs Benstead to liaise with Mrs Easterbrook to design poster for dementia evening and Email this to members	Urgently
2.	All members to print at home or arrange to collect from the surgery posters to be displayed in all local communities and spread the word.	Urgently
3.	Date of Next Meeting: Thursday 7 <sup>th</sup> November at 6.30pm at Marazion Surgery	
4.	Date of Dementia Evening: Tuesday 12 <sup>th</sup> November at 6.30pm at Marazion Surgery – volunteers required for meeting the public, providing refreshments etc	

## **DRAFT Report on visit to Stennack PPG, 01.10.19**

On 1st October, Mary and I visited the latest meeting of Stennack PPG, at the Stennack Surgery in St. Ives. We received a cordial welcome, and the meeting was very informative.

Initially we need to understand the differences between the Stennack Surgery and our own:

Stennack has 12000 patients compared to just under 7000 for Marazion with a large number of casual holidaymaker patients during the summer season.

Their medical team comprises 2 full time GP's, 7 part time GP's (4 of the GP's are partners, the other 5 are salaried) and last year they employed 8 locums for more than 6 months. This compares to 1 full time GP and 5 part time GP's, (all of whom are partners) plus 1 salaried GP and no locums at Marazion.

Stennack have very large premises (our meeting took place in their Physiotherapy suite) allowing them to provide offices for associated workers such as a social link worker for Social Prescribing meetings, plus room to accommodate other non-medical group meetings.

Stennack PPG has a total of 95 members, of whom 20 are active consultation members and 75 "virtual" members who receive meeting minutes, updates and newsletter by e-mail: our own group comprises 29 members, of which the attendance at meetings over the last year has averaged 28%.

Stennack PPG comprises around one third of members over 65 years of age, approximately 60% 18 - 64 and 4% under 18. For Marazion the breakdown is 59% over 65, 41% 18 - 64. Our youngest member is, I believe, aged 41.

The meeting was attended not only by PPG members, but included a GP, their Clinical Admin Team Lead, their appointments supervisor, a Social Prescribing link worker, a representative of Active Plus, a group helping people with social problems including social isolation and addiction issues to interact with Society and where possible get back into employment, and a representative of the St Ives library.

The group have their own PPG page on the Surgery website, administered by the Practice Manager, and publish a comprehensive newsletter, edited by their Clinical Admin Team Lead. This newsletter is distributed electronically to the 95 PPG members, is available on the Surgery website and in paper form in the waiting room as well as the St. Ives Library, where other events and meetings are also published.

In conjunction with Active Plus, the PPG has previously organised regular "drop in" functions where anyone can have a coffee and meet others from the area, which can especially help those feeling isolated in Society, developing acquaintances and meeting friends. At the moment a lunch time "drop in" session is being considered to enhance the interaction between Surgery and public where the GP's will be present and the public can have a coffee and informal chat with a GP on a social basis rather than a formal meeting across a desk at an appointment necessary due to an actual medical problem.

Another current project is a Sensory Garden for those with impaired functions, but in spite of much original enthusiasm it is proving difficult to persuade PPG members to turn up and get their hands dirty constructing the Garden itself...

Members of the PPG are often present in the waiting room to interact with patients, spread awareness of the PPG and recruit new members.

Where could Marazion Surgery PPG benefit from this example?

Consideration could perhaps be given to whether we should offer the "virtual" option to those unable to attend our meetings, or whether this would result in a decline in the already low attendance at meetings...

Stennack appear to provide a comprehensive breakdown to the PPG of staff joining and leaving, job availabilities at the Practice and details of what clinics are coming up shortly and currently in progress. Would Marazion Surgery be willing to share such information with us?

We could ask if a web page could be made available on the Marazion website: similarly would the Surgery be willing to provide an editor to collate and produce a newsletter? Would PPG members be prepared to contribute articles?

Symon Stephens, is the Social Prescribing Link Worker who is based in office accommodation at Stennack as Marazion don't have any spare rooms: he currently works with Marazion Surgery from where receives a number of GP referrals every month, and would be willing to come and talk with our PPG to inform and enhance our knowledge of Social Prescribing and other proactive actions; there are, it appears, some hundreds of active groups in this area helping people such as carers, those suffering social isolation, addiction, PTSD, problems, etc. of which we know very little indeed. Some of these, like Symon, may already be working with Marazion Surgery, but currently we don't have that information. However, Symon would not come to address a meeting where only 3 or 4 PPG members turn up - could we not e-mail members before any meeting asking for a positive commitment to attend, thus avoiding embarrassment on the night due to poor attendance?

Perhaps Marazion Surgery could clarify what they want from their PPG, whether they want a proactive partnership or just see the PPG in a minor role.