

## Strachur Patient Participation Group Draft Minutes of Meeting held on 1<sup>st</sup> December 2014

**1. Present:** Heather Grier- Chair  
Ian Asher, Margaret Asher, Isobel McGladdery, Elizabeth McGladdery, and Margaret Adams. Dr R Coull (Principal), Anne MacLachlan(Practice Manager) and Sarah Bryant ( Receptionist)

**2. Apologies:** were received from:  
Alison McCrossan, Scottish Health Council

Heather welcomed all. Margaret Swift advised she was now married and all congratulated her.

Topic	Action
<p><b>3. Minutes of the last meeting:</b></p> <p>The pre- circulated minutes were read and approved.</p> <p><b>4. Matters arising:</b></p> <ol style="list-style-type: none"> <li>1) Refer Power of Attorney, Heather suggested Dr Coull or Anne speak to Stewart and Bennett and rearrange.</li> <li>2) Bloods; Heather spoke to Viv Hamilton as with the situation of bank holidays the Post office is closed from a Thursday close of business until th following Wednesday. She was informed that only our surgery and Lochgoilhead did not send bloods to catch the 13.00 ferry. Dr Coull disagreed with this. Heather agreed to speak to Dr MacGregor and Dr Tittmar to confirm their current arrangements.</li> <li>3) Engagement with Dunoon Grammar for Pupils: discussion with Head Teacher still outstanding but Heather advised that she and Alison McCrossan had given a short presentation to S6 year on RCOP and would be revisiting so linking this together may be a way forward.</li> <li>4) On Elizabeth's point re communication with GGC and patients in hospital Dr Coull confirmed they were not always told about this at the time and often only find out days after the patient is discharged. Heather to investigate this further to seek a resolution.</li> </ol> <p>Other action points would be reported under the agenda.</p>	<p><b>Dr Coull/Anne</b></p> <p><b>Heather</b></p> <p><b>Anne/Alison/Heather</b></p> <p><b>Heather</b></p>

**5. Reshaping Care for Older People (RCOP) and Self Directed Support (SDS)**

**RCOP:** Conversation cafes had been taking place throughout Cowal, brochures distributed with questionnaires. Heather reported that a café was organised for 20 Jan 2015 in the new hall

**2.00 – 4.00.** The format is a rep from each of SWS, health, third sector and community reps are hosting these events to discuss RCOP. Heather reported the deadline for feedback was now 31 January 2015.

**Health and Social care Partnership (HSCP):** Heather distributed the newsletter and the FAQ sheet. She reported there was very little information other than these and in general at the discussion with the public very few people were aware of this change. She reported that when at the Integration communications group met, the list of drop in events just appeared at the end of the newsletter without discussion. The drop in for Cowal is detailed as the 2<sup>nd</sup> Dec, starting at 9.00am! She said she would be attending just to measure the numbers as she suspected it will be the same as usual.... Very few. Asked if all spotted the advert for the event in the Dunoon Observer last Friday, no one had seen it. Heather expressed concern that communications are not good down to the public and felt there could be an issue with three people trying to run one communications and involvement department as is the current set up.

Discussion took place on the new board led by now by Christina West. Heather explained the background for each of the three posts detailed. Both Dr Coull and Heather agreed it was better that the new set up was headed up by a health person.

The plan for integration in A and B is due to be signed off before 1 April 2015 by the Sc Govt.

**SDS:** Still very little information forthcoming from the Council regarding this. Heather advised she had heard there were some events being organised but question why they were not being included in the RCOP cafes. Heather confirmed that SDS was on the statute books ads of 1 April 2014.

**6. Patient Survey – Surgery response**

Ian was thanked for the excellent job he had undertaken in analyses and summary presentation

- Anne had noted the query re NHS 24 and will raise it

Anne

- Home visits. Dr Coull said home visits are done on clinical needs not wants. There are a number of palliative care patients and these are always dealt with. Ian, Heather, Anne and Dr Coull had already spoken about this topic, and it was agreed that the practice would revisit 'needs'. It was suggested by Dr Coull that the practice seek input from the patients as to what they thought was a clinical needs basis, and that outcome would be agreed. Explanation and clarification would be put in a future practice newsletter. Anne reported that the practice leaflets were being up dated and information on home visits would be included.
- It was agreed to put an shorter version of the survey in both the proactive newsletter and the local newsletter
- The issue of uplifting prescriptions was raised by Heather following her visit to Manse Gardens for RCOP. Anne conformed Interloch Transport can assist on a Monday. Heather to ascertain if there is a cost by Interloch. She reported that the warden is not allowed to be involved. Heather to check this with Trust.
- Lead time re Nurse: Dr Coull explained that nurse appointments are not an urgent service so there will be a lead time. Appointments are retained during the day for immediate follow ups after a GP appointment if required. Dr Coull reported Sylvia is currently being trained as a Health Care Assistant to support Kate. It was recognised Kate did much more than her' job description'.
- The Thursday morning surgery situation was discussed. Dr Coull explained that the funding for the practice can only be spent on locum cover and cannot be used to employ a doctor. This has been a frustrating issue but so far the practice had been fortunate in having regular doctors available, although that may change in the future. Locums cost much more than salaried GP's. A suggestion re opening two half days was discussed. Dr Coull advised he would need to look at the costing as locums may charge a full day rate. He accepted that for the patients this was something he would like to be able to do.
- Rota: Dr Coull thought the idea of patients being able to see for the following week which GP is attending was a good, but he said he would need to check that the locums were happy with this and that there are no legal encumbrances to prevent this, since locums have a legal status different to salaried GP's or partners.
- Sarah said we needed to look at the comments re ability to be overheard and confidentiality. After discussion it was agreed there is poor soundproofing throughout the building, but looking at re-positioning the speakers may be a solution. Failing that putting back a door on the waiting room may be a consideration although that too had potential problems.

Ian/Anne

Ian

Heather to check

Heather to check

Dr Coull/Anne/Sarah

- Datix: Dr Coull gave a brief of how that works and its purpose.

7. **GG and C Survey**. It was agreed to proceed with this ( see below re finalising the format and questions).

8. **Any Other Business:**

a) Correspondence

Heather reported two matters had been raised at a recent Public Partnership Forum in Dunoon.

- **NHS Highland and Beds**

From a reply from Gary Coutts, Chair of the Board of NHS Highland, a letter querying a possible cut in beds in CCH had been raised. Heather advised that in the RCOP plan there was mention of looking a bed modelling over the 4 rural hospitals in A and B. Heather read the response which indicated there are no plans to reduce beds further.

- **GG and C issues.**

There have been many issues raised regarding the agreement with GG&C, its services, appointment times, transport, use of CCH. A letter had been sent by a member of the public in Dunoon to the then cabinet secretary Alex Neil. Heather read the response.

A list of outpatient appointments in CCH was read out ( a copy of the letter is available if required).

Patient Transport was addressed and information regarding the ability to claim back some expenses detailed. There was an acknowledgement that there is no joined up transport links and that the issue of appointments at appropriate times due to the geographical area of A and B is currently being investigated. Evidence is being sought so Heather suggested we should revisit the proposed survey to include relevant questions.

b) **Mental Health:**

Dr Coull highlighted issues with mental health and places of safety in Cowal. Each locality was given the responsibility to ensure there is a qualified mental health nurse available. There is none in Cowal and so the place of safety in Cowal is reportedly the police station. All agreed this was unacceptable. There is a designated room within CCH but cannot be used because of the lack of trained staff. Further there is an issue with the retrieval team based in Lochgilphead who are covering in wards and cannot therefore cover retrieval from Cowal and wider to take a patient to the appropriate hospital. It was reported there is no psychologist available in A and B. As it's for each locality to manage, feedback from Viv Hamilton would be sought.

c) **Ian's Suggestion List**

Information could go on the practice newsletter

Heather and Ian

Heather

<p><u>PPG Newsletter and a website</u> – to be updated in the new year with more local rather than national news and a page for the PPG.</p> <p><u>Review Patient Reg Packs</u> – Margaret A suggested including information on Esther Ranzen’s Silverline telephone service to help combat loneliness. Details 08004 70 80 90.</p> <p><u>PPG members</u> to assist the practice with admin</p>	
<p><b>9. Date, Time &amp; Venues of the Next Meetings in the Surgery commencing 19.30.</b></p> <p><b>Monday 19<sup>th</sup> January 2015</b>  <b>Monday 23<sup>rd</sup> February 2015</b>  <b>Tuesday 31<sup>st</sup> March 2015</b></p>	<p><b>Heather will arrange a guest speak to come a talk to us about SDS for one of these dates</b></p>

DRAFT