

Practice Patient Panel Meeting 4th April 2017

Attended by:

<u>For the Practice Patient Panel</u>	<u>For the Practice</u>	<u>Guests</u>
Colin Stiff	Andy Potter - Practice Manager	None
Val Dixon - Chair	Dr Hamish Duncan - GP	
Ruth Sanders		
Liz Rhodes	<u>Apologies from PPP Members</u>	
Colin Farlow	Arthur Harman, Dave Moulder, Ed Pitman, Madelin Bexon	
Ann Davis		
Pauline Edwards		
Kirstie Parnell		

(1) Agree minutes of the last meeting and any matters arising

The minutes were agreed. The following matters arising were noted.

- Surgery Car Park - The Practice car park now had line painting applied and was completed. Both the approach road and Recreation Ground car park had also been resurfaced providing a safer more comfortable access for patients.
- WebGP - This had gone live in late February and was being well used. AP gave a brief description of its operation. Noted that marketing the service was being continued via TXT 'mail-shots' over the coming weeks.

(2) Clyst Caring Friends - Loss of funding update

CS noted that overtures were being made to Broadclyst PC for support and it was noted that small grants were also available from Exeter CC, with Duncan Wood named as the councillor to approach. Prospective Devon CC candidates were also being targeted. PPP members were also reminded that Clyst Caring Friends were currently one of the Co-op's three nominated charities.

(3) Vicki Carnell – Community Builder

VD had invited Vicki, but had found she'd been unable to attend at short notice. Her role, as part of the Exeter Community Initiative was to help coordinate and support existing community organisations. Agreed we invite her to the next PPP meeting in June.

(4) Pinhoe Library Update

VD advised that a new location for the library was under discussion, prior to outline Planning Permission being sought. At present no further details could be disclosed. In the meantime fundraising efforts continued. As regards *Practice* involvement it was agreed that we could have a role. There was an increasing emphasis on agencies working more closely together and '*at scale*' to use the current jargon. AP felt that we could, for example, include a day/half-day session into the programme of our GP Registrars (GPs In training) that could be spent delivering health education at the Library. Such community engagement was likely to be supported.

(5) Educational Events

Agreed the recent session on Dementia had been a great success. Further suggestions included:

- Depression/Anxiety/Stress - VD had a contact and would pass details to AP
- Diabetes - KP knew of a possible speaker and would pass details to AP
- Epilepsy - Maddie Bexon PPP member had volunteered her services to present this.

Once AP had received the requisite information he would draw up a programme of activity.

(6) How the NHS Works

It had always been an aspiration of the PPP that one of its role be to better inform its own members about the actual workings of NHS. To this end AP gave a brief presentation, outlining some history and the changes made by the 2010 White Paper, which largely laid the foundations for the NHS as it exists today. This was followed by an animated guide produced by the Kings Fund, which sort to explain the many and varied organisations that make up the NHS and the manner in which they are linked together. Both informative and entertaining, the link to the short video is given below.

[Kings Fund Guide](#)

(7) Any Other Business

• BP Monitors in Waiting Rooms

It was pointed out that the instructions on these units first advised users to adjust the height of the seat, such that their heart was level with the arm aperture. The seats were not however height adjustable ! AP would look to purchasing suitable chairs.

• Possible restrictions on prescribing of Over-the-Counter (OTC) painkillers

This was currently in the news, but no firm decision had been taken. Generally members supported the move as a potential cost saver for the NHS, given the very low cost of most OTC painkillers. In a strict sense it was unfair to patients who had to persistently take such medication, but the NHS was already awash with such inconsistencies:

- Diabetics get free meds, but not asthmatics who also have a chronic condition.
- People who need glasses have to pay for both tests and spectacles.

• Possible restrictions on the prescribing of Fentanyl patches

As a 'Controlled Drug' this was in a very different class for consideration and any limitations here would very much be a matter for individual patients to take up with their own GP.

(8) Date of the Next Meeting

Agreed as Wednesday 14th June, starting at 18:00hrs.

*** The meeting closed and AP thanked everyone for their attendance***