



**MAYFLOWER MEDICAL CENTRE (MMC)**  
**PATIENT PARTICIPATION GROUP MEETING**  
**Wednesday 9<sup>th</sup> January 2019**

**Chair: Michael Loveridge (ML)**

**Attendees:**

Tony Whitmarsh (TW)  
 Jenni Whitmarsh (JW)  
 Louise Yaxley (LY)  
 Valerie Harper (VH)  
 Michael Wyatt (MW)  
 Sheena Parsons (SP)  
 Ann Coogans (AC)  
 Penny Gander (PG)  
 Audrey Renshaw (AR)  
 Marilyn Jones (MJ) Minute Taker

**Apologies**

Louise Armstrong  
 Marguerite Kramer  
 Elizabeth Davis  
 Philip Davis

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| 1  | <p>The Chairman (ML) welcomed the attendees, and opened the meeting at 5pm but regretted that there appeared to be no representation from the Practice and no word</p> <p>N.B. Dr Susa joined the meeting at 5.35pm and left at 6.10pm. Lynsey Calver joined at 5.40pm and remained throughout.</p>  |    |
| 2. | <p><b>Minutes of previous meeting (24<sup>th</sup> October 2018)</b><br/>         These had been provided in draft form internally but not circulated due to absence of certain information which had not been forthcoming. Apologies from ML who explained that he had been unwell.<br/>         MJ was able to refer to the draft copy and correct some outstanding issues. She will then forward to Michael for final approval and they will be circulated as soon as possible</p>                                    | MJ |
| 3. | <p><b>Listen and Engage</b><br/>         ML introduced this topic as it appears to be something adopted by NHS bodies in order to as resolve matters that “niggle”. He expressed frustration at not being allowed to set up a Suggestion Box on site. Clearly as a PFI building there are issues of which we are unaware but SP suggested that she try to get clarification from the Tenant Liaison Officer, with whom she has contact.</p> <p>(a) A new member (MW) expressed concern about several issues which he</p> |    |

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|    | <p>personally had encountered. This involved frustration around getting through reception, and following a subsequent issue, meeting with what he described as “a panel” of 3 people from management which he considered intimidating. This prompted considerable discussion. There was general dissatisfaction with a number of issues including the telephone message concerning zero tolerance to abuse. Whilst all agreed that nobody should have to tolerate any form of rudeness, it was felt that the repetition of this message and a long wait can sometimes lead to frustration and provoke possible sharpness of exchanges. It was felt that the majority of patients would not be rude, and to have this message repeated to everyone is unhelpful.</p> <p>(b) This led to further discussion around the need for Receptionists to ask questions of patients wanting appointments. It is generally agreed that some form of “triage” may be necessary when resources are tight, but there seemed to be some variance in the responses of the Reception staff. An example was given of 2 different receptionists giving different advice to a patient who phoned twice on the same matter.</p> <p>There was concern about communication within the Practice. JW gave example of phoning repeatedly on a particular matter and receiving no response although promised.</p> <p>MJ asked whether there was some form of checklist or Algorithm is used by receptionists taking calls for appointments. LC thought there was. It would be helpful to see one and know how calls are screened. Also, it was suggested that a clinical person (i.e. Nurse) might be available when calls are received. Dr Susa confirmed that she reviews the telephone responses given to her patients.</p> <p>(c) General concern expressed about the apparent lack of commitment from the Practice as a whole to the PPG, although the group thanked Dr Susa for attending. It was felt that some of the issues raised are administrative rather than clinical and there needs to be opportunity to discuss with senior admin. The PPG has an aspiration to make things better for patients and the Practice but feel there needs to be more involvement at appropriate levels.</p> <p>Dr Susa pointed out that there were now only 2 full time Doctors within the 8 partners plus 1 regular Locum and 1 occasional. She stated that PPG Minutes were discussed at the Partners meetings.</p> <p>(d) The group was sorry to hear that Kate Larden, who has provided stalwart support to the PPG, is leaving the Practice on 28<sup>th</sup> February. We wish her well. Concern expressed that the rumour is that more staff are leaving the Practice, but we cannot substantiate this. If it is the case, the PPG would be concerned to know whether there is a common cause and what might be done to help.</p> |    |
| 4  | <p><b>NAPP</b></p> <p>ML reported that our current membership of National Association of Patient Participation Groups (NAPP) will expire at the end of January. Lynsey will enquire as to the possibility of renewal. Second and subsequent years membership should be less than last year.</p>  | ML |
| 5. | <p><b>Stroke Support Group</b></p> <p>Tony Whitmarsh has chaired the group which has met on 2/10/18 and 20/11/18 and included SP, MJ and Marguerite Kramer. He reported the following:</p> <p>There have been discussions around</p> <p>Objectives/role of the group/the way ahead</p> <p>Research linked to other organisations e.g. CCG/TSSs/Hospital Discharge</p>  |    |

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|    | <p>Team/other charity support/transport</p> <p>Ongoing work planned with the National Stroke Association, Essex County Council, Dial a Ride, plus further research into case profiles with those affected in order to identify issues.</p> <p>Final purpose will be to produce laminated lists of sources of support for victims, carers and the Practice. This could be used for the immediate care as well as ongoing support.</p> <p>Target date for completion is June 2019</p> <p><b>Next meeting 15/01/19</b> will feature a presentation by a speaker from the National Stroke Association. Open to all.</p>   |  |
| 6. | <p><b>Loneliness Sub Group</b></p> <p>Tony Whitmarsh chaired this group which includes MJ and PD His report is as follows;</p> <p>There have been meetings on 11/10/18 and 26/11/18. Next due on 15/1/19</p> <p>Discussed Objectives, the role of the group and the way ahead</p> <p>Members have researched and actioned links to a variety of organisations including the Library, Harwich Town Council, Salvation Army, R.C.Church, Central Church, Fellowship, Harwich Connexions,(for transport) and Helping Hands</p> <p>There is ongoing research with Age Concern, Rotary, Harwich and Dovercourt Standard.</p> <p>Conscious that much research is focussed on the elderly isolated, but national research has shown young people to be just as lonely and this may be a future area to examine.</p> <p>The purpose is to provide a laminated list with all (inclusive) loneliness groups with contact details and diary days for those seeking help. Consider venues to hold these lists.</p> <p>Target date is April/May 2019</p>   |  |
| 7. | <p><b>End of Life Sub-Group</b></p> <p>Apologies were received from Elizabeth (Libby) Davis who leads this group but is currently in the USA visiting family. However, a report was given by Jenni Whitmarsh.</p> <p>Libby is a retired Nurse who has had extensive experience in specialist palliative care and is passionate that people have the opportunity to be involved in advising others of their wishes towards End of Life care. The sub group is working on an awareness campaign to empower patients to take control of their wishes and ensure that their friends and family, carers and health professionals understand the importance of advance care planning. Having a plan helps avoid crisis care and can prevent unnecessary trips to A&amp;E and hospital admissions.</p> <p>The "My Care Choices" booklet is an ideal tool to facilitate open communication. The intention is to promote this and drive forward awareness and action. JW reported that there is currently little or no knowledge of this in areas which it would be expected would have heard of it. She reported the incident that occurred when the MMC Reception was asked for one of the leaflet/forms. Although enquiries were made it appeared that nobody was aware and it was suggested that the Post Office might have them. Clearly there is work to be done</p> <p>Sally Thompson, Marketing Consultant of the My Care Choices Register has asked Libby to undertake a Case Study for <a href="http://www.mycarechoices">www.mycarechoices</a> online. She had arranged for some leaflets to be provided for the Medical Centre and the ward at Harwich Hospital but unable to confirm whether they have arrived. Also it was hoped that a meeting would be arranged for Dr Karen Chumbley from St. Helena Hospice to speak to the MMC Doctors and Nurses about the My Choices Register. It was proposed for either 24<sup>th</sup> or 31<sup>st</sup> January but JW has been unable to ascertain progress on this.</p> <p><i>(Following the meeting it was confirmed that contact had been made to organise a meeting with Dr Chumbley, the Practice Manager, Doctors and Nurses)</i></p> |  |

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|   | On Friday 18 <sup>th</sup> January Libby will be manning a stand in Colchester (opposite Greggs in the High Street) to promote the My Care Register as part of the Community 360 degree plan)   |  |
| 7 | <p><b>Audio Library</b></p> <p>ML reported that he had obtained a large number of Audio books that he had hoped to have available for sale/loan in the MMC waiting room. However he had not been permitted to do so Refer back to item 3(a) It is accepted that there are obviously rues about what can be installed in premises of this type and it was felt by the group that in fact the new Community “Hub” in Dovercourt would be a much more appropriate venue.</p> |  |
| 8 | <p><b>Practice Report</b></p> <p>There was none available. Refer to 3(c)</p> <p><b>There being no other business the meeting closed at 6.30pm</b></p> <p><b>Date of next meeting: Wednesday 6<sup>th</sup> March 2019 at 5pm</b></p>  |  |
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