

MULBERRY MEDICAL PRACTICE

Minutes of Patient's Reference Group

Venue: Mulberry Medical Practice Sefton Avenue

Date: Monday 28th October 2013

Time: 14.30hrs

Those present:

Cedric Isaac (Chairman), Dr Gomes, Dr Tobias, Dr Gugenheim, James Flynn, Canagasabai Gunasegaram, Val Hembrow, Hana Kleiner, Ahmed Mayet, Joan Mullord, Iris Robin, Mary Stannard, Elliott Thorne

The meeting was opened with apologies for non-attendance: Nini Mehta, Maureen West, Joanna Gregory.

Committee were informed that sadly Mr Richard Fuller had passed away.

The Chairman opened the meeting informing the Committee that he and Hana had attended another meeting regarding PRG at Hendon Town Hall. Said there had been two meetings the other held at Burnt Oak. He said there was a deep problem due to at £23M black hole in the Barnet area NHS economy. The new hospital appointment system was discussed as being unsatisfactory as RMS now vet referrals and make decisions on whether treatment is given. Dr Gomes said that although people had been told they can choose where to have their treatment this is not possible. Mary Stannard said this was true and surgery is not forthcoming unless it is urgent.

There was a brief discussion with Mr James Flynn regarding medication and packaging which was out of surgery control, responsibility lies with chemists and manufacturers.

The Chairman then introduced the speaker Jane who chairs the PRG at the Elliott Hall Surgery. Jane said the Elliott Hall group had been started twenty years ago and she had been involved for ten to twelve years. She said that her role was to concentrate on services for patients but this was dependent on resources available. She said she had a group of people (Committee Co-

ordinators) who were each responsible for their own areas e.g. bereavement service, visiting services which included visiting old, lonely and housebound patients for a cup of tea to doing little things around the house and shopping and helping patients in whatever way they can. These services had to be accessed through the GP's and there were now about 160 volunteers. She said they also had a Carers Support Group and coffee/afternoon tea groups were held in the patient's houses. There are also volunteers who have transport and are willing to take housebound patients shopping or to doctors/hospital appointments and for this they ask for a donation between £2 and £5 as this cannot be charged for as it affects the insurance clauses.

She then went on to show members the magazine which her surgery delivers monthly to patients called The Elliott Ear. This magazine has some input from the GP's and is funded mainly by advertising for local companies, shops etc. She reiterated that to deliver this magazine needed about 150 volunteers. She said to advertise the PRG to patients and request volunteers she used the Px board in the waiting room and also spread the word through staff talking to patients. She felt that posters did not help as people did not read them very often and to send out letters was too expensive.

Social fundraising including quiz suppers and coffee mornings for doctors, surgery staff and patients eg Xmas coffee morning. Another way in which they helped patients at the surgery was they had a wheelchair loan system (wheelchairs mainly donated by patients not needing them any more). She talked about funds sometimes being donated when patients passed away

Jane said to remember to start off in a small way and build from there. Perhaps make the newsletter just a one two-sided sheet which could be left in the waiting room, given out with prescriptions and put through letter boxes. The Chairman suggested that perhaps John Keeble Church Hall would be a good venue for social evenings or quiz nights and he would find out what the cost would be to hire.

She then went on to say that before starting raising funds the first thing to do is to become a charity and Dr Gomes was going to find out how to go about this. She then said we would need a treasurer to oversee money in and out and an auditor and maybe this could involve patients who are accountants etc.

Also she said that Gift Aid whereby patients donating could sign if they were tax payers and this would in turn help fund raising. She said that they had

raised enough money at her surgery to have a lift installed this was acquired by donations (a couple of large ones) and £2,000 was raised by Gift Aid.

All volunteers have to be vetted by doctors. Mr Flynn suggested that finances could be listed on back page of quarterly magazine.

Elliot volunteered to get involved in practice web site together with the Chairman. Dr Gomes felt it would be good to get some of the younger patients involved and they are more advanced in IT skills than a lot of the older generation. Jane said at Elliott Hall they had held an open evening at the surgery and this had generated quite a lot of interest regarding volunteers.

Hana felt the priority was to activate some form of transport via volunteers and get the newsletter started and also to start advertising the group on the screen in the waiting room.

Mary Stannard felt the newsletter should be given priority and maybe a Christmas raffle.

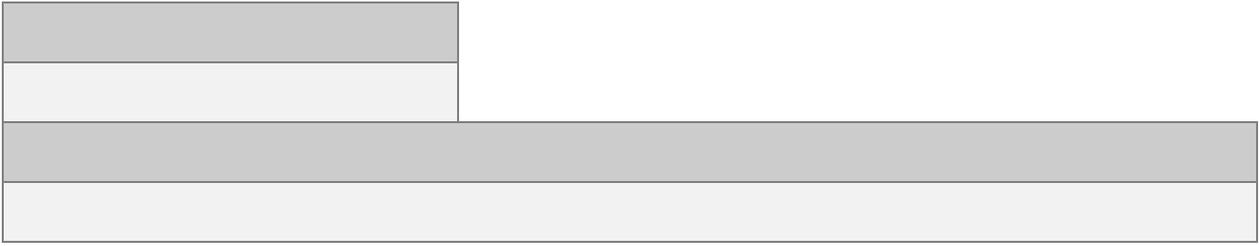
Iris Robin reiterated that we need to decide on treasurer and secretary and set up a bank account with two signatories and the name of the group and the Committee should make the final decision about what the funds should be used for.

Jane concluded by saying that the Patient Representative Group should be made up of volunteers only and that at her practice the committee meetings are attended by GP partners and the editor of the Newsletter.

It was agreed that the next meeting would be held at Sefton Avenue on 25th November 2013 commencing at 14:00hrs.

This is to certify that this is a true and correct record.

Chairman: Cedric Isaac



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