

Clmtgnts18/2/13

Notes from meeting of Clarendon Lodge Patients' Group

18th February 2013.

Present:

Saskia Sutton; Anthony Cox; Bridget Winn; Sally Jury; Martin Meerson; Ann James; Sam Grover; Maureen Hirsch; Michael Pearson.

Apologies: Brian, Kate, Gerald.

1. The meeting started at 6.15 pm with a round table introduction of themselves by each person.
2. Minutes of the last meeting (3/12/2012) and matters arising. One correction: to CCG meeting = MH and GH to CCG meeting.
3. Communication with members: members filled in form with their details - landline, email, etc, Chair's email sorted as mcholly5560@gmail.com
4. Meetings attended: Michael has met with the Practice group and introduced himself and some of the things we might hope to do. Maureen Hirsch, Anthony Cox and Michael Pearson attended the CCG Patients' Group meeting in Stratford and made some contacts and gained more understanding of how the NHS reorganisation is proceeding locally. It was mooted that when the CCG meetings start properly in April that some of us should attend the first or subsequent meeting as they will be open to the public. The meeting felt that it would be useful to see how Charles Goody, the lay chair of the Patients' Group, who is also a full member of the CCG itself is performing and whether he is, indeed making our voices heard.
5. Website development: Sam Grover has very kindly agreed to help us develop our website. He will welcome some ideas of content from other members. Sam will answer discussion at

each meeting about the website. We have questions to consider: How do we want to use it? What do we want on it? There was concern expressed about how to communicate with any people who became members and did not have a computer. Sally Jury agreed to contact people who may want to participate in our discussions and decision making but do not have a computer, to ask for ideas from them as to how they would like to be contacted/included.

6.

The Constitution: This was the main item on the agenda and resulted in a lively and informative discussion.

It was decided that we would use 'Core Group' rather than 'Committee'.

It was felt important to give the Reference Group some sense of belonging so we will carry out various events which would involve them as well as producing newsletters, etc.

Discussion took place about a proposal of a small membership fee, but that was voted down.

Discussion took place about a proposal that we would provide some individual advocacy but this was felt to be problematic, as we are not set up to deal with individual matters between patients and doctors. This kind of activity was voted down by a complete majority of the meeting.

As a result of our discussion Michael will send our amended Constitution to the Practice and report on their reactions. We will then proceed to the 'final' version.

One member told the meeting of coming in to the Practice three times and asking about the existence of a Patients' Group. Each time she was told there was no such thing. We need to ensure that all the staff, including all the reception and admin. staff are aware of our existence.

7. Code of Conduct

Sally felt that this code was unnecessary but the rest of the group felt it important for the Chair to have the code to refer to if any problems arose.

8. Work Plan

In between this and our next meeting we were all asked to think about some practical ways in which we could be active to help the practice as first practical steps.

Stephen Gallagher has agreed to one or two of us sitting in the Reception Area with the receptionists to observe.

Sally Jury has agreed to consult people in sheltered accommodation locally as to how they would like to be involved . Sam Grover is working on developing the website. There may be other practical things which someone might like to do.

9. Dates of next two meetings:

We agreed to have the next meetings on: Tuesday 12th March and
Tuesday 23rd of April

It was agreed that the meetings would start at 6.15pm

10. AOB.

A question was raised about letters being sent to patients about intimate results, not signed by the patient's own GP, but all by one particular GP. There was concern that this practise was impersonal and lacking in sensitivity. The group has to decide the

way in which such matters are dealt with by the Group. We are not about individual complaints, but interested if there is a general principle involved which could be improved.

The meeting finished at 7.50pm