

**Pangbourne Medical Practice**  
**PPG Meeting Minutes**  
**Held on 26 April 2023 at 6.15 pm**  
**In-person Meeting**

**Present:** Barry Ashdown, Rosie Barker (Practice Manager), Dr Barbara Barrie (GP), John Creagh, Sarah Dixon (Chair), Doreen Hawkins, Kim Hiscutt, Brenda Hook, Louisa Nicholl, Diana Smith

**Presentation about end-of-life care**

The main business of the meeting was a presentation by Louisa Nicholl and Dr Barrie about the involvement of the surgery at the end of patients' lives. The week of 4-8 May is Dying Matters Week which aims to increase awareness of the help available at this difficult time to patients and to their family and carers.

Louisa is a palliative care nurse whose husband died prematurely of cancer in 2002. Using her knowledge and lived experience she is devoting herself to increasing awareness of the help available to everyone who has been affected by the death of a loved one. She gave a talk which covered Hospice UK; how to talk to bereaved people; the importance of planning your future right now and how to make your wishes clear; and the Good Grief Trust, an umbrella charity that acts as a gateway to the many resources available. Louisa will be speaking to the PCH team in June about the language to use when, for example, giving bad news. The whole meeting was moved by Louisa's words and we are extremely grateful to her for her courage in addressing us on this topic.

Dr Barrie then explained to us about the audit of end-of-life care that all GP surgeries are required to carry out annually, and how the results enable the surgeries to improve their provision of care. For example, certain conditions such as dementia or frailty were shown to have low access to palliative care and so measures have been put in place to identify certain factors early. These would include withdrawal of care, move to a care home, frequent ulcers, bereavement, and so on. This will avoid having to make decisions in a crisis situation. Relevant patients are on a register and this is discussed once a month by the GPs; when a patient dies the case is discussed to determine what happened and whether the surgery could have done better.

In the year to April there were 12,105 patients at the surgery of whom 129 were on the register. 91 patients died; this is statistically low possibly because there is no care home in the area so patients moving in to a home move out of the area. 52 patients on the register died and all had a care plan in place. Of the 39 patients not on the register some did not want to accept and others died unexpectedly. The audit flagged up two learning points: to identify patients with co-morbidities, and that memory clinics are not good at setting up care plans for patients with dementia. A number of changes to practise have been made including improved recording of wishes.

Dr Barrie then took us through the Recommended Summary Plan for Emergency Care and Treatment (RESPECT) form. This replaces the DNR form and is nationally used, but is not

legally binding. Section 3 sets out the personal preferences of the patient, including an advanced decision to refuse treatment. It is a very comprehensive form and forms part of the patient's records. It is frequently reviewed and the information updated as necessary.

The meeting thanked Louisa and Dr Barrie for their interesting and informative presentations. This is a subject that touches us all and we were encouraged to think about our own wishes right now, and to have a conversation with our family and friends while we still can.

We then proceeded with the main business of the meeting.

## **1 Introduction and changes in members**

We had no new members at this meeting.

## **2 Apologies**

Apologies were received from Carolyn Geraldine, Neil Macfarlane, Linda Price, Gill Reid

## **3 Minutes of the last meeting**

The minutes of the last meeting were accepted.

## **4 Covid update and vaccination programme**

Covid Spring Boosters are available to all patients aged 75+ and immunosuppressed patients. Clinics will be held on 11 April, 6 May, 20 May; housebound patients will be visited on 24 and 26 April. All patients with a mobile will have received a text with a link enabling them to book on line. Those without mobiles are being phoned, as are those with mobiles who fail to use the link.

## **5 Surgery News and Update**

The new paramedic Gary Dargan has started. He is doing two sessions on Mondays and one on Tuesdays. He sees patients of all ages, assesses them, takes their history, triages them and directs them to the relevant next stage. The emergency clinic is now held in the mornings, not the afternoons. A typical pathway would be: patient rings up, triaged by reception, visits surgery, seen by paramedic, appropriate treatment. The patient is seen more quickly and dealt with more efficiently.

We now have a new clinical pharmacist, Ula Pielech.

The meeting welcomed these new members of the surgery team.

## **6 Patient Voice**

Patient Voice Group (PVG) is made up of representatives from local surgeries (including both members of the PPG and of the surgery teams) and meets every two months. We attend the North and West Reading group. It is an opportunity to feed back on NHS services, to learn from other PPGs, to find out about local organisations providing services to patients, to learn about health initiatives, and so on.

At the Patient Voice meeting on 21 March we were given a talk by Julie Deadfield of the Berkshire Independent Hospital. Julie explained that NHS patients have a choice of where they receive treatment. In many cases this includes being treated by a named consultant at an independent hospital but as an NHS (i.e. free at point of delivery) patient. Julie explained that many independent hospitals are contracted to provide a given number of consultations to NHS patients and that often not all the contracted spaces are taken. In many cases patients will be seen more quickly, and by consultants at an independent hospital than at their local NHS facility. Normally only patients under 18 or those who will require the facilities of a high dependency unit are unable to be accommodated by the independent sector in Reading. Julie gave some specific examples where patients may wish to request a referral to Berkshire Independent Hospital e.g. cataract and ophthalmology services, urology, hip and knee replacement surgery. Julie is very happy to get involved in PPG talks and to bring consultants with her. She can be contacted by email at: [Julie.Deadfield@ramsayhealth.co.uk](mailto:Julie.Deadfield@ramsayhealth.co.uk)

## **7 Any Other Business**

We will be holding a pop-up Art Café on Saturday 13<sup>th</sup> May. It was agreed that any funds we raise will be put towards a new couch for the diabetic nurses to use, that will be easier for less able patients to access.

A question was asked about submitting feedback via the website; Rosie explained how to do it and we agreed to have a go and discuss the ease of use at the next meeting.

Sarah Dixon announced that having been on the PPG since its inception, and having chaired it for five years, she was planning to step down in the autumn and invited PPG members to step forward to take up the reins.

**The date of the next meeting will be Wednesday 21 June 2023,  
6.15pm, at the surgery. Dr Madhumati Manjadarria will be the  
attending GP**