

ROSMELLYN SURGERY
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Rosmellyn Patients' Forum

The second meeting of the Rosmellyn Patients' Forum took place on 20th April 2010 at 1700 in the Beachfield Hotel. The following attended:

Jerry Betteridge	JB
Christopher Bowring	CB
Jayne Hocking	JH
Jane Moss	JM
Bill Thornton	BT
Julie Trist-Parker	JTP

Apologies were received from:

Paul Corker	PC	
Naomi Gorvin	NG	(Email attendee)
Mary Legg	ML	(Resigned)
Sandra Sheppard	SS	(Resigned)
Paul Corker	PC	

Minutes of the meeting are as follows:

<u>Item</u>	<u>Minute</u>	<u>Action if Applicable</u>
01-04/10	Welcome & Introductions JB welcomed all attendees. Apologies were announced.	JB
02/04/10	Minutes of previous meeting – were agreed as a true record.	
03/04/10	Apologies – had been received from Paul Corker (who has since resigned), Mary Legg (resigned) and Sandra Sheppard (resigned).	
04/04/10	Chairmanship – the Chair mooted that the position of Chair should be taken up by a member of the group who is not a staff member of the surgery. In the same vein, the role of secretary should also be transferred. Both moves should take place in due course but be a matter for consideration by the Group with an aim for transfer to take place within 6 months if possible. In the first place, however, the group needs to replace inactive or resigned members as a matter of priority.	ALL
05/04/10	NAPP SW Conference – the Chair gave a short summary of the SW conference of NAPP, including the positive outcomes of other active groups in the area in support of surgery initiatives on general healthcare.	
06/04/10	Representation – the group discussed the way in which we could be properly representative, and contribute to the mutual	

07/04/10	<p>benefit of the surgery and patients. JTP offered that each member could take turns to be a key point of contact for suggestions and complaints from other patients where confidentiality was not an issue and where specific staff discipline was not a question. It was generally agreed that this would be a good method of working, with JB/JH acting as a coarse filter ensuring confidentiality maintained. Suggestions to be sent via surgery using web or physical suggestions box. JB agreed to highlight on the website, newsletter, prescription notes etc.</p> <p>Future Projects – It was agreed that the first priority is to increase the membership of the group to around 10-12 members again, trying to maintain a broadly representative membership. It was also agreed that supporting healthcare initiatives such as the new health check, childhood obesity, diabetes or dementia would be good target areas.</p>	<p>ALL</p> <p>JB</p> <p>ALL</p>
	Date of next meeting (DONM) is proposed as 22 nd June at 1700 in the Beachfield Hotel	ALL

Members of the group are requested to let the Chairman know of any errors or omissions as soon as practicable.

These minutes are a public record of the meeting and will be promulgated in full on the Surgery website and in brief in the waiting room.

Signed on original

J T Betteridge
Chairman
Rosmellyn Patients' Forum

Rosmellyn Patients' Forum Ground Rules

The ground rules outlined below were agreed for our conduct as a group. They may be amended in due course by agreement.

- The meeting is not a forum for individual complaints and single issues.
- We advocate open and honest communication and challenge between individuals.
- We will be flexible, listen, ask for help and support each other.
- We will demonstrate a commitment to delivering results, as a group.
- Silence indicates agreement – speak up, but always go through the chair.
- All views are valid and will be listened to.
- No phones or other disruptions.
- We will start and finish on time and stick to the agenda.

Rosmellyn Patients' Forum Terms of Reference

The terms of reference outlined below are drawn from a National guideline for Patients' Groups and were unanimously agreed for adoption by Rosmellyn Surgery Patients' Forum. The Forum will:

- contribute to practice decision-making and will contribute to discussion about service development and provision;
- communicate change to the wider community;
- provide feedback on patients' needs, concerns and interests and challenge the practice, constructively, whenever necessary;
- serve as a 'safety valve' for dealing with generalised grumbles and complaints about the practice;
- represent patients views, whilst also helping them to understand the practice's viewpoint;
- assist the practice and its patients by arranging or assisting voluntary groups and support within the community;
- communicate information about the community which may affect healthcare;
- develop a method of communicating with the wider patient list to enable the group to air their views;
- give patients a voice in the organisation of their care;
- promote good health and higher levels of health literacy by encouraging and supporting activities within the practice and promoting preventive medicine;
- influence the provision of secondary healthcare and social care locally;
- monitor services, eg hospital discharge and support when back in the community;
- give feedback to NHS trusts on consultations;
- fundraise for medical equipment or other facilities to improve the practice and/or fund the activities of the PPG;
- liaise with other PPGs in the area.

This list is neither exclusive nor mandatory and may be amended at any time subject to the agreement of a majority of the group.