

***Rosedean House Surgery Patient Participation Group
Minutes of the meeting held on the 28th January 2016***

Present : David Sheppard (DJS) John Goodman Nick Hammond Tony Reeves Edna Caddick Ruth Colrein Denise Doney Jacqueline Goodman Carol Jay Jackie Le Brocq Sheila Mullins Jacqui Smith Vanessa Smith Liz Webb

Apologies : Nick Mallard Mark Thompson Jocelyn Barnard Julia Lucas Judith Markes Sheila Wilson

Dr David Hargadon senior partner at Rosedean spoke to the group about End of Life Care. Dr Hargadon has been at Rosedean for 34 years and it is 40 years since he was at Medical School and at that time there was no teaching or mention of end of life care. He first encountered Macmillan nurses and their palliative care when he came to Rosedean. In recent years the Liverpool Pathway was developed and whilst it did have faults it was portrayed very unfairly in the media and is not now used.

The Department of health set out an end of life care strategy and NICE also produced a strategy trying to encourage moves to talk more freely and openly about the subject to make sure all is done in the best way.

The annual death rate at Rosedean is 1% of the patient total with the following age breakdown in 2015 : 0-9 none 10-19 none 20-29 none 30-39 none 40-49(1) 50-59(4) 60-69(15) 70-79 (19) 80-89 (27) 90-99 (18) 100 and above 2

The causes of death	2015	2014
Cancer	29	32
Infection (inc. pneumonia)	21	13
Cardiovascular	13	9
Cerebrovascular	9	14
Respiratory	5	8
Gastrointestinal	3	7
Old Age	2	1
Misc.		
Suffocation	1	
Acute Kidney Failure	!	
Bleeding	1	
Result awaited	1	

86

84

It is known that the majority of people would wish to die at home and the figures for place of death are as follows :

	2015	2014
At home	17	18
Nursing/Residential Home	30	25
Acute Hospital	32	24
Community Hospital	5	14
Hospice	1	3
Other	1	—

Advanced Care Planning (ACP) :

A process of decision making that allows patients to make known their healthcare preferences in advance of a potential state of incapacity. The Mental Capacity Act (2005) which became law in 2007 gave statutory recognition to the concept of ACP.

Advanced Statement of Wishes :

Should be discussed with family member or friend it is not legally binding but is an important guide to 'best interests' (a decision on behalf of the patient as close as possible to how they would have decided).

Advanced Decision to Refuse Treatment :

Is legally binding and it is possible to refuse to be admitted to hospital and to refuse certain treatments including life sustaining treatments but it is not possible to refuse basic personal care. To make an ADRT you have to be over 18 and have mental capacity, it is best to make your wishes clear in writing and if your wishes include refusal of life sustaining treatment, even if your life is at risk, it must be in writing and signed by the patient and witnessed.

Final Phase :

The aim would be for the patient to die at home (or where they would wish to be) with those closest to them present and for them to be as comfortable as possible. The focus will be on symptom control and all healthcare professionals involved will be aware if any wishes have been expressed as to withdrawal of treatment.

Following death a Doctor has to issue a Death Certificate, the Coroner has to be involved if the death is unexpected or asbestos related and the police will have to be called if the death is unexpected. The physical and mental health of those bereaved can suffer after bereavement and they will be contacted by Rosedean to see how they are, Rosedean also has a Death Review policy in place and hold two monthly reviews into what has happened and could lessons have been learned as to how to do things better. DJS had been very surprised at how well end of life care and bereavement support was carried out at Rosedean when he came to the practice.

DJS thanked Dr Hargadon for such a very informative and thought provoking talk and for the sensitive way in which he had dealt with such a difficult and emotive subject and the thanks were echoed by everyone in the room.

Minutes from meeting 26th November 2015:

Following the addition of Denise Doney to the list of apologies the minutes were agreed as a true record.

Matters Arising :

Dr Gogh is continuing to do well and has to take an important examination soon.

There has been an improvement in the referral service.

DJS and Ruth Colrein met Sheryll Murray who took on board their comments concerning the pharmacy/ dispensary situation particularly with the move by Day Lewis into premises next to Rosedean and she will write to the Department of Health. The invitation to Jeremy Hunt was mentioned but he does have a very full diary.

DJS has been asked by Kernow Community Interest Group to consult when needed which he was happy to do, Peter Stokes is the Chief Operating Officer and he is very supportive of the local hospital.

The CQC are asking for patient involvement and feedback online.

Umbrella Group Update :

Sheila reported that the Living Well project continues to do well and will continue to receive funding, there is still concern that the system for the discharge of patients from Derriford is not working well particularly for elderly patients.

Some Plymouth nursing students are keen to have links with PPG's.

A machine is being developed which will indicate if antibiotics are needed.
There is a Walk in Centre at Derriford next to A & E. The out of hours service seems to be working well and Sheila would appreciate any comments anyone in the group may have concerning this.

Reports from other PPG's indicate that not all surgeries keep them informed and updated about changes in the NHS and at their individual surgeries.

At their next meeting the speaker will talk on mental health issues for under 16's and the meeting may be an open meeting for people to attend and ask questions.

Sheila receives a tremendous amount of information from the umbrella group a great deal of which she does not feel is relevant to us as a group.

DJS thanked Sheila on behalf of Rosedean surgery for attending the meetings and reporting back.

Future speakers:

DJS suggested Dr Giles Richards a consultant Psychiatrist for the elderly at Trevillis House, Peter Stokes Chief Operating Officer Kernow Community Interest Group or Andrew Keirl an Optometrist it was agreed to ask Andrew Keirl for the next meeting.

AOB :

The fees paid by the surgery to the CQC have increased by 700%

The increased staff hours in the dispensary are to be continued and DJS is to hold interviews shortly.

DJS will speak at a future meeting about the plan for patients to be able to view their records online.

Provisional date of next meeting : Thursday 31st March 2016 at 18.30