**Minutes of CPPC AGM**

**10th November 2012, Northwick Park Hospital, Harrow, London.**

**Chaired by Jane Dixon.**

**1. Apologies**

Annette Woodward, Felicity Guard, Vera MacPherson, Liz Turner

**2. Minutes of AGM 2011**

Accepted as a true record of the meeting by a show of hands.

**3. Chairman's Report**

This was read out by Jane Dixon in Annette’s absence .

*I seem to remember that I opened last year’s report with the following two words. – Restructure and change.*

*The 2012’s Chairman’s report will be no different.*

*On a positive note - Restructure and change inevitably present new challenges and in turn, opportunities.*

*I think that this has been reflected in the activities over the past year.*

*As I said then, I am sure that the majority of us have and are being affected to some degree in our workplace and also, of course CPPC has also been subject to this.*

*We have had yet another extremely busy year, and on the whole, it has been a very positive one.*

*The Executive Committee has met 3 times as usual – March, June and last night.*

*CPPC gained full recognition as a PN in April 2012. The PN Affiliation Agreement is on the website for those who are interested.*

*I am pleased to say that this restructure has helped build relationships with other PNs in our Alliance – the Client Group Alliance. As many of you will know, this is the largest Alliance and other PNs include:*

*ACPWH, ACPC, ACPOPC – Oncology and Palliative Care.*

*ACPPLD – Learning difficulties. ACPTR Therapeutic Riding. ADAPT – International Health and Education. AGILE – Working with Older People. APCP - Paediatrics. BACPAR- Amputee rehabilitation and CPMH- Mental Healthcare.*

*The formation of Alliances has opened a new collaborative working environment, for example as with ACPOPC which I mentioned last year, and more generally in the development of NICE guidelines. CPPC is registered as a stake holder in the developments of a number of NICE guidelines.*

*I, along with the Chairs from the other PNs attended meetings at the CSP.*

*There was also a teleconference last Monday November 5th and Lynda Morgan-Jones represented CPPC.*

*The CPPC website is now accessible via the CSP.*

*Many thanks to Jane Dixon for her hard work in developing the website, working alongside Nigel Senior at the CSP.*

*I think this website will be very helpful to CPPC , supporting any new developments that we may have.*

*Please do keep an eye on it. Our moderators are Jane Dixon, Diane Stark and Jennifer Ryan who is also hosting today’s event.*

*As Chair of CPPC, I was invited to join an expert group chaired by Professor Paul Abrahms, Director of the Bristol Urological Institute, along with Karen Logan , Consultant Nurse Continence Care – Wales. Mr Matthew Parsons, Consultant O&G B’ham. Dr Raj Shekhar, Cons Stroke Physician, Kings Lyn. Dr Julian Spinks, GP Rochester, representation from the Bladder and Bowel Foundation plus Hilary Shields a patient representative.*

*The hosting and facilitation of the meetings were supported by Astellas, though the editorial control remained, with group throughout.*

*The group wrote a report entitled - 2 in 3 : Delivering World Class Services for people with continence, lower urinary tract and bowel symptoms. Also, an audit was requested using the freedom of information act, entitled – Commissioning for incontinence, lower urinary tract and bowel symptoms. These reports contained a number of recommendations and have been presented to MPs and other interested parties*

*Following that, the group has put together a draft of the LUTS quality standards guidelines.*

*A copy of the shadow quality standards for LUTS including urinary incontinence was sent to NICE.*

*As a consequence, Professor Gillian Leng at NICE invited members of the group to meet with her and her colleagues, to discuss this work This meeting took place this Wednesday – November 7th*

*I have also contacted the CSP, who are keen to meet and discuss the content and implications.*

*As you will have heard, CPPC is involved in some very exciting developments .*

*I have a Paralympic update from Kay Crotty, who has been leading this work.*

*Backgound information*

*Kay Crotty as our Move for Health rep attended a day at the CSP to discuss Opportunities at the Olympics for the physiotherapy profession.*

*Following the meeting Kay submitted a literature review on behalf of CPPC to LCOG 2012 and met with the medical services director for the Olympics.*

*Kay’s research proposal for the Paralympics was accepted, in the form of an online survey, to investigate incidence of UI in both walking and seated Paralympians. (CPPC also formed a subcommittee for 2012, and members met with the CSP media team to discuss how we could promote continence during the Olympic year to women in whom UI is a barrier to exercise and long life fitness)*

***Kay’s report:***

*This summer, CPPC conducted a piece of research at London 2012 Paralympic Games. The study was run in collaboration with the University of Hertfordshire. The aim was to gather information via an online survey to investigate incidence of UI and felt need in female Paralympians. The research platform for this study along with several others, was facilitated by the Scientific Committee of the International Paralympic Organisation. This committee promoted all research projects via all possible means, although take-up for all of the surveys, including ours, was poor. In response to this disappointing outcome, the International Paralympic Research Committee are continuing to promote the surveys via the official “Paralympian2 website over the coming months.*

*In addition, local ethics permission has been sought for us to directly inform British Paralympian teams of the research opportunity. Hopefully there will be some meaningful results to publish after these recruitment drives. Meanwhile, Kay Crotty had the opportunity to present the research process at the ACPWH conference in September, and has been invited to present at a study day for physiotherapists who volunteered at the games.*

Jane Dixon reported that the Medicines Management Advisory Group of the CSP is continuing to work towards Independent Prescribing Rights for the physiotherapist and intend to put an Early Motion to the House of Commons to change legislation. This is a lengthy process so we do not expect to hear anything until well into 2013

***More news:***

*Educational grant*

* *£250 has been awarded to Rachel Bromley, who applied for funding for MSc in Rehabilitation study – Continence for Physiotherapists - Bradford School of Health Studies – If you wish to be considered , please contact – Kay Crotty*
* *Also the CSP have drawn up a Research Strategy – which will shortly be on our website. It can also be viewed on the CSP website.*
* *In order to encourage membership, the committee decided that we would draw a membership number “out of a hat” – with the winner getting a free place on the next study day plus a book.*

*The winner was 346 Kate Bankes-Jones. The book aawarded this time is*

*Evidence—Based Physical Therapy for the Pelvic Floor. Bridging science and clinical practice. Editors Kari Bo, Bary Berghams et al*

*This year, we will be drawing another number out of the hat at the end of this AGM.*

* *Advanced information - We are delighted to announce that Jane Dixon has been awarded a Fellowship by the CSP – well done!!*
* *National AHP Clinical Expert Database.*

*Karen Middleton, Chief Health Professions Officer is compiling a database of [I quote] eminent AHPs who are in clinical practice to provide clinical expertise to the NHS Commissioning Board anbd other national bodies (Quality assurance has taken place)*

*In most cases, five clinical experts from each of the 12 allied health professions were listed against a number of pathways including incontinence and gynaecology.*

*I am pleased to announce that 3 CPPC members :*

*Jane Dixon, Kay Crotty and I have been invited to join.*

*AQP.*

*Please ensure that you are aware of what is happening, both nationally and locally*

*Clare Strickland is the CSP lead for AQP*

*AQP involves competitive tendering for services and Continence services have been highlighted, though currently MSK services are more affected.*

*A group of commissioners write a specification for a service and tenders are put forward. Anyone can compete and there is potentially huge competition.*

*Do look at this as there are a number of service criteria that will need to be in place.*

*There are a number of documents now available including a Continence Service Implementation pack, into which I was asked to input.*

*English Regional Networks and Country Boards.*

*Again, be aware of these.*

*The regional Chairs are keen to have contact numbers of PN members who can provide relevant information concerning continence management.*

*Continence is a huge area where physiotherapy can make a difference and sharing good practice is a key objective for the regional networks. Don’t forget to look at these on the CSP website*

*We are a small PN – but our specialist interest and knowledge are invaluable.*

*Continence problems are so very common, and as we know, many of the patients/clients of other PNs will have suffer from degrees of incontinence.*

*Please let us continue to raise awareness of what we can do and what can be done.*

*Finally, and most importantly – Professional Networks.*

*Many of our members are also members of ACPWH,*

*and it is vital that Continence has a strong voice. In view of this,*

*it is thought that we should consider a merger between CPPC and ACPWH.*

*Last Saturday, four CPPC committee members met to commence discussions and Ruth ten Hove from the CSP also attended.*

*We had a very positive meeting and were able to voice our thoughts and concerns to Ruth.*

*The next step will be for the two executive committees to meet at the CSP. Obviously, this is all in the very early stages .*

*The CSP will facilitate these meetings and support any actions. Obviously this will take some time and both committees need to be in agreement .It is essential that we reach an agreement that is best for our members, the public and our professional colleagues. We will keep you all fully informed*

*In the interim, I feel it is essential that we continue to endeavour to raise our profile and make our voice heard. All this needs help and support from our members and of course the committee. If you hear of any opportunities where CPPC needs to be involved – please do contact us.*

*Also, as usual, we are looking for volunteers for next year’s CPPC Study day.*

*If anyone is thinking that they are interested, please do come and speak to one of the committee members. It is nowhere near as daunting as it may initially appear.*

*I hope you have seen the ALIED course that is currently being advertised – Contemporary Acupuncture in Women’s Health March 16/17 2013 – Norfolk and Norwich University Hospital.*

*Membership of the Executive committee is voluntary. All work is done alongside the day job. We need your support and always welcome new members to the se committee .*

*Thank you for your attention.*

**4. Treasurer's Report and adoption of annual accounts**

Lynda Morgan-Jones presented the report and members present were provided with copies of the annual accounts.

~Current account has £2269.73

~Instant Reserve has £5794.55

Specific entries highlighted by Lynda: double fees paid for CSP capitation due to 2011 fees being paid into account late. Translation fees paid for Paralympic survey. Award £400 to Rachel Bromley. We have a new accountant (due to change of treasurer).

Accounts adopted by a show of hands.

**5. Membership Secretary's Report**

Membership Secretary Diane Stark read short report. As of 10th November 2012 there were 128 Members. An additional 33 members (not included in final member numbers) have not paid subs for this year and have been contacted.

We still have 27 deleted members still paying £10 membership by standing order. All have been contacted by e-mail or mail.

**6. Future of CPPC**

CPPC/ACPWH proposed merger. JD gave background to this and then comments were invited from the floor:

It was noted that 70% of CPPC members are also ACPWH members

If the two Professional Networks decide to merge then a new name will be required. It may be necessary to choose a name which indicates ‘what we do’. (Agile given as an example of moving away from traditions)

CPPC want to continue to provide low cost, high quality study day/support and education.

Prof Networks must have a minimum 100 member to gain recognition from CSP.

ACPWH requires recognised course to be undertaken for members to obtain full membership. Currently only Full Members receive the Journal.

Members present did not want to lose the good value-for-money annual study days. Currently the cost of ACPWH study days is prohibitive for many members.There was a suggestion from the floor that CPPC could become an umbrella within ACPWH

All members encouraged to look at new website.

**7. Raffle**

The winner of last year’s raffle was Kate Banks-Jones. She was given ‘Evidence-Based Physical Therapy for the Pelvic Floor’ by Bø, Berghmans, Mørkved and Van Kampen

This year’s winner was drawn. Lindsay Wheatley was awarded the Netter Anatomy book and this will be forwarded to her once we have taken delivery.

**8. New Committee Members**

Christina Ebrey has been nominated by Annette Woodward and sedonded by Jane Dixon. Members voted unanimously by a show of hands.

**9. AOB**

The Acupuncture course on 16/17 March 2013 was promoted again and members were advised that application forms are available on the Registration desk.

**Date and time of next meeting**

To be advised, dependent on where the 2013 study day will be held. Updates to be posted on the website.

A big thank you to Jennifer Ryan for being the sole organiser of the CPPC study day. JD presented her with a bunch of flowers and a box of chocolates.

Thank you also to Jennifer’s mum and cousin for providing all refreshments. They were given a box of chocolates each as a token of our thanks.

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