



Meeting: Patient Participation Group Meeting

Date: 23.09.2015

Agenda:

1. Cornwall Mobility (Keith Parker)
2. Apologies.
3. Minutes of Last Meeting – matters arising.
4. CQC Inspection – March 2015.
5. Planned procurement of Adult Community Services (Marna Blundy).
6. Cornwall Out of Hours.
7. Direction of the PPG (Chris Goninan).
8. Cape Cornwall Surgery news.
9. Any Other Business.
10. Date of next meeting.

Present: Ian Cary, Marna Blundy, Chris Goninan, Joy Lee, John Rudge, Fiona Cock, Elisabeth Thomas, Neil Foss, Mr Parker (Cornwall Mobility).

Apologies: Mrs Lugg, Mr Aspey.

1. Cornwall Mobility

Mr Parker, who is a volunteer for Cornwall Mobility, attended the meeting to give a talk on the services that Cornwall Mobility can provide. Cornwall Mobility is a registered charity and they receive no funding from the NHS – 1/3 of their funding comes from the Department of Transport and the rest comes from their own income generation and donations to the charity. Obtaining sufficient funding is an ongoing challenge for Cornwall Mobility.

Mr Parker informed the meeting as follows with regard to the services that Cornwall Mobility offer:

- Driving assessments – if a GP refers a patient the assessment is then free. The Mobility centre in Truro has a simulator that can be used to assess patients with special needs.
- Patients can, if they wish, approach the centre themselves to seek advice on a broad range of mobility devices and staff can also provide information and advice about funding arrangements/options that are available.
- Cornwall Mobility service provides assistance to all ages.
- The range of equipment that the centre can provide is very broad (wheel chairs, mobility scooters etc) and equipment can be either hired or purchased. Staff at the centre are also happy to give advice on what would be the most suitable piece of equipment for an individual even if that individual does not intend to purchase or hire the item through Cornwall Mobility. A special range of equipment is available for Children with mobility problems (walkers, seating, wheelchairs etc.).

- The centre also provides a complete range of appliances that are designed to help people stay independent and stay living at home.
- Equipment can be hired and the hire fees are very reasonable.
- There is also a repair service provided by the centre and their engineers will visit in the community to service and repair equipment. Equipment that has not been provided by Cornwall Mobility is also repaired. There is a charge for the repair service.

The PPG asked Mr Parker a range of questions which he was in the main able to answer; those questions he could not answer he made a note of and will report back to the PPG accordingly.

Mr Cary suggested that Mr Parker may wish to attend a monthly MTD at the Practice to inform the primary care team about Cornwall Mobility; he was happy to do so and Mr Cary will arrange accordingly.

The Chair of the PPG thanked Mr Parker for his presentation and he left the meeting at 8.15pm.

2. Apologies

Were received from Mrs Lugg and Mr Aspey.

3. Minutes if the last meeting and matters arising.

The minutes were agreed with no amendments required. Matters arising from those minutes were:

- Chairs for the waiting room have now been made and are in place and being used on a daily basis.
- The article regarding the change in Partnership at the Surgery has been published in the Cornishman newspaper. Marna commented that she felt that it was an excellent advertisement for the surgery.
- PPG – contacting other PPG's in the area, this has not been done. It will be covered later in the agenda.
- CQC – the inspection report has been sent to all PPG members.

4. CQC Inspection.

Mr Cary apprised the meeting on the CQC inspection visit that had taken place at Cape Cornwall Surgery in March 2015. This inspection was both comprehensive and challenging for GP's and staff and all were very relieved to get through the day. It was thus very pleasing to receive a 'clean bill of health' from CQC with an overall rating of GOOD across all services. The actual inspection report, which has been provided to all PPG members, is available on the Practice Website and is very positive.

5. Planned Procurement of Adult Community Services.

Marna Blundy wanted to make the PPG aware that the community services that are currently being provided by Peninsula Community Health (PCH) are to be put out to tender in March 2016. It would appear the PCH will not be seeking to run the services in the future because the financial arrangements being offered by the commissioners are currently inadequate. Mr Goninan commented that PCH, in his opinion, are a good provider and this will create a lot of unnecessary uncertainty over who will provide the services after March 2016 and what those services will 'look like'. Mr Cary said that he would keep the PPG informed if there were any important developments regarding the proposed tender process.

6. Cornwall Out Of Hours Service.

Marna Blundy asked if there was any further information available on how this service was operating in view of the proposed reduction of cars across Cornwall from 7 down to 4 and the previously reported lack of support from GP's many of whom did not wish to 'sign up' to provide the service. Mr Cary commented that he would ask Dr Ellery to take the request from the PPG for up to date information on how the OOH service was currently performing to the next locality meeting. Mr Cary informed the PPG that both Dr Ellery and Dr Mackenzie had 'signed up' with Devon Doctors and were undertaking OOH sessions locally.

Action: Dr Ellery to ask the locality meeting if they can provide the PPG with an update on the OOH service in Cornwall.

7. Direction of the PPG.

Mr Goninan asked for this to be on the agenda and wished to have a discussion about the future direction of the PPG and consider setting objectives for the group. Marna commented that she had attended the recent 'umbrella' meeting for PPG's at Marazion but this had actually been a total waste of her time and gave no insight as to how PPG's should function. It was understood that Stennack and Bodriggy Surgery had proactive PPG's and all agreed that it would be worthwhile contacting these PPG's to speak with their chairperson to gain an understanding as to how they operate – Mr Cary offered to obtain the contact details and Mr Goninan agreed to phone the respective chair persons.

A suggestion was made that PPG members could be available in the Surgery waiting room and speak with patients to seek their views on what they liked about the Surgery and if they have any concerns. Mr Cary commented that we already had a lot of feedback from patients and if the PPG was to undertake such an exercise it would need to be thought through and agreed with the Partners. Mrs Thomas suggested that rather than simply be available to talk to patients, which could be difficult, it might be better to run a raffle and use this as an opportunity to introduce the PPG to patients and seek their views. A questionnaire could be developed to seek patient views and a leaflet developed to introduce the PPG to patients. Mr Rudge commented that staff views should also be sought. Mrs Thomas suggested that the PPG could produce a newsletter which could then be made available in the waiting room; this would be a conduit to both inform patients and seek their views on services generally. All agreed that this was a good idea but would require a lot of work to prepare.

Mr Cary asked the PPG if they could consider how large they wished the PPG to be - 12 members were agreed as a maximum size. All agreed that quarterly meetings

were adequate. Attracting new PPG members from a lower age group would be preferable.

Mr Cary suggested that one of the PPG members may wish to look on the national PPG website to seek information on how a PPG should operate – Marna agreed to have a look at the website and report back to the next meeting.

Mr Goninan suggested that one objective that the PPG could pursue was to assist the Practice with seeking to increase its list size – all agreed that this should be something that future debate and ideas should have focus on.

Action:

- Mr Cary to provide contact details to Mr Goninan of the PPG Chairperson at Stennack Surgery and Bodriggy Surgery.
- Marna Blundy to have a look at the website and report back to the next meeting.

8. Cape Cornwall Surgery News.

Mr Cary informed the meeting that Dr Ellery has a new GP Registrar (Laura Woollett) and that Dr Clegg will be retiring as a GP at the end of March 2016 – no discussion has yet taken place regarding a replacement for Dr Clegg who currently works 3 sessions a week.

9. A.O.B

Mr Cary informed the meeting that he had again chased Mike Peters at Cornwall County Council regarding the Surgery sign for the square and still nothing was forthcoming. Mr Goninan suggested that Mr Cary contact the local councillor Sue James (787223) and ask her to assist.

Marna Blundy mentioned to the group about how patients receiving chemotherapy or radiotherapy at Treliske who were using the Transport Access People (TAP) service to attend appointments at Treliske on 3 or more occasions a week could approach the general office at Treliske and get their costs refunded. Apparently this was not communicated to patients by Treliske and as a result some patients could be struggling with transport costs unnecessarily. The PPG felt that RCHT could very easily produce an information leaflet that could be sent to all patients with their appointment letter. Mr Cary was asked to approach RCHT and ask them to consider this.

Penwith Dementia Awareness Action Alliance – they will be undertaking a promotional campaign in October 2015 with the aim of getting local businesses signed up to the campaign. They will also be providing awareness training for staff – Mr Cary agreed that this training might also be useful for staff at the Surgery.

Action:

- Mr Cary to approach RCHT re: TAP service.
- Mr Cary to speak with Councillor James regarding the Surgery sign.

10. Date of next Meeting: Will be late January 2016 – date to be agreed.