Meeting: Patient Participation Group Meeting

Date: 27.01.2016

Agenda:

1. Apologies
2. Minutes of Last Meeting.
3. Cape Cornwall Surgery news.
4. Falls patients – how the surgery deals with these.
5. RCHT – discharge problems
6. KERNOW CCG – Co-opted lay member for Fiscal management
7. Care Quality Commission (CQC) seeks views on its vision for the future
8. Discussion on how PPG could be more proactive (Linda Petzing – PPG Chair Stennack Surgery).
9. Any Other Business
10. Date for next meeting

Present: Ian Cary (IC), Mr Aspey, Mrs Lugg, Chris Goninan, Joy Lee, John Rudge, Elisabeth Thomas, Neil Foss, Mr Parker (Cornwall Mobility).

Apologies: Marna Blundy, Fiona Cock.

1. Apologies

Were received from Marna Blundy and Fiona Cock.

2. Minutes if the last meeting and maters arising.

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

- Dr Ellery has asked at the locality meeting for an update with regard to the OOH service. To date nothing has been received.
- TAP (patient transport service) service. After the last PPG meeting Dr Ellery has taken this matter to the Locality Meeting and the Locality Lead has written to RCHT regarding this matter but to date has not received a response. IC will contact the TAP Manager in Truro and give her details of the Locality Lead and ask that they liaise with RCHT.
- Surgery Signage – IC informed the meeting that he has again contacted Mike Peters (Cornwall County Council) and received another apology and promise that Mr Peters will chase up the matter. PPG asked IC to contact Sue James (Local Councillor) and ask her to take the matter up.

3. **Cape Cornwall Surgery News**

IC informed the meeting that Dr Clegg will be retiring as a GP at the end of March 2016 and the Partnership have agreed to try and recruit a Salaried GP to replace her; an advert was placed this week with the Cornwall LMC.

Branch Surgeries – IC informed the meeting that the Partners were concerned at the low usage of the appointments slots being made available at the Branch surgeries and also were conscious that the facilities available at the Branch Surgeries were 'less than ideal' for a GP to use for patient consultations. Consequently the Surgery intends to run a trial where patients are provided with free transport (Douglas Woolcock Bus) to bring them into the surgery for their consultation and then they will be dropped home again. Mr Goninan commented that he felt it was important to keep the Branch surgeries running and if usage was low then we should consider contacting Parish Councils and ask them to seek the views of their constituents as to why they are not using their branch surgery.

IC informed the meeting that NHS England has contacted all surgeries and informed them that they would be introducing a new GMS Contract in 2017 that would only be open to two or more merged or Federated practices that had a combined registered patient population of at least 30,000 patients. It may well be that the new contract is more financially attractive than the existing contract It would appear that the NHS wants to have bigger GP Organisations and not so many small practices.

4. Patients who fall.

Mr Goninan asked to be informed about the systems that the surgery has in place to manage patients who are at risk of falling or have a history of 'falls'. Dr Mackenzie explained the GP's use a Frailty Scale to predict if a patient is likely to suffer a fall. If a patient is identified as at risk of falling then the GP will undertake a medication review with the aim of identifying any medications that the patient is taking that may increase the likelihood of them falling; if clinically safe such medications would then be removed from the patient drugs regime. The surgery also maintains a risk register of all patients who are at risk of hospital admissions and this is reviewed on a regular basis. Also all patients admitted to hospital as emergency admissions are identified and reviewed upon discharge. Mr Goninan commented that as a community we should be doing more and asked if patients are referred for 'balance' training. Dr Mackenzie confirmed that patients are referred to the Falls Clinic that provides balance training. Mr Aspey commented that it was essential that elderly patients who are at risk of falls have a good relationship with the care services that visit them. Carers are in a unique position to ensure that patients do not put themselves at risk of falling in the home.

5. RCHT – discharge problems

Mr Goninan commented that RCHT was again experiencing significant 'bed blocking' because there are not a sufficient number of beds in the community; cost of this is significant to RCHT - £5 million a year. PPG members were all were of the issue over the shortage of community beds and all felt frustrated that despite NHS KERNOW stating that they engage and listen to the public this appears to be more of a tick box exercise rather than an intent upon a meaning full public engagement.

Mr Goninan asked Dr Mackenzie if the bed blocking situation at RCHT has impacted upon any patients at Cape Cornwall Surgery. Dr Mackenzie commented that it does and cited an example in the last 10 days of a patient who wished to be discharged to his home to die but was unable to do so because a package of care could not be arranged. Eventually this patient was discharged to his home 1 day before he died.

6. KERNOW CCG – Co-opted lay member for Fiscal management

IC made the PPG member aware of a vacancy for a C**o**-opted lay member for Fiscal management that KERNOW CCG had just advertised. This Is a paid position and IC has already circulated the details together with the application form to all PPG members by e-mail,

7. Care Quality Commission (CQC) seeks views on its vision for the future.

IC made the PPG aware of a CQC consultation document, 'Shaping the Future', which IC had e-mailed this week to all PPG members. It was asking for patient's views on its plans for the next 5years as it develops it approach to regulation. Mr Rudge asked if the surgery had felt that the recent CQC visit had been of any benefit. IC replied that in retrospect the process, even though stressful and time consuming, was of benefit in that it made all surgeries examine their systems and make improvements if necessary.

8. Discussion on how PPG could be more proactive (Linda Petzing – PPG Chair Stennack Surgery).

Mrs Thomas welcomed Mrs Linda Petzing (Chair Stennack Surgery PPG) to the meeting. Linda had agreed to attend to provide the PPG with insight in to how the Stennack Surgery PPG functioned. Stennack PPG is 4 years old and consists of both PPG members (12) who attend regular meetings and also there is a 'virtual' PPG which are contacted by e-mail. Linda informed the meeting that initially both the GP's at the Surgery and the surgery fund raising committee were somewhat unsure about how the PPG would operate. Such concerns were soon allayed in that the PPG had not desire to take over fundraising or to try to interfere with the running of the surgery. Linda commented that initially the PPG looked to understand what the patients wanted from the surgery and also the PPG seek to understand the day to day issues that the GP's and staff had in providing a good service to their patients. The PPG gained an understanding by both talking to patients in the waiting room and also by talking with GP's and staff.

Linda gave an example of how this work identified one simple area where the PPG could help – this was to do with Patients who do not attend appointments (DNA,s). The number of DNA'S that Stennack were experiencing was significant and the PPG helped by devising three letters and by send these to selected patients who had a pattern of DNA's. As a result of this work by the PPG over a period of time Stennack Surgery has been able to significantly reduce their DNA's.

Linda also informed the meeting that she, together with a member of the clinical team, had visited the local secondary school to talk with health and social care students. The aim being to help educate the pupils with regard to the services that

the surgery offers. As a result of these visits to the school a young person's clinic was organised at the surgery once a week.

Another example of how the Stennack PPG has helped patients was by identifying, through talking with patients in the waiting room, that many elderly patients, (particularly if their hearing is not good) struggled to hear when a GP called them for their consultation. This was resolved by the surgery purchasing booking in screens that were situated in every corner of the waiting room. These screens show how late a GP is running and also show when the next patient is due. They have been really well received by all patients.

Linda also explained and provided PPG members with copies of both a Stennack PPG newsletter and also a power point presentation that the PPG had prepared which used statistics and information about the surgery – the aim being to both educate and raise awareness amongst patients with regard to the services being provided at the Stennack. All PPG members were impressed by the content and the way it was presented in the newsletter and all agreed that the presentation, which could be run on the screens in the waiting room, was excellent and should be considered by the Cape Cornwall PPG. The PPG agreed that at the next PPG meeting members could discuss and agree some actions.

Mrs Thomas thanked Mrs Petzing for her attendance and for the interesting and informative insight that she provided.

Action: IC to e-mail newsletter & Presentation to Marna and Fiona

9. AOB

Mrs Thomas Informed the meeting that the Douglas Woolcock Charity had applied for and received funding to enable them to purchase a second vehicle. This was excellent news as the Douglas Woolcock bus has been a great success. The challenge now will be to obtain enough volunteer drivers to operate a second vehicle.

10. Date of next Meeting: Date to be agreed.