Marazion Surgery

Minutes of the Marazion Surgery Patient Participation Group Meeting on Wednesday 15th May 2013, at 6.00pm

Present:	**Apologies:**
Miss Kate Baldwin	Mrs Mary Baldwin
Mrs Juliette Benstead	Mrs Jackie Brown
Mrs Gill Clephane	Ms Samantha Cox
Mrs Serena Collins	Mrs Margaret East
Mrs Sandra Easterbrook	Mrs Trudy Jones
Mr Leslie Lipert	Mrs Ann Miller
Mrs Mary Page	Mr Michael Miller
Mr Michael Page	Mrs Fran Phillips
Mrs Pauline Needham	Mrs Jane Richards
Dr Neil Walden	Mr Michael Tremberth
Mr Barry Webb	
Mrs Ailean Wheeler	

1. Apologies for Absence:

The apologies were read out. Mr Richard Thatcher had resigned from the group for personal reasons. It was agreed that JCB should Email him and thank him for his support over the previous two years, as he had been one of the founding members of the PPG, and wish him well for the future.

2. Minutes of Previous Meeting:

The Minutes of the meeting on 6th March 2013 were agreed to be a true record.

3. Matters Arising:

Dr Walden read from the Minutes, emphasising the main points of discussion raised from the patient satisfaction survey.

Appointment Demand: Although the survey had shown that ninety-five percent of patients who had tried to book an appointment with a doctor within two days were able to make an appointment, it was felt that this did not reflect the difficulty of booking an appointment for the next day. The balance of having appointments that could be prebooked with the balance of enough appointments on the day to meet demand was very delicate. Appointments that could be prebooked were released two weeks beforehand; these were therefore usually booked by the day before.

Speaking to a doctor or nurse on the telephone: It was clarified that some of these could be booked two days in advance and some were available to book on the day. They varied in length from quick enquiries to more lengthy calls. NW clarified that they were very helpful; especially for friends/relatives who lived far away from the Practice who wished to speak to the doctor (the patient's permission would be required first due to confidentiality).

NHS111: The launch of NHS 111, which was taking over from NHS Direct, had been delayed due to difficulties with the launch in other areas, which had been in the news recently. In the meantime NHS Direct continued to operate. NW mentioned that the latest political agenda nationally appeared to be drifting back towards GPs doing their own out of hours cover. Although there had been some issues with Serco in the press, their patient satisfaction rates were acceptable. Their contract was due to be renewed in a couple of years and audit of the out of hours service was already being done in preparation for this.

Extension: This project was progressing and a costing exercise was in hand, with architects services being sourced. It was important to work out approximate costs for what the Practice would like and

how much land may be required. BW was keen to consider looking at funding for this project, including fundraising by a Friends of Marazion Surgery group. NW clarified that the Practice was unlikely to receive any government funding as the premises were in good order and suitable for purpose under CQC. There were other Practices in the area that would have higher priority for any funding available. It was queried whether there was any charity that specialised in providing money/equipment to General Practices; NW was not aware of any.

Summary Care Record: NW reiterated the main points of the discussion from the previous meeting. The IT required was discussed.

4. People's Commissioning Board:

The pilot in the East of the County was hoped to spread to other areas to encourage the engagement of patients. Currently there was a User Strategy Group (USG), to which a large number of patient groups were attached and this met every two to three months. This was supposed to be group to help build strategy, but it had been commented that they were more information receiving, being told what was happening and getting opportunity to comment at a fairly late stage of development.

The USG had links to HealthWatch Cornwall, this would be a conduit of information via the Council to link resources and would be live soon. Their purpose was to gather concerns, worries or praise about health services. GPs also had a reporting tool called Stream, which allowed them to report patient stories (good and bad) without having to give patient details (patients often told their doctor something that had gone wrong, but did not wish to make a complaint). All this information would feed in, so that patterns and themes could be identified and action taken to avoid future serious incidents.

The People's Commissioning Board was a formal process for people from a variety of backgrounds and geographical areas to help develop commissioning plans.

NW outlined a project on diabetes in Saltash that was going to meet the needs of the patients in that area. They had fed information to the Board and were involved in developing the scheme and the financial implications, with positive results within that locality.

It was hoped that representatives from various PPGs in other Practices would come together in a wider group. NW was unclear on how advanced PPGs were in the area but the aim was to put patients at the heart of developments and changes.

An extract of the Minutes from November was clarified; the meeting referred to in item four was the Locality Group, which NW attended. There was a patient representative at this meeting.

It was agreed that Mr Scott Bennett would be invited to attend a future meeting of the PPG. It was possible that a representative from other PPGs in the area could be invited. This would be held on a Wednesday evening, though would likely be longer than the usual hour.

5. PPG Awareness Week:

The National Association for Patient Participation (NAPP) was running a PPG Awareness Week on 1st to 8th June and recommended having a display or notice board in the waiting room. It was felt that this was probably to encourage Practices who did not have a PPG. The patients did not wish to display any information about the group other than the Minutes and information already on the notice board in the waiting room, which would be tidied.

6. Kernow Clinical Commissioning Group:

This had commenced on 1st April 2013, focus at present was emergency admission and integration of health and social care; plus everything else that needed to be commissioned. The areas of work from different localities were starting to link together. Three weeks ago the West Cornwall Locality team had presented ideas to the KCCG Board and plans were now being made on how to deliver these; these were a focus on eldercare. The Minutes of these meetings were thought to be available to the public and NW would forward the link.

A project in Newquay was outlined; this looked at the risk of admission of frail patients and how various services, including voluntary, could work together to help patients stay in the most appropriate place for their care safely and not default to an emergency hospital bed. The financial and legal boundaries of services were trying to be unpicked to facilitate this.

The West Cornwall Locality had made ten recommendations, which NW outlined.

i) Enhanced provision of nursing in the community through NHS Kernow reviewing current nursing provision in the community, exploring options for more joined up ways of working and commissioning services that will be able to deliver the required nursing provision Specialist nurses and Practice nurses to be included as part of this nursing in the community resource. There is the potential for primary care to lead this if Practice nurses were to take a lead role.

ii) Quality and Productivity items relating to care homes; Looking at how GPs work with nursing and residential homes to support them and keep patients out of hospital appropriately.

iii) Working with the local authority to extend the integration agenda to explore and challenge national policies that define and determine care and eligibility in each type of care home.

iv) To explore under the integration agenda (with local authority) an alternative model for care homes that removes the inequities in health service provision.

v) Ensuring that equipment is provided in the patient's home in a timely fashion to remove delays in discharge from hospital.

vi) Consider contract variations so that rehabilitation 'beds' can be commissioned from care homes, with an 'in reach' rehabilitation service.

vii) Investigate how step-up/step-down facilities can be delivered in the community – in homes rather than hospitals.

viii) Review the Peninsula Community Health contract.

ix) Ensure there are sufficient community hospital beds open with sufficient clinical and ancillary services until sustainable alternatives are in place.

x) Take forward Personalised Care Planning and transport as part of the integration agenda, but to decide whether this should be developed Cornwall/IOS wide or whether Penwtih Locality could develop and trial these.

7. Any Other Business:

There were no issues regarding the Practice or the wider area that anyone wished to raise.

8. Date of next meeting:

Mr Scott Bennett would be invited to speak at the next meeting; he would be asked when he was available on a Wednesday evening at 6pm. This would be notified to the group by Email.

Minutes were approved by Dr N Walden, Chairman, on 23rd May 2013