Marazion Surgery

Minutes of the Marazion Surgery Patient Participation Group Meeting on Wednesday 26th September 2012, at 6.15pm

Present:	**Apologies:**
Miss Kate Baldwin	Mrs Jackie Brown
Mrs Mary Baldwin	Mrs Gill Clephane
Mrs Juliette Benstead	Mrs Samantha Cox
Mrs Sue Canon	Mr Leslie Lipert
Mr Richard Thatcher	Mrs Ann Miller
Dr Neil Walden	Mr Michael Miller
Mr Barry Webb	Mrs Mary Page
Mrs Ailean Wheeler	Mr Michael Page
	Mrs Fran Phillips
	Mr Michael Tremberth

1. Minutes of Previous Meeting:

   The Minutes of the meeting on 26th June 2012 were agreed to be a true record.

2. Matters Arising:

   2.1 *Booking appointments using the Internet:* This project was ongoing.

   2.2 *Car park:* The Practice Manager had attended a meeting with the Community Centre Committee and it had been agreed that staff would park at the back of the community centre, to allow easier access to the community centre and surgery for patients and visitors. The community centre car park was often used as a drop off point for children at Marazion Primary School.

   2.3 *Visual aid for calling patients:* The new system was in use, but doctors and nurses were to be reminded to use both the visual aid and the tannoy system.

   2.4 *Terms of Reference:* It was agreed by all present that a quorum of five (Chairman, one Practice representative and a minimum of three patients) would be required to conduct the business of the group. It was further agreed that contentious issues or proposals could be circulated to all members of the group by email so that all would have opportunity to voice their opinion.

   2.5 New GP Partner – Dr Murphy: It was suggested that Dr Murphy might like to attend a future meeting of the group.

3. Advertising Marazion Surgery:

This had been discussed at the previous meeting, but put on the Agenda as a separate item.

The Practice had prepared a short statement for inclusion in the 'Down your way' sections of the Cornishman and which could be forwarded to schools in the area for inclusion in their parent newsletters. This was read out and agreed (copy attached).

It was agreed that this could be included in the newsletter or notice boards of many local organisations with a view to reaching as many people as possible. This may include sports clubs, Women's Institutes and churches. The Practice would send these out and welcomed the names and addresses of relevant contacts. Please contact JCB by Email.

4. Patient Participation in the Wider Healthcare Community:

NW had recently been involved in the KCCG authorisation process when it had been noted that Cornwall appeared to be quite progressive in the involvement of Patient Participation Groups in commissioning groups. There was a lay member on the KCCG Governing Body. It was hoped in the future to have a lay member on the West Cornwall Locality Group; there was currently a pilot in East Cornwall. The Locality Groups help to inform decisions in the wider KCCG so there needed to be an understanding of and need for accountability that the lay member could provide. A lay member would have to represent the broad view of all patients rather than having a narrow or personal agenda. Minutes of KCCG meetings were public documents on their website.

The review of community services was ongoing; NW had attended a very helpful meeting with staff 'on the ground' where there had been a lot of frank and honest discussions.

5. Priorities for the Future

Another local PPG had found it interesting to hear about 'a day in the life of a GP'. Patients are often unaware of how a GP's day is structured and what happens behind the scenes. The group gratefully accepted NW's offer of himself or one of his colleagues doing this.

A gentleman who had expressed an interest in the group had Emailed the Practice some questions and these had been copied to the Group. The questions were discussed and it was agreed that these would be attached to the Minutes.

NW invited the group to identify anything they felt should be a priority for the future.

On enquiry it was confirmed that the number of appointments missed each month, as displayed in the waiting room did not include patients who cancelled their appointments. Audit previously undertaken had shown that the majority of these were nurse appointments which can be booked up to six weeks in advance (doctor appointments could be booked two weeks in advance) and had been missed due to genuine reasons or genuine forgetfulness. The Practice provided a mobile telephone text reminder service now, and the numbers of missed appointments had fallen. It was thought that reminders went out the day before, however a patient commented

that an appointment on a Monday prompted a text reminder the same day. JCB would look into this.

NW mentioned that he may be interested in contacting patients to ask their opinion of the referral process. Patients who were referred to the hospital had their appointments made by a Referral Management Service, who were supposed to offer choice of hospital. Feedback from the service would indicate if the speciality were offering enough appointments locally at West Cornwall Hospital. Some departments engaged in this more than others. West Cornwall Hospital now had a Manager who was looking to expand their services.

The communication between dispensary and doctors was questioned and NW explained the process by which medications were updated following consultations at the Practice and following correspondence being received from hospitals. Processes looked at patient safety, in not putting new medications or new doses as repeat prescriptions straight away, how queries were passed to doctors on a daily basis and what types of queries they were. NW also explained that the medication bags were different colours each month so that medications not collected could be easily identified on the shelf. Dosett boxes, with medication in weekly blister packs, were provided by the surgery. The dispensary also provided reviews with patients looking at such issues as whether the patient could open the packs, if they knew why they were taking the medication and identifying any possible problems with compliance.

In terms of facilities and services offered at the Practice, everyone was keen to have more offered locally. Unfortunately the rooms at the Practice were in constant use and unless the surgery were to expand it would be difficult to squeeze in any more. However, extending the surgery had been considered by the Practice. NW commented that Dr Killeen offered a coil clinic for our patients now and that DS had expressed an interest in dermatology.

The Practice was in the process of Care Quality Commission registration, this would also look at the facilities and premises of the Practice, alongside many other areas of service provision.

The review of services in the community was of interest to the group and NW would be happy to feed back on this. He pointed out that Practice Nurses also visited patients in the community.

It was asked if the Practice might consider becoming a GP Training Practice. There had been occasional junior doctors and medical students offered the opportunity to work alongside Practice doctors and staff. However, becoming a training practice required room availability, and also the time and commitment of one named GP to take on this role.

Anyone who had any further thoughts or questions were welcome to put them on the Agenda of the next meeting.

7. <u>Date of Next Meeting</u>:

The next meeting would be held on Wednesday 21st November at 6.00pm. Meetings would be held on different days of the week, to encourage as many patients as possible to attend.

Minutes approved by Dr N Walden, Chairman on 01.10.12

1. How many patients are on Marazion's books.

Approximately 7000

2. What is the turnover of patients, i.e. how many or what percentage leave per year, and how many new ones arrive? Is the practice expanding, or trying to, or is it close to having a closed list.

Broadly speaking, the numbers of patients has been static for the last ten years. This can be gone into more detail should the need arise. It is not our intention to have a closed list.

3. How many full time equivalent doctors work at the practice.

This depends on your definition of 'full time equivalent'; the accepted norm is that a full time GP works eight clinical sessions per week. Using this as a guide, we have 40 sessions per week, making this five full time equivalent doctors.

4. How many fte admin staff are there, and what do they do.

Admin Staff are listed on the website.

5. Do the doctors specialise, e.g. in pain management, paedeatrics, oncology, mental health. Do you have a dedicated doctor for either home visits (rather than all doctors doing a few home visits each week), or to tackle 'frequent attenders'?

Most doctors are generalist General Practitioners, with some specialisation in terms of joint injections, coils and minor operations. Clinical meetings mean that strengths between partners are shared for the benefit of all patients.

The duty doctor system used by the Practice is well-established and responsive to the needs of our elderly and isolated population. We would be happy to elaborate on this as and when the need arises.

6. How many appointments per year does the surgery handle.

The Practice has a way of auditing appointment demand based on experience over a number of years.

7. What percentage of the budget is for each of salaries, facilities, training, etc.

At this stage we are not prepared to discuss budgetary management.

8. Does the practice recruit staff with management training, or rely on moving experienced medical staff into management roles?

Recruitment is dealt with by the Practice Manager and GP Partners.