



Bodriggy Patient Participation Group

Patient Participation Group Meeting

Tuesday 17th January 2017 at 2.30pm

Present: David Raymer(DR) chairperson, David Jones (DJ), Christine Lorente (CL), Margaret Woolcock (MW), Donna Anton (DA), Harry Blakeley (HB), Brenda Blakeley (BB), Dr James Evans (JE) and Trish Thomas (TT) admin.

Apologies: Ryszard Zolkiewicz Dianne Gibney

Visitors: no visitors

Welcome by DR and the minutes approved as a true record. Signed by DR

Matters arising from previous minutes:

Ref: Ward closures...CL commented, some co-operation between St Michael's and West Cornwall, Penzance, under same management. DR commented on Edward Hain Hospital, Friends of Edward Hain putting in lots of money, so were the Trust.

Ref: DR... TV screen in the waiting room, only visible to patients facing that way! **Comment from Practice – The current TV is quite old and the colour doesn't work very well so the practice has asked the Friends of Bodriggy group if they would like to fund the supply of a replacement TV and a second TV. They are seeking quotes currently. There are some funds but more fund raising may be needed through the Easter raffle.**

1. Dr Evans: (a) Garden project update, successful but getting people to and fro means that transport is an issue and can be solved by forward planning. (b) Arts and Crafts group at Passmore Edwards on Wednesdays with Dr Mulholland (c) JE says Health Promotion had started a walking group along King George V pathway on Tuesday mornings, meet by the Swimming Pool, weekly. Hayle Meanderers walk on Wednesdays and might be thought of as the next challenge for the improved walkers. Ray Wyse 752219

2. Dr Evans: Threat to patient continuity. Postponed due to time available.

3. Dr Evans: The Practice was going to employ a pharmacist as part of the team; not sure of whether f/t or p/t or what role they will play (ed). All will be revealed. **Update from practice – Live Well have appointed a Practice Based Pharmacist to join Bodriggy Surgery on Monday 27 February. Her name is Cristin Williams and she will work at the surgery part-time Monday – Friday 9.30am – 2.30pm.**

This is a 3 year pilot scheme and part-funded by NHS England and part-funded by Bodriggy Health Centre. Attached is a copy of the job description.

4 Dr Evans: Telephone Triage: With increasing demands on GPs, less funding and inability to recruit, the Practice was looking at ways of supporting patients in a variety of ways to ensure an excellent service, particularly quick response and most suitable treatment. One idea was a telephone triage early in the day which would direct patients to a suitable course of action. There would still be face-to-face consultations, home visits, telephone consultations, access to nurses etc. CL was concerned that less articulate patients would miss out. Older patients do not have or are familiar with modern technology. MW suggested a 'traffic light' notation to categorise the patient malaise.

JE asked what is the alternative? The practice does not have long waiting times for appointments found in other parts of England. Possible use of skype and email. Some practices cannot fill their vacancies and there are fewer doctors training to become GPs. Some closures are inevitable. Dr Evans left to attend to his clinic and the group continued to discuss the disclosure. MW urged galvanising public action to draw attention to an impending crisis. There was a need to find out why people want to come to the surgery for consultations. **Practice Response – Patients attend the surgery for all sorts of reasons. The practice list size has increased, mainly due to the many new homes being built in the area, which has increased demand for appointments, but also patients expectations have increased over the years. Hayle is a deprived area and so the practice deals with a lot of patients who have social problems, problems with drugs or alcohol. Unemployment and low income can result in mental health/social problems. We also have a large elderly population. Consultations by email or Skype might be possible in the future but the practice is not considering this option currently (the NHS N3, equivalent to Broadband, is currently not fast enough for Skype). The practice would want to offer various means of access so that patients, who are not articulate with technology, are not disadvantaged.**

5. Summary Care Records (SCR): TT issued a leaflet raising awareness of an online summary care record which could only be accessed by healthcare staff in different locations for patients undergoing treatment. Patients are in unless they opt out. Some group members were concerned about the security of the information. HB was worried about misrecording. TT would voice our concerns at the staff training meeting later in the week. **Practice response - TT has confirmed that the record will only be available to authorised healthcare staff whenever and wherever you need treatment in England and they will ask permission before they look at it. For more information about how the SCR is accessed please click on the following link <https://digital.nhs.uk/summary-care-records/viewing-SCR>**

The SCR contains key information about the medicines you are taking, allergies you suffer from and bad reactions to medicines that you have had in the past. In the future additional information will be available such as significant medical history, reason for medication, management of long term conditions and end of life information. For more information for patients about the SCR please click on the following link <https://digital.nhs.uk/summary-care-records/patients>

The SCR is accessed through the NHS national Spine. Personnel accessing information on the SCR will need to do so through their NHS Smartcards and by entering their unique passcode and they will only be able to access the information if authorised to do so. For more information please click on the following link <https://digital.nhs.uk/article/364/Information-security-and-standards>

6. AOB: (a) DR reported that when sitting in the waiting room without the door in place, it was possible to hear what was going on at reception. This breach of confidentiality could only be restored by refitting the doors. (b) MW asked if hard copies of the Newsletter were available. At Reception (c) HB requested that a hearing loop be installed in the waiting room. **Practice response – a) the automatic swing doors were removed due to the practice receiving a lot of complaints from**

patients. Most practices have an open plan reception/waiting area (eg. Praze Surgery, Connor Downs Surgery, Stennack Surgery, Marazion Surgery, Homecroft Surgery to name a few). There is a sign on the front desk encouraging patients to request to speak to a member of staff in private if they wish to speak in confidence and this system is used by patients. A new automatic sliding door (like the front door) would be an option due to the current funding situation in the NHS and in Kernow NHS in particular, there is no funding to meet the cost (£4000 - £5000). This may be something that the Friends of Bodriggy would like to raise funds for but it may take some time to reach this target. b) hard copies of the newsletters are made available at the reception desk. c) There is a hearing loop at the front desk but not in the waiting room. Again there is no funding for this, however, this may be something that the Friends of Bodriggy might want to fund.

7. The meeting closed at 3.50pm and the date of next meeting Thursday 09 March at 6pm