



## **Bodriggy Patient Participation Group**

### **Patient Participation Group Meeting**

**Thursday 9<sup>th</sup> March 2017 at 6pm**

**Present: David Raymer (DR) chairperson , Christine Lorente (CL), Lee Saunders (LS) , Dr Seamus Mulholland (SM) , Harry Blakeley (HB)**

**Apologies : Ryszard Zolkiewicz, David Jones ,Margaret Woolcock, Donna Anton.**

**Visitors No Visitors**

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

**Matters Arising from the minutes and discussion. *Practice response or further clarification is in red.***

**The current situation in respect of Edward Hain Hospital . Since the last meeting the Friends of Edward Hain have offered to inject £600,000 into the Hospital to bring it up to fire regs but as of yesterday they have not received a reply from the appropriate bodies.**

**A second TV screen is to be added to the waiting room pending further funding being raised. *The funding is from the Friends of Bodriggy Group. They raise money through the sale of books and raffles.***

**SM updated information re the Arts Group within the surgery and the individual, Lisa, who is running workshops in Prospect Place Hayle. This is helping patients with isolation problems and many other social and medical needs. DR advised SM that the Asda Community Champion Jenna holds an art group every Tuesday at Hayle Day Centre mainly for the clients but others would be**

welcome to join . Jenna is a fine arts graduate. SM has since confirmed that he has passed on to Lisa the PPG advice regarding the Day Centre.

We were informed that the new Clinical Pharmacist, Cristin Williams, would be working in the practice checking on patients' medication and local at various issues that arise within the practice. Available for consultation. Cristin is currently helping with any patient medication queries, medication reviews, changes to medication following hospital in-patient and out-patient appointments. Cristin can liaise with patients by telephone or she can see patients face to face. Cristin's role will develop further over time.

SM then went through the Triage situation and its value and pit falls , CL mentioned the loss of Non Verbal communication over the phone SM agreed there would be a certain loss but against that with the increase of work load and the number of patients the idea is being explored. Other surgeries have been visited who carry out this procedure and the for and against will be judged before any implementation of such a system is considered. The practice has noticed a higher demand for appointments and an increase in workload. Currently when the pre-bookable appointments are filled, patients telephone on the day for a "same day" appointment. The earlier they call the practice, the greater choice of appointment time they have. Patients get appointments with very few questions asked until all the appointments are gone. Once the appointments are gone, only those patients with an urgent problem are given a time to come in. Anyone else is encouraged to wait until the next pre-bookable appointment or to call the next day. The telephone lines are often very busy from 8.30am – 9.30am and some patients have difficulty getting through. The practice is concerned that some patients are disadvantaged by the current appointment system. However, the practice appreciates the concerns raised by the PPG members about loss of access and some patients being disadvantaged. The practice would like to invite comments and suggestions from the PPG members about alternative means of communicating with the surgery/doctors. This will help with the practice planning process on how to cope with the increase in workload. The practice is going to upgrade the telephone system to include an extra 4 telephone lines and call management software. The call management software will enable staff to see how many people are in the telephone call queue, how many calls are handled etc - this software will help the practice to manage the call demand appropriately (e.g. having more staff answering the calls during busy times to reduce the time patients are waiting in the call queue).

The practice is keen to maintain the Drs personal patient list , this gives greater feeling to patients of wellbeing and confidence. The practice is very keen to maintain personal lists for continuity of care. Not many practices operate a personal patient list system.

HB mentioned the possibility of text message to the surgery, this was discussed but as someone would need to monitor this on a regular basis it might not be so effective as text message might not been seen for several hours in the worst case scenario .

CL mentioned that she had attended the surgery to fill out the (SCR) Summary Care Leaflet but it was noticed that these forms were not on display. Could the surgery display them for the benefit of the patients. CL made reception aware of this and this has now been rectified. Further information and opt out forms are available on our website.

SM explained the system further with how the recording of information (microtest) with basic information of patients "Guru" this is currently accessible by Hospitals and Drs. **Access is only with the patient consent at the time of treatment. Access is audited by the practice.**

A discussion took place in respect of the privacy issue with their being no doors to the waiting room . HB indicated that there are simple shield that can be erected at the reception desk which would limit sound travelling further afield and into the area of the waiting room. He would look to source them and bring the information back to the Surgery.

**AOB**

HB Informed the group present that the Friends of St Michaels were having a few problems finding volunteers and people to act as Trustees. The future of the Friends is not in a good position. This would be a big loss to the Community as a whole if it was to fold.

The question was asked what does the Government mean by GP forward View , SM said that Dr Jim Evans was more of the lead within the practice but the practice was committed to sustainability and the recruitment of GP's and nurses was an on-going issue for all of Cornwall 's General Practices . This was related to work load which was on the increase. **BMA GP Forward View Summary attached.**

Bodriggy had been fortunate to recruit a new GP Dr Tamara Curnow after Dr Jane Slater's retirement.

DR indicated that he attended a recent Penwith Integrated Care Forum for Penwith at Marazion which meets quarterly and is chaired by Dr Neil Walden of Marazion surgery and is open to all forms of Care and Health professionals as well as care providers. DR attends as a chairman of PPG and Hayle Day Centre. It is a very valuable forum where issues are raised on a local and national level. The idea of the Forum is partly to instil best practice across the wider service and to bring forward concerns that individuals have .

The latest development which will have an impact on local surgeries is the Penwith Local Scoping Project which DR is involved in along with Jeremy Preedy and two others. All surgeries in Penwith have been sent information in respect of the scoping project and it is hoped that the result when analysed will enable the information to be considered in the Penwith Locality Plan and provide a fuller service across Penwith for the benefit of patients.

The group felt that having the further information in red from the practice with the minutes of the meeting does help to clarify facts that are raised and it is much appreciated.

Would it be possible to have at future meetings the information in respect of the Family and Friends results. **Yes**

Meeting ended 7.30pm

Next meeting: **Practice suggests Tuesday 06 June 2017 at 2pm**

Minutes taken by DR .

