



Bodriggy Patient Participation Group

Patient Participation Group Meeting

Tuesday 14 April 2015 at 3,30pm

Present: Stephanie Jones (SJ), David Raymer (DR), Margaret Tanner (MT), David Cupples (DC), Christine Lorente (CL), Lynette Westlake (LW).

Dr Seamus Muholland (SM) attended for part of the meeting.

Anne Jones (AJ) attended for the Breathers Group agenda item.

Apologies: Lionel Dunn (LD)

Visitors: None

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

Matters arising from previous minutes.

St Michaels Hospital.

CL – amendment to matters arising from 10.02.15 (re minutes of 18.12.14) – Healthwatch never disputed the leaflet.

Referral system & option of appointment at St Michaels Hospital.

Strong feelings from the PPG members that St Michaels Hospital is not being offered as a venue for out-patient appointments when contacted by the Referral Management Service following GP referral. SCJ – following previous PPG meeting, a slide has been added to the Powerpoint presentation in the waiting room. It explains the referral process and encourages patients to ask to be seen at their preferred location when contacted by The Referral Management Service.

SM - Unfortunately the GP is unable to specify a location for appointments when referring patients. Each doctor has a list of the services available at St Michaels and, when time allows, patients are informed of this during their consultation. When patients are contacted by the Referral Management Service, they are likely to be offered the first available appointment but they can choose to wait a little longer and request to be seen more locally if they wish (as long as the service is available at the location of their choice). SM is on the board of the KCCG (Kernow Clinical Commissioning Group) for the Penwith locality and will bring up these concerns at the next meeting.

DR as Chairman would like to write to KCCG & RMS on behalf of the PPG. SCJ to provide contact details. **Since the meeting SM contacted the Referral Management Service – see appendix A.**

Increase in housing

Can the surgery cope with the increase in number of patients? SCJ – trying to get back two consulting rooms that are contracted to NHS England Property Services but are not used very much. Solicitors are involved because the lease needs changing but this is taking some time. The car park is very busy at peak times, SCJ plans to discuss the possibility of staggering clinics at the next business meeting. DR – can the practice buy space behind the Community Centre from the town council to extend the carpark? SCJ - the ground behind the Community Centre is considerably higher than the practice carpark. Also SCJ is not sure how it can be accessed via the existing surgery grounds but may be worth looking into if the council are willing to sell it. SCJ will discuss with Dr Evans.

Dose of Nature

DR. The group found Dr Penfold's talk about the Dose of Nature garden project interesting. DR has been successful in his bid for a grant to fund a new minibus for Hayle Day Centre. When the new minibus is available (date not yet known), DR can offer the existing minibus as an option for transport. It has a tail lift so suitable for wheelchair users. SCJ will inform Dr Penfold (he is currently on annual leave).

The PPG group would like an update from Dr Penfold for the next meeting. SCJ will ask Dr Penfold if he can attend the next meeting or provide some feedback.

Community Nursing Team

SCJ - The practice met Ally Hardman (locality manager for Peninsula Community Health who provide the community nursing services) & Sandra Kavanagh (Hayle Community Nurse Team Leader). The main concern was they were unable to see patients who are housebound and who suffer from a chronic disease such as diabetes. The practice is concerned that these patients are not receiving an equal service to patients who are able to get into the surgery. Ally Hardman explained that they are very short staffed (trying to recruit a phlebotomist currently) and are unable to visit patients just to carry out routine chronic disease checks. However, if patients are already on their caseload (e.g. for dressings or insulin administration), they will continue to carry out the chronic disease reviews at the same time. It is not clear if this will be a permanent arrangement but it seems unlikely to change. The doctors were given the list of their patients who required checks to take appropriate action. Fortunately quite a few of the patients on the list were in fact, with the help of a relative or carer, able to attend the practice. For patients who are unable to get into the surgery, there is clearly a need for service provision for this group of patients who are vulnerable and at risk of hospital admission. This was raised at the KCCG Penwith Locality meeting towards the end of 2014. Other practices were experiencing the same problem. As a result an application for a grant to fund 11 qualified health care assistants for Penwith to fill this gap has been submitted - a decision is awaited.

Agenda Items:

Complaints, Compliments and Suggestions

Details of the complaints, compliments, suggestions for 2014/2015 as well as results (including comments) from the Friends and Family Test were provided to the group to take home to read. Discuss at next meeting.

Breathers Group: AJ (Practice Nurse) discussed the Breathers Group that she is setting up for patients at Bodriggy Health Centre. The Breathers Group was originally set up as Liskeard and South

East Cornwall Breather's Group was founded on 26th May 2006 by Joe Barr, Mick Elliott, Vicky Scott, Peter Krogman, Jenny Jenkins, Leonard Vowler, Pip Jenkin and Alan Williams. They had been together on an NHS pulmonary rehabilitation course and were anxious to keep the benefits once the course was finished, so they decided to set up a group where people with COPD and other long-term conditions could get together and share experiences and take some gentle exercise. Visits from experts will also be arranged (e.g. teaching session on inhaler technique etc). The group would be entirely independent of the NHS and would take the motto: Started by Patients, Run by Patients, For Patients. The group received the backing of the NHS, started to gain members and began to look for funds for various projects. One of the most important of these is the schools project, where members of the group visit local schools to give talks on COPD and the importance of not smoking. One of the schools estimated that the proportion of young people smoking in the school had fallen from 25% to 15% after the talk. Another major project was to buy a quantity of nebulisers which were supplied to local surgeries for use by COPD patients at the surgery.

They received the Queens Award in 2013 for Voluntary Service for Providing advice, support and social activities for people who suffer from long term health conditions.

The practice identified some patients who may benefit from joining the Breathers Group and AJ arranged a meeting and invited those patients along. Joe and Mick attending the meeting and Dr Gibson also attended. The meeting was very successful and patients were really enthusiastic. Some patients volunteered to help set up the group in Hayle with AJ facilitating. There are 16 patients who have expressed a keen interest to join the group but it could be more. The first meeting will be on Thursday 7th May 2015 at Passmore Edwards Institute in Hayle from 1.30pm – 3.30pm. It is hoped that the group will have weekly 2 hour sessions. The cost for attendees is £3.00 per week which will go towards the cost of the room hire and tea/coffee. The partners at Bodriggy Health Centre are very supportive and have agreed to fund the set up costs (exercise equipment and personal trainer). A personal trainer costs £35 per session + mileage from Falmouth. DR – there may be volunteer personal trainers – suggests to contact Health Promotion in Pool – AJ will look into this and other funding possibilities.

Leaflets were handed out during the meeting. Information also available on the website

<http://breathers.org.uk>

Any Other Business:

St Michaels Hospital.

CL – concerned that St Michaels hospital is badly underused. Treliske has again been under black alert, the second time in a very short space of time, and concerns were raised by members about the future of Royal Cornwall Hospital Trust being able to cope as the population increases.

CL – asked SM if GPs have an influence over secondary care since the PCTs have ceased and the introduction of Clinical Commissioning Groups (CCGs)? SM – each practice has a lead GP who attends CCG locality meetings every few months. GPs are more informed but with the ageing population, increase in population, increase in demand and in times of austerity, there is a limit to what change can be influenced. Costs are a major factor.

CL - it may come down to people pressure to get services at St Michaels.

MT – when she worked as a nurse at St Michaels Hospital some years ago, patients were discharged with a care plan in place but this does not seem happening in all cases.

Discussing about problems with bed blocking and delays in discharging patients because of difficulties with arranging care at home and decisions over who is going to fund the care package (e.g Cornwall Council Adult Social Care or the NHS). There are not enough carers. Recent closures of Carer service providers cannot have helped.

CL - pay for carers should be better and they should be paid for time spent travelling to and from patients homes. This may make encourage more people to work as carers.

SM - RCHT are trying different projects currently.

CL – There is nowhere for patients to recuperate. Her friend had to remain in hospital because there were no carers to look after her.

Closure of Poltair, and the rumours regarding closure of St Michaels Hospital, is a big concern. The cost of a hospital bed is more expensive than carers in the home. The link between the hospital and Adult Social Care is sometimes non-existent.

Discharges from hospital

Discussion about GPs being notified when patients are being discharged from hospital. SM - sometimes GPs are not informed when a patient is discharged from hospital, or there are delays in the information being sent. Although this could be better, there has been a significant improvement in communication and discharge information is often received electronically within 2 working days of date of discharge for a lot of specialities.

Patient Participation Group – Report for 2014/15

DR – End of year Patient Participation Group Report has been completed. This gives a summary of what the group has achieved during 2014/2015. SCJ – the report is available on the PPG page on the surgery website.

Social Media

DR - Would the practice consider a Facebook page? SCJ will find out from the doctors and will report back at the next meeting.

Waiting Room TV Presentation

DR – noticed the TV presentation still shows Easter Bank Holiday arrangements. DR asked how often the practice updates it. SCJ - usually monthly but sometimes a little longer (**updated 22/4/15**).

Charity Event – Rainbow Run

SCJ – On Sunday 27th June 2015 some members of staff are going to do the Rainbow Run in St Mawgan in aid of Cornwall Childrens Hospices. A group sponsorship form will be available at reception if anyone would like to sponsor them.

Community Events/Information

Hayle Neighbourhood Plan

DR – Hayle Neighbourhood Plan. DR – copies of the plan are available from Hayle Community Centre. There is an opportunity for residents of Hayle to provide feedback at np.hayle.net and DR encourages this.

DR - ING sold the harbour to Corinthian. A representative from Corinthian may be attending the next council meeting on 16/4/15.

DR - South Quay is not part of ING but owned by an investment company and Asda rent the land from the investment company.

Hayle Community Celebration Day. MT is on 5th July 2015. MT will ask someone to produce a powerpoint slide to be added to the presentation on the waiting room TV.

Hayle Day Centre. CL – does Hayle Day Centre accommodate patients with dementia? DR yes but it is not a secure unit and never has been, so not really suitable for people who need a secure environment.

Hayle Day Centre. DR – Hayle Day Centre is receiving donations free of charge of chilled food that is close to use by date and cannot be sold on to Supermarkets. Donations are being distributed between Hayle Day Centre and Pengarth Day Centre in Penzance. Careful of quality as sometimes not as good as usual supplier but Lesley is keeping a close eye on the situation as does not want standards to drop as clients were very happy with the quality of meals before. The Day Centre have linked with the Food Standards Agency and Environmental Health to obtain the nutritional value of the meals they provide.

Promoting Volunteers. DR – Revd Samuel Marsden is holding a meeting in the Hayle Town Council Offices on Tuesday 21 April to discuss promoting volunteers in Hayle.

Friends of Bodriggy Group – have raised just under £200 through Christmas & Easter raffle and sale of books. The group would like to purchase a cool water dispenser as frequently suggested by patients. DR – may be more cost effective in the long run to have on that is attached to the mains water. *Cost of this was £400 - £500 so too expensive but may consider in the future (funds allowing). In the meantime cold water dispenser now purchased and is available for patients to use.*

Date for next meeting: - Tuesday 30 June at 7.30pm

Appendix A

Hi Rachel

Thanks - that looks reassuring - but as per discussion at last CCG meeting it isn't the perception that patients are offered appointments close to home first.

It also doesn't address the availability of clinics at WCH & SMH, and the willingness of RCHT consultants to travel further than the Duchy.

I've copied in my practice manager, Steph, so that she can pass this onto the PPG, including the invitation to visit RMS.

A statement from the provider would be useful too.

Many thanks

Seamus

>>> "Murray Rachel (NHS KERNOW CCG)" <rachelmurray1@nhs.net> 15/04/2015 07:04 >>>
Hi Seamus

I wondered if this went some way towards addressing the concerns raised by your PPG, about choice and SMH? There is a suggestion that a small group of people could go to RMS and see how it works - perhaps this could be extended to a couple of PPG members?

On the point about the future of SMH, would you like a statement from the provider?

R

-----Original Message-----

From: OMahony Fran (NHS KERNOW CCG)

Sent: 27 March 2015 15:58

To: May Andy (NHS KERNOW CCG); White Robert (NHS KERNOW CCG); Scott Fiona (NHS KERNOW CCG)

Cc: Murray Rachel (NHS KERNOW CCG); Ward Alison (NHS KERNOW CCG)

Subject: RE: RMS and St Michaels

Hi Fiona

We've discussed this at the RMS board meeting today.

We currently record at the RMS where a patient elects to be seen. Our standard script is attached and explains how choice is offered. Choice is offered to patients based on location and the first available appointments. If a clinic is held at a particular location and there are no slots showing, we can 'defer to provider' which essentially means that the patient will be put on a waiting list by the provider and

booked by them at a later date.

Choice does not cover sites where services are not available simply to identify patient preference as this would confuse the patient and raise their expectations. For example, we wouldn't ask a patient who was referred to gynaecology whether they would have preferred to attend SMH but they can't be seen there as there is no service.

As Rob has mentioned, we have been challenged on how choice is offered before and have previously invited small groups to visit the RMS to evidence how we do this. The board's recommendation today was that 2-3 of the locality group be invited to visit the RMS to witness the process followed by the choice advisors. It would be useful for those with the greatest concerns to do this. Please let me know if you would like to pursue this, the names of those who would like to attend and then we will arrange a visit.

Alison - please can you coordinate this.

Thanks

Fran

-----Original Message-----

From: May Andy (NHS KERNOW CCG)

Sent: 26 March 2015 21:46

To: White Robert (NHS KERNOW CCG); Scott Fiona (NHS KERNOW CCG); OMahony Fran (NHS KERNOW CCG)

Cc: Murray Rachel (NHS KERNOW CCG)

Subject: RE: RMS and St Michaels

Thanks Rob - will take this to RMS Board tomorrow , Andy

-----Original Message-----

From: White Robert (NHS KERNOW CCG)

Sent: 26 March 2015 18:14

To: White Robert (NHS KERNOW CCG); Scott Fiona (NHS KERNOW CCG); May Andy (NHS KERNOW CCG); OMahony Fran (NHS KERNOW CCG)

Cc: Murray Rachel (NHS KERNOW CCG)

Subject: RE: RMS and St Michaels

From: White Robert (NHS KERNOW CCG)

Sent: 26 March 2015 18:05

To: Scott Fiona (NHS KERNOW CCG); May Andy (NHS KERNOW CCG); OMahony Fran (NHS KERNOW CCG)

Cc: Neil.Walden@Marazion.cornwall.nhs.uk; Murray Rachel (NHS KERNOW CCG)

Subject: RE: RMS and St Michaels

Hello Fiona

thanks for the interest ...I will work with Fran and Andy to try and get the answers....

I am not sure some of the things you are asking for are recorded other than by electronic recording as this information the information is used for legal challenge only.

I have no doubt fair choice is offered at the time patient is contacted....as this is the premiss the RMS is set up on Challenges by other providers have be raised about fair choice...however all were reassured by a visit to listen to the choice advisors doing their job This may also reassure some Penwith representatives Fran can you answer questions directly ? I will be in next Tue

Rob

From: Scott Fiona (NHS KERNOW CCG)

Sent: 26 March 2015 16:49

To: White Robert (NHS KERNOW CCG)

Cc: Neil.Walden@Marazion.cornwall.nhs.uk; Dan.Rainbow@stennack.cornwall.nhs.uk; Murray Rachel (NHS KERNOW CCG)

Subject: RMS and St Michaels

Hi Rob

As advised by Neil at the last NLG meeting, the Penwith Locality have raised a query about the RMS role regarding patient choice concerning clinics and admissions activity at St Michaels. At that meeting you confirmed the RMS do offer choice and this choice is not influenced in the interests of securing expedient appointments (ie. to meet waiting targets). Neil was keen to get more clarity on the process that is followed at RMS to offer choice and I believe you agreed to provide further information about this in writing as follow up to the discussion.

The issue was discussed again at the Penwith Locality Group meeting yesterday and the following questions were asked. Would you be able to cover a response to these questions as part of the action agreed at NLG?

Is patient preference recorded at RMC at the point of contact to arrange an appointment?

If so, what data is recorded and available to enable review of preference trends and preference choice vs actual appointment What is the nature of the preference question? Is it ultimately a choice concerning the slots that are on offer? Or is it a choice concerning preference for site in principle? Does the take up of clinic slots at St Michaels happen so quickly that in effect the option as a choice is very limited unless patients are prepared to wait a significant period of time?

If so, is there an RMS mechanism to flag demand and prompt consideration of potential need for further clinics?

Could the RMS provide a snapshot analysis of preference and appointments for Penwith postcode patients (say for 3 month period)?

Could this analysis include both clinics and admissions?

I realise there are a number of questions here. So apologies for that. But effective utilisation of the St

Michaels Hospital is an issue of concern to the Locality Group and one that has been flagged through engagement as something the local population are worried about.

I hope you can assist.

Best wishes: fi.

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