



Bodriggy Patient Participation Group

Patient Participation Group Meeting

18 December 2014 at 2.30pm

Present: Stephanie Jones (SJ), David Raymer (DR), Margaret Tanner (MT), Lee Saunders (LS), Christine Lorente (CL), Lionel Dunn (LD), Margaret Woolcock (MW). Dr Anne Maskell (AM), Dr Katherine O'Brien (KO)

Apologies: Ryszard Zolkiewicz, Mr Bob Mims, Lynette Westlake

Visitors Cally Pawley from Age UK Penwith Pioneer Project which is now known as Changing Lives

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

Matters arising from previous minutes.

St Michaels Hospital.

DR there have been many rumours about St Michael's Hospital closing and it is suspected that some of these rumours may be politically driven. The main concern is for the staff at St Michaels and the negative publicity is not helping staff morale. It is difficult to know whether there is any truth behind the rumours.

SJ: In the past the doctors and staff arranged the appointments for patients through the Choose and Book system whilst the patient was at the surgery but now referrals are sent to The Referral Management Service (RMS) and therefore it is out of our hands. The RMS usually offers the first available appointment wherever that may be. Patients may be accepting appointments at The Duchy Hospital because they offer free parking. If patients want to be seen at St Michaels, they need to request this when the RMS contact them.¹ Some services are not available at St Michaels and some patients may not be suitable for St Michaels (i.e. if they have certain medical conditions that deem them an anaesthetic risk).

CL: Use it or lose it, although Healthwatch disputed this. The orthopaedic contract is up for tender at the moment and a lot of orthopaedic surgery is done at St Michaels as well as breast surgery. Is it possible that the loss of this contract could destabilise the hospital?

LD: From own experience St Michaels is not working at full capacity as the waiting room was not busy at a recent appointment. There is a very short wait for an x-ray at St Michaels.

SJ: Although a short wait to have an x-ray at St Michaels, the reporting is done at Treliske which often causes delays. Therefore urgent x-rays (i.e. for suspected fractures etc) may not be suitable to be carried out at St Michael's.

West Cornwall Hospital is carrying out a lot of eye surgery (cataracts etc). SJ – surgery is also scheduled on Saturdays from January so the waiting time will be shorter.

Patients As Partners

DR & MT attended the workshop at Marazion Community Centre with Dr Muholland and found it very useful. DR provided SJ with the feedback to take back to the practice.

Friends & Family Test

This is up and running. There are questionnaires and a box for posting replies in the surgery reception area. Patients can also complete the survey online via the practice website www.bodriggysurgery.co.uk

Flu & Shingles Vaccinations

DR: It would be a good idea for members of the PPG to come along to the 2015 Flu Clinics to promote the group.

LD: Patients age 70, 78 & 79 are being offered the Shingles vaccination this year – what is the logic with only certain age groups? General discussion regarding the Department of Health's decision relates to supply of vaccine, cost, plan to immunise everyone age 70 to 80 over time.

Rudeness towards staff

SJ: Aggression towards staff is very rare. Staff have received training in customer services and have quite a high tolerance towards rudeness as trained to look at the bigger picture (i.e. that person may be worried, ill, in pain, have mental health problems etc). The practice has a duty of care towards staff and patients and acts of violence, abusive behaviour or continued rudeness is taken seriously and acted on appropriately.

Agenda Items:

AM & KO joined the meeting

Background - The Penwith Pioneer is based on the successful Newquay Pathfinder project and is funded by a legacy to benefit people in West Cornwall. Future funding is being looked into currently. The aim of the project is to provide joined up care for people over 50 with long-term medical conditions, such as dementia and breathing problems to provide tailored support to people to give improvements to their health and wellbeing. Working together with NHS services, social care and voluntary organisations to help improve the quality of life for people in Penwith. Some examples - falls prevention support, memory cafes, befriending and exercise groups.

CP is the coordinator for both Sunnyside Surgery in Penzance and Bodriggy Health Centre. She has a link with the practice staff. The pioneer is now known as "Changing Lives". Following a referral from the doctor or nurse, CP will contact the patient and plan to visit them at home. She spends time with the patient to try to get to know them and explore their needs, likes, dislikes etc. No two patients are the same so needs do differ so the outcome is very much dependent on the individual. What works well for one person may not be suitable for somebody else. CP is not medically trained so refers to health or social care services as appropriate. CP refers to other services within the voluntary sector, she can sign post patients to services, groups or activities. Some examples of the

work CP has been involved in includes helping organise coffee mornings, going for walks, referred to exercise groups to help take care of the physical needs and helps with social interaction.

CP suggests working with DR in his role at The Day Centre to plan an open day.

There is a video recording of the Pioneer which includes patients of Bodriggy – CP said she would send a link to include with the minutes.

AM – the pioneer has worked very well for Bodriggy Health Centre and patients who have been referred to CP find the service very worthwhile.

MT – Where are the coffee mornings held? The venues will change but recent coffee mornings have been held at The Garden Centre and Treloyan Manor in St Ives. CP – Transport seems to be the biggest barrier and the attendance has been very reliant on volunteers. CP – we are lacking in volunteers so if anyone can spare as little as ½ hour a week or even a month to volunteer, it would be most welcome.

LD – how is the Pioneer funded? CP initially funded through a legacy to Age UK but that money won't last forever. Therefore funding is being sought through various funding sources and contributions.

CR – Cornwall Council have to save £60 million and Day Centres are having their funding substantially reduced. Pengarth Day Centre has been hit quite badly. Age UK receives its funding through charitable donations, some central government funding, some social care funding & bequests. Unfortunately it is not a level playing field for all individual organisations. DR has been in talks with Councillor John Pollard regarding a fairer process.

DR: Social Care funding – people who are eligible for Social Care Funding are allocated an individual budget to take care of their needs. Some people use that money to fund their care themselves (i.e. pay for carers, meals on wheels, and time at day care centre) and others elect the Council to use the money on their behalf to fund the necessary services for the individual. People with too much money receive no help and have to use their own funds for the services they need.

DR: The Preventative Grant is being cut. The community needs to support their services. DR applied for a grant on behalf of Hayle Day Centre and was successful in securing funding for an administrator (BBC Radio Cornwall Award) and DR is applying to the Government for a new minibus for Hayle Day Centre.

AM & KO left the meeting

Dementia Enhanced Service

SJ – The surgery has signed up for the Dementia Enhanced Service. This enhanced service aims to improve dementia detection amongst registered patients and improve recording of dementia and ensure that all patients diagnosed with dementia have their primary care patient record updated and provide improved care and support for patients and their families. There is a payment of £55 per patient identified as having dementia. SJ - this sounds like a lot of money but will involve a lot of work from both admin staff and clinicians. Some patients identified as “at risk of dementia” may not necessarily have a dementia following clinical assessment.

DR – Hayle Day Centre can help people with dementia but the doors are not locked so therefore the centre is not suitable for those individuals who have a habit of wandering off. Hayle Day Centre caters for people aged 55 and over and can help carers by allowing them to have time away from the person they care for with the knowledge that they will be safe and well looked after. If you know of

anyone who could benefit from this service , please let them know that this service is available. The Day Centre is open 5 days a week Monday to Friday from 9am until 4.30pm, More men are using the service now than ever before (1/3 men). The service has been running for 31 years. 130 Christmas Dinners were served recently and entertainment was also provided which was very enjoyable for all involved. There are no plans to close the Day Centre but it is very much funding based so the community should use it and show that it is a beneficial service to our town AND St Ives which will help secure its future.

DR Hayle Day Centre – There is a Neurology Service at the Centre once a month. DR gave SJ some leaflets to display in the waiting room. This service is provided by Peninsula Community Health.

Any Other Business

LD – What happens to the surgery IT equipment when there is a power surge? SJ - We have an UPS fitted to our main server so power surges do not affect our IT. We also carry out daily server backups. The surgery tends to suffer frequent power cuts but the measures taken have ensured that the system does not lose any data.

Hayle Foodbank. MT – there has been an increase in the number of people needing to access the foodbank. They are seeing 44 people per week. The Co-Op and local people have been very generous with food donations. The Hayle Foodbank team are providing Christmas Boxes for families in need and will include a £10 Co-Op voucher (to be used for protein food not alcohol!). Asda are now donating as well. They never turn anyone away the first time they go to the Foodbank but they are told to get a voucher if they need to access the foodbank again. The voucher allows 3 weeks of food then they are reassessed.

General discussion about the Foodbank being a valued service for our town and thanks given to MT and other volunteers for giving their time to help and thanks to all who donate.

MT – The One Stop Shop in Hayle Library have been very helpful with housing advice etc.

MW – Do employers have a responsibility to know and act when one of their employees accesses the foodbank? DR/SJ – employers must pay no less than the National Minimum Wage but that is the only obligation in this context.

CL – What is the main reason why people access food banks? MT – often due to a delay in receiving benefits, cut in benefits, relationship breakdown, low income, loss of employment, homelessness.

DR – concerned about germs on the Patient Touch Screen Checking-in Monitor in reception – how often is it cleaned? SJ it is cleaned daily. There are hand sanitising stations near to the monitor and also throughout the surgery which patients are encouraged to use. MW – there are germs everywhere, not just in the surgery, so it is impossible to eradicate germs altogether.

DR – Hayle Neighbourhood Plan – would the surgery agree to allow the committee to advertise on the surgery TV presentation. SJ – agreed. DR to ask for this to be put on a couple of PowerPoint Slides and sent to SJ. SJ to let DR know what version of Power Point the surgery uses. **PowerPoint 2010**

LD – There are plans for 1400 new homes in Hayle which will mean more patients registering at the surgery - has the surgery got capacity to cope with the increase in the number of patients? SJ – NHS Property Services lease 3 rooms from the surgery and no longer want 2 of the rooms so the surgery will have 2 rooms back. This requires a change in the lease which is in the hands of solicitors at present. The partners have some capacity to increase their list size initially then, as the practice grows, consideration will need to be given to increasing the number of doctors sessions.

CL – What about parking? SJ - Parking can be difficult sometimes. On a positive note, there is parking at the surgery and it is free for patients to use, some surgeries do not have this luxury. It is

very unlikely that we can do anything about increasing the number of parking spaces available so the practice may need to look at other ways of working (i.e. stagger clinics so that not all clinics start and finish at the same time).

Date of next meeting – 10 February 2015 at 7pm (LS sends apologies in advance as won't be able to attend).