



Bodriggy Patient Participation Group

Patient Participation Group Meeting

Date: Tuesday 13 September 2016 at 6.30pm

Present: Lynne Westlake (LW), Assistant Practice Manager, Practice Representative

David Rymer (DR)(Chair), Lee Saunders (LS), Dianne Gibney (DG), Margaret Woolcock (MW), Christine Lorente (CL), Donna Anton(DA), Margaret Tanner (MT), Harry Blakely (HB), Ryszard Zolkiewiaz (RZ)

Apologies: David Couples, David Jones

Visitor: Derek McGrath, Cornwall GP Out of Hours Service

DR welcomed all to the meeting. The Minutes of the meeting held on the 27 July were agreed with the following matters arising

Matters arising from previous minutes:

DR had had a discussion with Stephanie Jones about the minuting of meetings. He had suggested recording each meeting, providing all were happy with being taped, with members taking their own notes. DG offered to take minutes (on a trial basis to see if they were acceptable!)

Dr Slaters retirement

Confirmed that Dr Tamara Curnow will take on Dr Slater's list. Any patients who wanted to transfer to another Doctor would be given the opportunity, providing the Doctor had availability on their list.

Drug Driving Law

There followed a discussion about this item. There was concern about the problems inherent with the amount of prescribed medicine. It was felt that most people taking prescribed medicine on a regular basis would feel perfectly OK most of the time but, could give a negative result if breathalysed. DR explained that police would not stop and breathalyse anyone unless they were concerned about the state of the vehicle or the erratic behaviour of the driver. He also emphasised that roadside tests did not create a full report. If the officer felt a high reading had been obtained, a full substantive test would be required, taken at the police station. Patients should, however, take care driving when taking prescribed medicines, which usually have a warning printed on the packaging.

AAA Screening. Still being undertaken at Bodriggy.

Packaging of drugs This would be an extremely difficult area to influence. Ongoing

Songs of Praise/Food Bank DR thanked MT for a very successful Songs of Praise on 7 August and for the continued operation of the Food Bank.

Ward Closure at St Michaels when fully operational again, the Ward will be used for Day Case patients only. The group felt they should express their concern that Ward closure could, eventually, be used as an excuse to close St Michaels completely. It was explained that cooperation between hospitals in the area was difficult as all local hospitals belonged to different Managing Trusts. This meant that problems at Treliske could not easily be rectified by transferring patients to another hospital in the area.

Edward Hain Hospital. Under Terms of Covenant EH had to provide medical services only. If not it would return to the Hain family. The question was asked whether or not St Michaels had a similar Covenant attached.

TV in Waiting Room LW would look into the possibility of using a larger font to aid poorly sighted patients.

On a similar topic, LW would ask if the Practice Doctors/Nurses could speak more slowly, louder and more clearly when calling patients. Sometimes it was difficult to hear the room number, etc.

After this discussion the Minutes were agreed.

DEREK McGRATH, FROM CORNWALL GP OUT OF HOURS SERVICE (GPOOHS)

Derek was welcomed to the meeting. He outlined the history of the Service which had been running for 20 years. Formerly known as KernowDoc then SERCO, it was now a private Company, Cornwall Health Ltd. it was a GP led Service with the main criteria of 'putting patients first'. GPOOHS was a founding member of the UK Best Practice Forum.

Primary care is their main business and they are funded by CCG. 60+ Surgeries in Cornwall provide staff, and all clinicians are experienced and well practised. The role of the Service is to support Clinicians to support patients. It covers the whole of Cornwall, attending 6,000 calls per month on average. It grew by 14% in the first year of operation and continues to grow year on year. When asked about how the Service would cope with increasing population in the County, Derek explained that the Service was constantly expanding to cover medical needs.

GPs involved are paid an agreed sum set by the Company, paid by duty time regardless of work undertaken. Over 70,000 patients were dealt with in the past year, with GPs serving shifts covering 6.30pm - 8.00am (Mon-Thurs) Friday 6.30am - Monday 8.00am. Shifts were arranged to suit GPs requirements, where all worked different amounts of shifts.

The Service had fully equipped vehicles based at Treatment Centres in Penzance, Helston, Truro, St Austell, Liskeard, Launceston, Stratton and Bodmin. Each vehicle costing the Service £90/hour per car. Each vehicle carries a 'mini pharmacy', so if called out, can issue all necessary medications, after checks being made from the patient records. They have a limited access to the patient records held at Surgeries. The vehicles carry controlled drugs under Licence from the Home Office. The Service tries to provide out of hours, all services that GPs and Health Centres provide in the daytime.

The procedure was for a patient to ring 111 when they would speak to a non-medical member of staff. These members all have in-house training and are provided with a full list of questions/requirements to use when liaising with the caller. This member of staff then decides if a call is urgent or routine. If urgent a clinician will return to the caller within 20 mins. If routine a return call will be made within an hour. If the responder feels concern after taking a 111, there is always a clinician - either a GP or an Advanced Paramedic - available for referral. As an example Derek said that on any evening in the week Mon-Thurs 100 calls were received, 150 on Friday and 450-500 over the weekend. He emphasised that roughly two thirds of these calls were 'itchy knees', i.e. Non urgent (or, in some cases, unnecessary). If a patient is on palliative care, the Service will always respond with a clinician call within 20 mins. The patients own Surgery is informed of any treatment within 1 hour. 999 will always be the first call for urgent needs, e.g. Strokes, heart attack, etc. If a call is considered to be very urgent, the Service staff will make the necessary 999 arrangement, with an 8 mins response time.

The Service also provides a repeat prescription Service. They have links to all GP Surgeries in Cornwall and can access a limited amount of information regarding patients' medical needs.

The Service will give helpful advice on further treatment i.e. See GP, Give prescription, Get Dental advice or referral to another Service, e.g. Mental Health problems.

Training is kept up to date whereby all clinicians have received Sepsis training, with all vehicles provided with leaflets highlighting Sepsis warning signs. All undertake a quarterly review and given extra training if deemed necessary. All complaints (luckily very few) are investigated fully. In the past month only 2 complaints were received.

The Service has no wish to 'take over' from GPs, only to provide a similar service overnight when Surgeries are closed. They try their best to keep patients in the community if at all possible, by triaging over the phone, making home visits if necessary and running a medical centre for all to access.

Derek was asked how the general public could help. He felt the main problem was unnecessary demand for the Service. Think carefully before accessing 111 - is it really so urgent that it can't wait until morning - think carefully about management of your medication so drugs can be accessed in proper time. Likewise, take care around the home e.g. Worn slippers or shoes can cause serious falls and can be avoided. Relate experiences to the Service, good or bad. What were the expectations of the patient and were they met.

The Chair thanked Derek Mc Grath for his visit and the information he had given us this evening had provided a clear insight into the workings of the GP Out of Hours Service that is provided in Cornwall. We are very lucky to have such an efficient service. The message that still needs to get across to the Community of Cornwall is think about the itchy Knee before you call for a doctor!

The future meetings of the Group needs to be considered in respect of Day and time of Day as the Doctors where finding it difficult to attend in the evenings as well as the admin staff. Afternoon meetings are better for them as they will normally be in the Surgery. The Surgery would still be available for evening meetings.

Chairman expressed his thank to Dianne Gibney for taking the minutes it is an important role in any group and if she was happy to continue then that would be much appreciated.

Meeting ended 8.30 pm approx.

Date and Time of the next meeting was discussed and 2.30pm Tuesday Jan 17th 2017 was to be considered.

Minutes taken by: Dianne Gibney