



Bodriggy Patient Participation Group

**Patient Participation Group Meeting
17 July 2014 at 7pm**

Attending: Harry Blakeley (HB), Ryszard Zolkiewicz (RZ), Margaret Tanner (MT), David Raymer (DR), Christine Lorente (CL)

Visitor: Reuben Jenkins from Carers Break (RJ)

Practice Representatives: Stephanie Jones (SJ)

Apologies: Lee Saunders (LS) and Bob Mims (BM) Dr John Whitehouse (JW)

Welcome

By Chairman DR

Matters Arising From Previous Meeting

AQP (means Any Qualified Provider). AQP services in the area at present include TICCS Physiotherapy and St Michaels Hospital Physiotherapy (for necks and backs only), Specsavers for Hearing Aids, Chiropractor service in Truro. These services are provided by private companies who have been contracted by the NHS to provide the service to NHS patients. Further clarification needed on the physiotherapy services Hayle patients can access and the self-referral criteria as well as what the NHS Physiotherapy Service referral process is (i.e. can patients self-refer to St Michaels for anything other than neck and back problems?). SJ will find out and feedback to the PPG.

Healthwatch Cornwall. The group are keen to encourage patients to use Healthwatch Cornwall to report their experiences of the health service whether good or bad. DR has put leaflets in the Hayle Day Centre and also asked Hayle Library if they would display them.

Penwith Pioneer Project (Age UK). Cally Pawley, Co-ordinator, is now working closely with Bodriggy Health Centre and is already meeting with patients who may benefit from this project.

MT – Rev Samuel Marsden and local churches have got a list of local people who have signed up as potential community volunteers. The next step is to have a meeting and decide how to take this forward. It may be possible that the volunteers can work alongside Age UK as part of the Penwith Pioneer Project.

Meeting with RCHT regarding St Michaels Hospital took place on 15/5/14 – CL & MT attended the meeting. Leslie Boswell, Chief Executive for Royal Cornwall Hospitals Trust (RCHT), did

not attend personally but sent a representative. PPG members felt that the representative was very evasive and wasn't able to give answers to the questions raised. There were no assurances that St Michaels Hospital is safe from closure. HB is involved in the Friends of St Michaels Hospital Committee and there is support for another march through Hayle. There is still money (£3000) left over from funds raised at the previous march that cannot be used for anything other than another "save St Michaels Hospital" campaign. Support for St Michaels is needed from the community and GPs. HB has heard that the GP Referral Management Service (RMS) is not offering St Michaels Hospital as a choice when organising out-patient appointments and also the amount of out-patient appointments has been reduced. SJ will feed this back to the doctors.

Michael Foster, Labour candidate for the next General Election, covering Camborne, Redruth and Hayle, has been canvassing locally and has initiated a petition with regards to the possible closure of St Michaels Hospital. The petition is being frowned on because he is requesting contact details and there are concerns that this information might be used for his political campaign. Petitions only require a signature.

Hayle Commemoration Day held on Sunday 29 June. MT – the event was enjoyed by many and the good weather made for a successful day. DR was pleased to hand over a cheque for £575 for Hayle In Bloom which was the profit made from the BBQ.

PPG meeting times – it was agreed to vary the times of the meetings between evenings and afternoons so that more members can attend and to also encourage other patients to join the group.

DR thanked SJ for the meeting reminder. Some members had difficulty opening the minutes and agendas when emailed as attachments in Word format. The practice will arrange for the attachments to be in both Word format and in PDF (it is possible to add the information in text in the body of the email as well if members experience any further problems). SJ

Evenings are difficult for the surgery doctors to attend due to other work commitments (i.e. Serco Out of Hours cover) so the evening meetings may not always have a doctor attend. However, the practice will arrange for at least one representative from the practice to attend the next meeting.

Agenda Items

1. Visitor Reuben Jenkins from Carers Break.

RJ – The original Carers Break specialised in palliative care in the home giving support to patients and to carers. Due to the changes in domiciliary care services and funding – the service closed last year. This had a radical effect on hospitals (i.e. bed blocking) and RJ wanted the service to continue. RJ and Tina Darrock, as the 2 Directors, set up a business as an independent organisation. Carers Break is now a Community Interest Company (CIC). A Community Interest Company is a limited company created for community benefit and not for profit and their vision is to provide innovative, holistic quality care which empowers people who need support. The company is registered with the Care Quality Commission.

Carers Break have a Council of Reference which includes carers, people with disabilities, community matron, GP, palliative care consultant from RCHT, support workers, MPs who all contribute when considering how best Carers Break can design their services.

RJ – interesting fact; Carers Break have saved the NHS 1089 bed nights by supporting patients to get home.

Carers Break can provide support by attending appointments of social activities with clients, personal care, palliative care (although cannot administer medication, they can support and prompt patients to take their own medication), support after discharge from hospital, help with domestic tasks including cleaning & shopping, home/garden maintenance, companionship, end of life care, support and respite to enable the main carer to have a break themselves, night sitting. They can also help with debt advice for their clients.

They work closely with other organisations such as Coastline, Macmillan, Community Nurses, Marie Curie to name a few). The staff are not nurses but are trained to a minimum of level 2 NVQ in Health and Social Care and have completed mandatory training (i.e. manual handling etc). They are also CRB checked.

This is a paid for service but some clients are able to receive funding towards their care. If this is applicable, Carers Break work closely with Cornwall Carers Service to arrange for funding assessments.

CL –feels that patients shouldn't have to pay for care when they need it the most and feels that it should be provided by the Government.

RJ – The budget for domiciliary care is shrinking but the demand is increasing as the population grows and people live longer.

DR – Adult Social Care are responsible for substantial and critical needs but they have a limited budget and therefore have to meet certain criteria. It is well known that the Council has had a substantial cut in funding and therefore are having to prioritise so the public have to be realistic.

MT – informed RJ that she thinks Carers Break is a great service and asked, if the priest agrees, if she contact RJ for some leaflets to display in the Church. RJ agreed to be contacted.

HB – What happens when a patient is discharged home late in the day/evening. RJ – the hospital out of hours teams liaise with Carers Break to arrange the appropriate care for the patient's discharge home.

Contact Details for Carers Break

TEL: 01726 890828

EMAIL: enquiries@carersbreak.org.uk

WRITE TO: Carers Break, Office 26, Victoria Commercial Centre, Station Approach, Victoria, Roche, St Austell, PL26 8LG

Website: www.carersbreak.org.uk

2. Hayle Plan.

DR – residents in Hayle should start to receive a leaflet through the door called “Hayle Neighbourhood Plan”. The leaflet explains that the Localism Act 2011 gives local communities more power to influence the future of the places they live through neighbourhood plans. The leaflet is also a questionnaire designed to find out the views of people living in Hayle.

RZ – felt that the questions asked are too global such as “Are you happy with the environment” – some people may not understand what is being asked. DR encourages everyone to get involved by completing and returning the questionnaire as this information will help develop a plan for our town (e.g. building of new homes, developments for shops/offices, green spaces to be

protected etc). This is just the first stage and is a sounding board to collect information which will then help to develop the plan, after which the plan must be approved by a referendum. If people don't understand the question, they can just write "do not understand the question".

HB – asked if the practice could cope with the extra patients new housing will bring. SJ explained that 3 of the rooms in the surgery are leased by NHS Property Services. There is a chance that the practice can have 2 of the rooms. NHS Property Services agreed to this in principle and it is now in the hands of the solicitors to renegotiate the lease. However, NHS Property Services are dragging their heels. If the practice can have the 2 rooms back, the practice could meet the increase in patient numbers but failing that, the practice would need to extend (if this is possible) or move to larger premises.

3. The future of the Group.

It was decided to concentrate on the surgery and the wider healthcare services that would affect the patients of the surgery (i.e. community nursing services, local hospitals and local health services). RZ – There should be Terms of Reference for the group.

4. Fund raising for the surgery.

The group did not want fund raising to be part of their remit. However, if there are ways to apply for equipment that the group thinks would benefit patients of Bodriggy Health Centre, they will apply to organisations (i.e. The Lions, Rotary Club etc) for funding as a group. HB – Councillors have some funding for community initiatives.

SJ – Equipment needed for the practice is paid for through the practice General Medical Services (GMS) contract budget from the NHS. Any equipment, or services, that are not part of the GMS contract, but would benefit patients, will require funding. An example of equipment funded through patient donations – we have an anticoagulant machine in the surgery to take blood through a finger prick test to give an instant INR result to patients who take the drug Warfarin. When on Warfarin, patients need regularly monitoring to ensure that they are on the correct dose of medication. Our patients like this service because they no longer need to give a venous blood sample and they also like the convenience of having their results instantly rather than having to wait a few days for a blood sample to be processed at the laboratory. Whilst this service benefits our able bodied patients who can get to the surgery, our housebound patients were unable to benefit from this service. Through donations from the partners and patient donations we were able to purchase a portable machine for the District Nurses to use in the Community.

5. The effectiveness of the group

The group did not feel that they were just a talking shop and indeed the group have helped the practice improve the patient experience through their suggestions and ideas (the development of the practice website being one example of the help offered to the surgery by the PPG). DR & MT think it would be a good idea to take up the invitation to sit in on one of the Stennack Surgery PPG meetings to see how they do things. SJ will contact Stennack Surgery to see if this is still possible and to find out when the next meeting is.

Discussion regarding the Newsletter and how it may be used to give patients news from the PPG (there are over 200 online subscribers to the newsletter plus patients pick them up from reception when they come to the surgery). CL felt that the newsletter could be used to try to encourage more members to join. SJ offered to add information that the PPG would like patients informed of to the Practice newsletter.

6. New PPG Project – Patients as Partners (Patients Association).

DR read the information prior to the meeting but we ran out of time to discuss this. Information to be circulated to members then brought back to the next meeting for discussion. Is this the same as the National Association for Patient Participation (NAPP)? SJ will find out.

Any other business

St Michaels Hospital.

BM - concerned about St Michaels Hospital but could not attend this meeting as clashed with a council meeting. Invite Bob to the next PPG meeting - SJ

Defibrillators at points through Hayle

There is a 24/7 defibrillator which has been installed in Spar, Foundry Square, Hayle which was organised and funded through the Ronnie Richards Memorial Charity and Hayle Town Council

There are other defibrillators at points throughout the town, although some of them are in small premises so may not be available 24/7. Points include Boots in the West Cornwall Shopping Centre, Philips Pasties, Hayle School, Hayle Rugby Club, and Copperhouse Inn. Having this equipment at hand to use when someone suffers from sudden cardiac arrest will give that person the best chance of survival. Training in the use of the defibrillator has also been provided to the staff in these establishments. The Defibrillator does have a voice command which gives instructions loud and clear when it is switched on.

DR – some people who have used it have forgotten to ring 999 first. Calling 999 is the first thing to do before starting CPR and using the defibrillator. HB - would it be beneficial to have a device fitted to each defibrillator to automatically alert 999? There was also concern about vandalism of the devices. Are there any measures in place to combat theft and vandalism? When the public equipment is activated a record is made. DR will feed this back to the Ronnie Richards Memorial Charity (Paul Williams) & Hayle Town Council.

Surplus stock of Incontinence Pads at Hayle Day Centre

Hayle Day Care Centre have a huge stock pile of pads. They are sealed in the original packaging. Some care homes take some of their hands but there are still too many. DR concerned about the cost to the NHS for this wastage. Are there any services that would make use of them? RJ could take some for Carers Break clients – RJ to liaise with DR. SJ will discuss this problem with Dr Gibson & Cornwall & Isles of Scilly Prescribing Team.

Surgery Post Box

DR – Post box at the front of entrance opens too wide. Mail can be removed by placing your hand through the slot so therefore not secure. SJ thinks the opening can be adjusted to make the gap smaller and will arrange this.

Date for next meeting

Thursday 25 September at 7pm at Bodriggy Health Centre