Carnon Downs Surgery PPG Meeting 11 May 2017

Attending Geoff Aver: Alison Avard: Trevor Grose: Hilary Hunkin: Jodie Nightingale:

Sally Rickard: Paul

1 Apologies Jean Lapham: Nigel Morsen: Judy Ward.

2 Minutes Last meeting agreed.

3. Matters Arising- None.

4 Feedback Carrick Meeting-Nigel attended the most recent meeting and sent a report

*Initial informal discussion of what is going on in PPGs. No group sees fund raising as a prime role and there was some discussion of the advantages of having “Friends of (the Surgery)” arrangements which can have charitable status.*

*Perranporth has conducted an audit and identified that 25% of GP appointments could have been handled by someone else (a figure of 30% was mentioned later from other research). This led on to a discussion of e-consult and “Care Navigating” generally. There was a lot of emphasis on the importance of the first point of contact in getting the caller to the right place whether it be a nurse, social care support, a clinical pharmacist etc.*

*This in turn led on to a discussion about social support groups and an Age UK hosted project called “Cornwall Community for Change” which people needing (social care more than health) support can contact which will either signpost to the right service or offer support such as befriending or advocacy or “paid for” services (the example given was helping sort out a person’s affairs after a bereavement). This sounded valuable. It will be raised at the later meeting but the intention was to ask PPGs to put together notes of social support groups in their areas to understand better and move towards better access to what is available (whether Council, Charity, voluntary etc).*

*Donna Chapman then gave a run down on where we are regarding the STP (now known as “Shaping our Future”. There are a number of work streams under the overall Board and she focussed on:-*

*         Primary Care and the £30m challenge, asking GPs to be “change agents” to find better ways of working, to reduce elective referrals and prescription costs (among other things) by working together. This would obviously help the CCG’s financial problems but seemingly 2/3 of savings will come back into Primary Care*

*         Urgent Care. There is a decision about future out of hours/111 care but no decision can be announced until after the General Election. We were told it won’t look very different.*

*         Integrated Care in the Community. Not so much said about this (time ran out) but there’s quite a bit about it on one of the handouts (“Shaping our Future”)*

*Listening events with practitioners are due to start in July with further consultation with the public now put off until early 2018*

Paul expanded on/explained issues from Nigel’s report:-

1. Friends -a fund raising group is different in his opinion to PPG. No immediate fundraising needed in our Practice. The PPG has previously agreed it could set up a different group should a need arise: fundraising is not a PPF function/task.
2. Blood Pressure Machines-were trialled at this surgery-location was not easy in waiting room or porch-lack of privacy/quiet; had previously been considered unnecessary but could be revisited if there was a desire to reconsider.
3. Age UK-was funded previously by Penwith Projects. Age UK have previously funded co-ordinators for the Penwith Live Well Project. An additional sum of money became available and funded a post in the Truro surgeries: a worker was funded in the Truro area only: if there was an option to have another worker similarly funded it would be an attractive proposition.
4. Appointments-25% of requests for an appointment do not need GP intervention. Some surgeries have signed up to be part of ‘Primary Care Home’- considering how to distinguish practice and community services (-is a project in name only currently). Intends to consider how to divert directly to appropriate provider without the need for a ‘GP referral’. Could also cover social care functions. Intends to direct to right person at the right time-there is no mechanism/plan at present. Carnon Downs will reconsider taking part in the future.
5. Community Services/Integrated Care- The KCCG are asking tasking PPGs to look at the Community facilities in their area-e.g. Memory Café at Village Hall; Pilates Class-village and Methodist Hall; befriending options. To gather information and consider what is available within the local practice area-that can be considered to link in with health/well being. That could be potential ‘referrals; support providers.

SR queried whether this has not been done relatively recently-possibly by the Parish Council? Where is the info held? Who by? Does it need updating? Can we use it?

ACTION: SR to investigate current position and report to next meeting.

1. 111/Out of hours provision – New contracts have been issued: an announcement will be made in June and the provision will be different-designed to be smoother process & more related to local options and provision. Contract starts expected end 2017.

5 E Consult project has now finished-was a pilot with only a small number of surgeries selected. Report on pilot had been circulated before meeting. Since the Pilot has finished there have been no reported requests for the service at this surgery. Its purpose may fit better into larger urban practices but some of the ideas may have practical uses in the future. This will be revisited as necessary.

6 Premises. A pre planning application has been lodged 11 4 17 with County Council for the development of the Surgery premises. 4-6 weeks is the time allowed for decision. The plans follow the general directives set out by the Health Service for the provision of services locally.

7 Annual Plan for PPG? There has been some comment that PPG is not visible/its position/purpose are not understood within the patient population of the Surgery. We considered value of Newsletter information leaflet: a Virtual Group who would be able to provide feedback on suggestions when required: Section in Practice Newsletter? Online area for patient comment? The group discussed why is this perceived to be needed? An online forum would need to be monitored/overseen? Who would be invited to any on line group? Would those patients that respond be representative of patient population? Or simply ‘those inclined to respond’

ACTION All PGG group to consider how to publicise PPG its work/purpose/function to improve patient awareness and to bring ideas to the next meeting.

AOB

SR will be leaving the Surgery at the end of July this year. Shocked reaction!

Jean sent a request for advice on a mail shot from an on-line pharmacy which has been received by many residents: several of our patients have expressed concern that this is Surgery driven or that something has changed here at the Surgery. Nothing has changed. This mail shot company is private and nothing to do with NHS provision. It was agreed after discussion that Surgery Senior Management will deal as necessary-PPG support this as an appropriate response and will share this message where an opportunity arises. As this was breaking news a definite response from the surgery had not been agreed but it was decided that, in view of patient concern, it would be necessary to respond directly to patients. A note is now being added to prescription bags to reassure patients that the service they currently receive will not be changing.

Next Meeting It was felt important to have a meeting before sally left. Thurs 22 June or 6 July were suggested. All to confirm availability to GA please asap.

The meeting closed at 20.05

n.b. Since the meeting responses have resulted in 22nd June being the preferred date, 6.30 at the Surgery.