

Marazion Surgery

Minutes of the Marazion Surgery Patient Participation Group Meeting on Monday 11th November 2013, at 6.45pm

Present:

Mrs Juliette Benstead
Mrs Gill Clephane
Mr Leslie Lipert
Mrs Pauline Needham
Dr Neil Walden
Mrs Ailean Wheeler

Apologies:

Mr Brian Baker
Miss Kate Baldwin
Mrs Mary Baldwin
Mrs Jackie Brown
Mrs Serena Collins
Ms Samantha Cox
Mrs Margaret East
Mrs Sandra Easterbrook
Mrs Trudy Jones

Apologies:

Mrs Ann Miller
Mr Michael Miller
Mrs Mary Page
Mr Michael Page
Mrs Fran Phillips
Ms Jane Richards
Mr Colin Treleven
Mr Michael Tremberth
Mr Barry Webb

1. Minutes of Previous Meeting:

The Minutes of the meeting on 15th May were agreed to be a true record.

2. Matters Arising:

There was a short discussion about the Summary Care Record; a very small number of patients had opted out.

NW felt that it was too soon to invite Scott Bennett to address the group about PPG Representation in wider healthcare issues as some Practices in the area still did not have a PPG. (This was to be discussed later in the meeting).

3. Booking Appointments via the Internet:

JCB was pleased to inform the PPG that it was now possible to book appointments via the surgery website. This was being advertised to patients by surgery staff and on the electronic notice board in reception.

Patients had to register for a system called 'The Waiting Room'; forms were available at Reception. The Waiting Room was already being used for ordering repeat prescriptions and many patients had access to it. The appointments were available to book a couple of weeks in advance; these were set appointments allocated by the Practice to be available to book in this way. If they were not booked via the internet close to the time of the clinic, Practice staff could book these for patients over the telephone so that they were not wasted resources.

The PPG were encouraged to register for The Waiting Room and have a look at this new system; feedback would be welcomed.

4. Care Data – 'How Information about you helps us to provide better care' leaflet:

The leaflet provided by NHS England, about this national scheme, was read out and explained by NW. There was to be a national advertising campaign, but the Practice had been asked to advertise this in the waiting room to patients. The NHS would use information that was not patient-identifiable to plan and improve healthcare services for patients. The Practice as a whole could not opt out, but individual patients can choose to opt out if they wish.

Leaflets were available from reception and more information was available at www.nhs.uk/caredata and on the surgery website.

5. Bus Route:

A few patients who lived in St Erth had contacted the Practice recently concerned about the recent threat to their bus service, in terms of accessing the Practice in Marazion. The Practice had therefore written to the St Erth Parish Council offering our support and to promote the medication delivery service offered at St Erth village shop.

The General Practitioner Partners and I are aware that the bus service that operates between us and St Erth is currently under threat.

We fully appreciate that the bus service is an integral link to your local town and for many villagers, their doctor at Marazion Surgery. We are therefore writing to you to offer our support in any appeal you may be lodging against this decision.

I am sure you are aware that we offer a medication delivery service through St Erth village shop, and this is available to all patients who live in the village and surrounding area who would find it helpful. Our delivery driver collects requests and delivers medication once a week to the shop. More information on this is available from our dispensary.

As mentioned if we can be of assistance to you, please do not hesitate to contact me.

As some PPG members were not aware of the medication delivery service, it was explained that the surgery employs a medication delivery driver who delivers medication to the homes of housebound patients. There is also a service whereby the driver delivers a box of medication to three local shops, and picks up any requests, once a week. Patients may therefore arrange to pick their medications up from the village shops in St Erth, Goldsithney and Crowlas.

If the bus service were threatened, the PPG members were happy to support any appeal and would contact St Erth Parish Council.

6. Liverpool Care Pathway & End of Life Planning:

The Liverpool Care Pathway had recently received some bad press and been stopped. On enquiry from GC it was confirmed that the Practice had not used this scheme. NW felt that it was a tick box exercise.

The surgery followed the Gold Standard Framework for Palliative Care patients, those who were known to be terminally ill, most often due to cancer. There would be discussions with the patient about their preferred treatment and end of life planning. Involved in this could be friends, family members, carers, nursing home staff and the doctors. This was very much a process that took place over a period of time rather than a tick box exercise. This would be open discussions, with open questions, with the patient's best interests at the heart of it, with no pressure to make decisions. Dr Killeen Chaired Gold Standard Framework meetings every two months, these were attended by her, the district nurses, practice nurses and Macmillan nurses. Patients who were known to be terminally ill were discussed to ensure that their care and their wishes for end of life planning were being met.

It was increasingly the trend that patients were more likely to have a discussion about what their wishes might be if their circumstances and health changed. Patients could make Living Wills which would be kept in their records. These would usually have involved and be shared by the patient with friends, family, carers, nursing staff, doctors, ambulance services, out of hours doctor service and hospital records. Some patients also wore alert jewellery or carried a card stating their wishes, which could be found in an emergency.

7. Achievement of Group:

NW and the Practice found the PPG extremely helpful. It had allowed the critique of patient survey results and an opportunity to look at how the Practice services were advertised to patients.

There would be an opportunity for a nominated member of the PPG to join with other PPG representatives from other Practices in the area and then comment on wider health issues. At that level all patients should be represented, but unfortunately not all Practices in the area had a PPG formed. NW was involved in progressing this and would keep the PPG informed.

At county-wide workshops the PPG nominated people would attend to represent the wider community. At such meetings there were often people who had a specific interest in the topic and/or have to declare interest; but the PPG nominated person could represent the whole community.

The Care Quality Commission (CQC) had been discussed with the PPG previously, but it was worth noting that they were focused on the patient outcome. They would look at the surgery website and PPG documentation in preparation for any visit. They would also spend time talking to patients in the waiting room and asking their opinions about the Practice and its services. Inspectors may ask to see patient records, but they could only access confidential patient identifiable information if they had the patient's express written permission at that time.

8. Poltair Hospital:

NW was involved and often chaired the meetings regarding the future of Poltair Hospital. From a commissioning point of view it was the most transparent, open and honest review ever held. Patients and stakeholders had been involved at a very early stage pre-consultation. What they felt were important had been discussed and weighted criteria prepared; as a result what the options were starting to look like was prepared. A public meeting was due to be held on 11th December, with further drop-in events during December and January. How to get involved was outlined. Please see attached related documents.

9. Penwith Changing Lives – Pioneer Project:

There were 220 Clinical Commissioning Groups in the Country, of which Kernow CCG was just one. Of those 158 had applied to be Pioneers. Successfully appointed were just 14, and NW was proud that Kernow CCG was one of them.

This meant that there was much more freedom to make things work, though there was very little extra money.

The project was looking to identify patients who were becoming vulnerable and isolated. Voluntary organisations were being assisted in order to provide these patients support. A similar scheme in Newquay had found that for every £1 invested nearly £5 was saved in terms of admissions and medical care. An example was that an 84 year old lady who was isolated and had given up, was taken on visits to the theatre; she now runs a group who organises theatre trips for people like herself. The local counsellors were very supportive of this project which was being organised with the Chief Executive of Age UK. There was a huge potential to harness the goodwill and energy of volunteer groups. PN commented that she worked with Connect, who made a huge difference in peoples lives through their work.

10. Dr A B Hamilton:

Dr Hamilton would be retiring from the Partnership at Marazion Surgery at the end of the year. The Practice was advertising for a new Partner(s). A Partner would want to invest time and energy in taking the Practice forward. The Practice would be happy to have a full time replacement, although the trend nationally was for doctors to work part-time so this option was also available.

Dr Hamilton did not wish to have a formal event, but would be having a quiet evening out with staff.

11. Any Other Business:

There were no issues regarding the Practice or the wider area that anyone wished to raise.

12. Date of next meeting:

No future date was agreed. It was anticipated to meet in the Spring.