



Patient Participation Group

Notes of the Meeting – Friday 16th June 2017

10am – Pattern Hall

In Attendance: Sandra Francis (SF - Chair); June Godfrey (JG); Chrissie Knight (CK); Margaret Phillips (MP); Shirley Polmouter (SP); Jenny Curtis (JC); Dave Curtis (DC); Lyn Whittington (LW); Bridget Sampson (BS - SAHC); Dr Alistair James (AJ - SAHC); Anita Howard (AH - note-taker – SAHC).

1: Guest Speaker: Sandra Francis (SF), in the chair, welcomed everyone to the meeting and introduced the guest speaker, Paul Hughes, SAHC Pharmacist.

Paul gave an informative talk regarding the prescribing process within SAHC. He explained that following the merger of the practices, pulling the practice populations onto one prescribing system was a challenge – it was decided that electronic prescribing was the best way with a multi-site practice, and now the vast majority of prescribing is done that way.

Paul has a team of prescribing clerks and has recently been joined by another Pharmacist, Kate Hosken, who joined SAHC from the CCG. The annual prescribing budget is £5million; last year they managed an underspend and therefore savings for the NHS.

Paul explained that he spends most of his time at Wheal Northey dealing with queries of various sorts. He spends time talking to community pharmacies (sorting alternatives for out of stock medicines etc), updates meds when people come out of hospital with meds changes, and deals with queries from other health care practitioners. Now that Kate is in post they are hoping to set up Pharmacist clinics and spend time at other sites, spend time with nurses especially in regard to diabetes and asthma. All of this as well as monitoring over or under repeat prescribing, and making things safe for all the patients.

Paul then answered some questions from the group.

Dr James pointed out that prescribing is as safe as it could be with Paul and Kate – patients can be reassured that medicines are being monitored and managed extremely safely. Paul and Kate are a credit to the patients of St Austell Healthcare.

Sandra thanked Paul for attending the meeting.

2: Apologies: Apologies have been received from Ros Atkinson and Amanda Jones.

3: Notes from last Meeting:

- BS updated regarding the CQC report – Susan Taylor, the chief inspector is currently off sick so the report is delayed.
- BS has spoken to Kayleigh regarding the TV screens and believes they have been updated and will be updated regularly.
- JC felt there was some discrepancy with the notes of the last meeting and feels she was asked to liaise with nurses rather than the doctors.

SF reminded those present that everyone should speak through the Chair to enable everyone to have the opportunity to speak, and also to ensure that no-one feels ignored. She also asked members to speak without causing offense to anyone.

4: Executive Manager Update:

- Car-parking at Wheal Northey – BS said that we have now been operating for 6 weeks and there have been plenty of car-parking spaces for patients. Non clinical staff are parking off site. JC queried re the possible land for parking behind the surgery and BS informed her that negotiations are continuing re this.
- Two nurse practitioners have been appointed, and a third is in the pipeline. This will enable the availability of more routine appointments. Grant Joseph, a popular locum, is also returning to work with us for 3 months this summer, augmenting the GP workforce.
- Debbie Marshall, Linda Breary and Eileen Hatton are all retiring over the next month due to the recent management re-organisation.
- Sue Blench will now be dealing with complaints instead of Kelly Vercoe.
- BS has a list of people who have expressed an interest in possibly joining the PPG which will be passed to SF.

AJ then proceeded to update the meeting regarding a change to the routine appointment system to improve access for patients. He explained that both he and Dr McClure had done a 3 month pilot of a waiting list system – this helps continuity and avoids the 10am rush for routine appointments. The pilot seemed to work well so the other partners are taking it on. AJ said that since the trial he has not had any complaints regarding access; he also said that at least half of the people on the waiting list are both appropriate for and happy for a phone call rather than an appointment. Inevitably this means that the patients he does end up seeing are more in-depth which sometimes leads to a wait.

- Each GP will have a named receptionist working with them who will learn that GPs way of working as well as getting to know the patients, which will result in a good team.
- Patients can ring anytime to go on the waiting list, and can have a call back within about 5 working days.

JC asked about booking online – these are still available at present and the Doctors are working out the right way to approach online booking with the new system.

SP asked what happens when patients are acutely poorly – AJ explained that acute (on the day) appointments are not changing. Patients will be advised to tell the receptionist that they need a call sooner rather than later if it is not a same day problem.

CK wondered if people who work and find it difficult to be available for phone calls would have specific phone appointment slots. AJ explained that there are no specific slots but patients can give an idea of when they are available. The GP will keep trying to contact them.

AJ said that he would welcome feedback regarding the new system.

5: Treasurers Report / Mobile Bladder Scanner:

- The treasurer (JC) reported a balance of £6073.22 in the bank.
- SF also has £15 to pay in.
- SF reported that the WI at Cuddra have raised £100 and would like to donate it to the PPG in a small presentation. They have nominated the PPG as the recipient of their fundraising for the next year.

There then followed an in-depth and emotive debate regarding the mobile bladder scanner. BS read out a letter from the Partners of SAHC thanking the PPG for their hard work in fundraising and stating their preference for the De-Smit scanner which is already used by local clinics and was recommended to Sharon Evans by Sharon Eustice, the local bladder specialist nurse. The letter stated that the partners are very happy to add £1000 to the amount raised in order to get their preferred scanner.

JC distributed a sheet she had prepared comparing the De-Smit scanner with a Winhealth scanner. She felt that no research had been done on the Winhealth scanner, and felt that the practice had a biased attitude towards the De-Smit scanner. BS categorically reassured her that the clinicians have looked at both the scanners. AJ reiterated that from a clinicians point of view they prefer the De-Smit.

SP thanked JC for all her hard work and proposed that the clinicians should have the scanner that they feel is fit for purpose. CK seconded this proposal.

JC requested that it be minuted that she feels that the cost difference between scanners is £1500 plus £1920 training for the De-Smit.

Therefore the De-Smit scanner will be ordered, and the company will need to raise 2 invoices – one to the PPG and one to SAHC for the extra £1000. SF expressed that this process had been a struggle and that the PPG are here to help rather than lay down the law. She suggested that in future the PPG will ask specific details of the product, where it should be bought and how much it costs before fundraising.

6: Clarity of Committee Members:

SF reported that BS had received a letter from David Pooley, Clerk of the town council, suggesting that 2 councillors wanted to join the PPG. SF has spoken to BS and Jackie Bull regarding this – the PPG is not a political organisation and if Jackie Bull was to come along it would need to be as a patient and not as a councillor. SF felt that the PPG might be able to achieve a lot more working with her. After some discussion it was proposed by JC to have just one member of the town council rather than two, this was seconded by LW. All members present were happy with Jackie being a PPG member as a patient.

7: Any Other Business:

- JC informed the meeting that she leads a social prescribing group and none of them had heard of the PPG or the fundraising for the bladder scanner. She requested that something regarding the PPG be put on the waiting room screens as not all patients have access to the website/computers. BS stated that the PPG information does already go on every patient newsletter.

For further discussion at the next meeting to decide what the group would like put on the screens.

- DC has been corresponding with Kayleigh via email regarding the fundraising thermometer and updates to it for the waiting room screens. He asked why this had not been updated. BS said that he would need to speak to Karen Clarke regarding this. *(BS left the meeting at this point).*

SF will organise a meeting with Karen Clarke.

- SP has heard that St Stephen Surgery are collecting used inhalers but does not know why, and wonders if SAHC could do the same.

AJ will find out what they are being collected for.