

## **PPG Meeting 9<sup>th</sup> January 2017**

Present: Helen Wood, Ang Goodman, Sue Rabson

Apologies received: Nick Lane, Rachel Cubbison, Peter Rabson

### **The future of the PPG**

Sue and Helen attended the inaugural meeting of the North Cornwall Patient Umbrella Group on 30<sup>th</sup> November 2017. There was a lot of discussion about the format PPG Meetings took in various practices. Some had no representation from staff, either nursing or GP and were chaired by the practice manager, others introduced different speakers and had members as Chair and Secretary with PM present. Sue had asked members for their views if they were unable to attend and had a response from Nick Lane.

Discussion ensued as to the actual purpose of this group. It was set up originally in 2010 and the main purpose was to use the group as a sounding board for potential changes in the practice, as well as a way of informing patients about the way the practice worked in order to promote better understanding of the problems encountered on a daily basis. Speakers are often invited to the meetings to explain about the service they offer or sometimes prior to a new service being set up in the Camelford area.

It was felt that the aims above are still relevant. The agenda is set by the practice manager and this was felt to be appropriate. Members were happy that they were able to add agenda items prior to the meeting if required, extra items can be discussed as Any Other Business at the end of the meeting.

Sue asked if the group wanted to run the meetings themselves, this would mean taking responsibility for the agenda, chairing the meeting and organising speakers as appropriate. The members present were happy with the present arrangement and did not wish to take this on.

Representation of the branch surgeries was discussed and it was felt that a patient from both St Breward and Delabole would be welcome to join the group. Helen knows a lady who may be interested at St Breward and would be willing to pick her up for meetings as the lady is housebound. Ang said that the patient had previously expressed an interest in the group, Helen will ask if she is interested. Sue will put up a new poster in Delabole to try to find a new member.

It was felt that the group should continue dealing with items relating to the practice and the area locally. Sue does forward e mails relating to meetings of a more strategic nature where patient groups are often invited. Helen also feeds back information following attendance at other meetings.

From Nick's e mail, he suggests that we try to recruit an elderly patient for their views, we already have a member with a young family. Nick would also like to see a replacement for Philip, who was also a councillor and able to give relevant local information to the group. Nick also liked the agenda being set by the practice, giving the meetings some focus.

### **New Data Sharing**

Sue reports that a new system of data sharing will be rolled out. Practices will be able to set up a list of other healthcare providers, such as Treliske Hospital, Derriford Hospital, or any healthcare organisation. Patients will be able to give access to a particular healthcare provider to view their GP records. There will be 3 levels of access – Allowed when the record can be accessed, Prohibited when the record cannot be accessed. The third access will be Verification, whereby a patient will be able to give consent to sharing their record by means of their mobile telephone or by e mail. The hospital will raise a request which is sent to the mobile phone and the patient will be able to say yes or no. This process has not been set up here yet and will be discussed by the practice in the first instance. Patients will be informed about the system and if they wish to take part, can contact the surgery with their instructions.

### **Xytal work process**

During the last quarter the practice has been involved with Xytal with a view to trying to reduce the workload of paper documents for the GPs to see. This involved counting how many letters are received each day and devising a method of processing them, in some cases bypassing the GP. The idea was good, but in reality we found that our GPs wanted to see most of the letters received, so workload was only cut by about 5%, mainly by excluding administration type letters.

However, during the course of the training, we have been able to reorganise our electronic task. Previously there were 150 to 200 outstanding tasks at any one time. This was often caused by staff not being able to contact a patient to tell them to see the GP, ask for a repeat blood test to be booked etc. The task would remain on the list in some cases for several weeks. We now have a better system in place, where the tasks are automatically sent to a group of staff to deal with, ie Reception, Secretaries, Administration etc. We have also devised a letter to send to patients to inform them that they need to come in to see the GP, book another blood test, see the nurse or whatever. This letter is saved in the patient record so that we have evidence they have been invited to attend. This has made a huge difference, so that the tasks outstanding have been reduced by 75% and it is much easier to see what is urgent and what is routine.

### **CQC Report**

We are delighted to have been awarded Good in all areas following our recent CQC Inspection on 18<sup>th</sup> December. There were a few small items to deal with such as order a pulse oximeter for a child, provide sepsis training for reception staff to they are aware of the main symptoms, provision of a Military Veterans Policy to ensure that war injuries are seen as a matter of priority, introduce a better Prescriptions monitoring service to provide a record of boxes of blank prescriptions and where they were used, the serial numbers , we already had this, but have improved it. During the summing up at the end of the day, the CQC were impressed with our enthusiastic PPG group and had positive comments from the patients they spoke to, they also liked our system for dealing with telephone enquiries whereby we have an urgent phone list for things that need to be dealt with today and a second phone list when patients are told they will be contacted within 48 hours, for routine

enquiries. Laura from the CQC said that this was obviously a 'well loved practice', so that was good to hear.

### **New building**

I have been trying to get an update about the building. I had a reply from Sarah Sims at Cornwall Council on 4<sup>th</sup> January to say that a strategic group has been established with partners from the relevant health providers and Cornwall Council. The group has been meeting over the last few months and have been considering all the financial modelling for the various options, and they have also been discussing the requirements outlined regarding funding. Sarah says we can be assured that work is continuing on the project and she will let us know when she hears something. Following discussion, it was felt that some information should be fed back to the practice from the strategic meeting, Sue will ask for this.