

Minutes of the meeting of the

Saltash Health Centre Patient Participation Group

Wednesday 24th January 2024

Present: George Muirhead, Chair (GM), Liz Preedy (LP), Sue Latham (SL), Avril Tozer (AT), Dr Hamilton (JH), Dr Earl (ME), Rachel Bullock (RB), Valerie Taplin (VT), Denise Watkins (DW), Sue Mackenzie (SM)

	Action
<p>1. Apologies Fliss Hedge, Jill Evans, Peter Clements, Mandy Thompson, Steph Carter.</p> <p>2. Minutes The minutes of the meeting held on 7th December 2023 were agreed as an accurate record following removal of DW in action column, item 7.</p> <p>3. Matters arising not on the agenda Blood machines - AT confirmed that additional machines had been purchased from PPG funds and also received from the Cecily Baker Charity.</p> <p>4. Patient consultation feedback GM thanked Sue and Liz for their help on 13th January when 47 patients were consulted. Although some patients felt the service at SHC was unsatisfactory or poor, the majority (79%) said it was ok, good or excellent, with positive comments about staff and service when seen. Generally for both surgeries there were concerns around availability of appointments and inconsistency of contact/follow-up. There were also some prescription related issues concerning availability of drugs and communications with patients including between Derriford and the surgeries.</p> <p>The group discussed the problem of lack of availability of drugs and Dr Earl expressed GPs' frustration at prescribing when they do not know whether a drug is available or not. The potential value of regular meetings with the pharmacies and surgeries was again discussed but rejected.</p> <p>Patients were also asked about access to outpatient services at St Barnabas Hospital and the provision of NHS beds in Saltash for short-term recovery or rehabilitation after treatment. Of 47 responses 7 said they had been offered an appointment (5 physio). 85% of those asked had not been offered an appointment and the vast majority of respondents thought the hospital was closed. Many said they would definitely prefer to be seen in Saltash and followed up locally. 7 people had been referred to hospital. Issues related to inconsistent follow up and poor communication between Derriford/Liskeard and surgeries resulting in unsatisfactory or delayed discharge.</p> <p>Both clinic availability and hospital places issues were well summarised by one comment "It's a long way to go, particularly when you're not feeling well."</p> <p>5. Health Action Group - Vision and Plan of Action HAG met last week. GM explained that Dr Andy Sant was no longer able to participate, following a change of role, and AT was the only attendee representing the medical side. There was a great deal of interest and positivity regarding the development of the SHC site, particularly Port View involvement. Dr Hamilton said there were great opportunities to develop patient services.</p>	

<p>There was little progress on most other elements of the action plan, particularly dentistry. GM had identified a company who would provide a mobile dental unit and dentist in Saltash. However, Cornwall's dental underspend will now be used to cover this year's overspend with no money available until at least 1st April 2024.</p> <p>GM will meet with Plymouth City Council lead on dentistry to discuss a similar project they are running and how it could be replicated. A costed plan will be submitted to the ICB stating what is wanted for Saltash.</p> <p>SM was aware that Spa Dentistry is now offering NHS appointments to children under 17. The group agreed that this should be publicised. SM to send the link to RB and AT to check the dental practices involved and publish on social media and the practice website.</p>	<p>GM</p> <p>SM AT/RB</p>
<p>6. Active Practices Charter</p> <p>VT gave a progress report. She thanked AT for updating the practice website to add SLC under Wellbeing subheading Exercise. There have been 2 enquiries since then.</p> <p>VT had spoken with Better's PR person who is preparing a press release to raise awareness of the GP Exercise Referral Scheme. She is aware that SHC is registered under the Royal College of GP's Active Charter. To comply with the charter commitments we are working with Saltash Leisure Centre. The objective is that more patients are referred to take advantage of Better's Healthwise Exercise Referral Scheme. Patients benefit, and the practice benefits as their patients get fitter at no cost to the practice.</p> <p>One in four patients say they would be more active if recommended by their GP or nurse, but very few have ever heard of the scheme. VT has case studies of SHC patients who have joined SLC and are benefiting from having been referred.</p> <p>VT and Steve had contacted Slimming World to make them aware of the initiative and 3 people are interested in taking this up.</p> <p>RB advised that Beryl Bikes are coming to Saltash. 13 stations of 6 bikes at locations to be agreed.</p> <p>As an Active Practice we need to demonstrate how we meet the criteria and VT agreed to check the website for creative ideas that may be viable to put into practice.</p> <p>GM thanked VT for her hard work on this.</p>	<p>VT</p>
<p>7. Questionnaires</p> <p>The wording of the questionnaire used for the 13th January consultation exercise was discussed. AT had requested that the title be changed to indicate it came from HAG, rather than the PPGs, as it was asking questions outside the practice's control. Following consideration by the PPG Chairs the request was declined as all three questions were relevant to Saltash and were appropriate to ask on behalf of patients. Feedback from the individual questions would be reported to both surgeries and to HAG for information and/or action.</p> <p>SM explained that on the day patients did not see the questionnaire as it was completed by a PPG member. It was made clear to everyone interviewed that it was from the two patient groups.</p> <p>Dr E said she felt AT was not being listened to. Dr H felt the practice had enough issues and should work to solve some smaller matters they could change rather than perhaps wasting time on things too big.</p>	

GM said the PPG's aim is to support the practice to make the distinction. We want to support and help the practice, but are an independent group representing patients and are separate from the Health Action Group.

GM will meet with Port View and, prior to future consultation, will ask SHC what they would like to ask patients.

Everyone agreed to reflect on the discussion.

8. Action Plan

GM said we were the first PPG in the Umbrella Group to have an Action Plan. This was shared with the group and subsequently 3 or 4 have developed plans.

The plan was discussed and updated - see attached. (new Actions for SL and RB)

The Action Plan should continue to be based on what the practice wants and Dr H and Dr E agreed to identify some items for AT to pass on. For example, Dr E was concerned about carers - we could support them better.

Dr H said the practice is developing a business plan/vision with clear goals for the next 1 year, 3 years and 5 years which they will share with the PPG.

GM's ongoing request for a 15 minute slot a few times a year at the practice meeting was rejected because those meetings were always busy. Dr E suggested that alternatively they could regularly attend PPG meetings. This was agreed.

Doctors left the meeting at this point. GM thanked them for attending.

9. Feedback from the Umbrella Group

GM reported:

Group members have taken on our Action Plan format.

The Joy App., co-ordinating resources and support, is a natural home for young people and PCN should notify every school about it.

Individual placement Support (IPS) within primary care. This organisation supports people with mental health problems who find it difficult to get a job. AT said they are coming to the practice on 7th March.

VT asked if any of the group have Active Practice status. GM will find out.

10. Practice update

Staff news/vacancies

- Paramedic – advertising vacancy & interviews taking place to replace part- time paramedic
- Finance vacancy – new person started on 15/1/24 G Curtis

Social/Fundraising

- Dress down Friday end of January for Prostate Cancer
- Soup kitchen volunteering still continuing

Complaints/Compliments

- Complaints/Feedback December/January
- kidney infection, but results were clear
- ? misdiagnosis needed operation
- care home not able to provide care GP to advise
- surgery not getting involved prior to discharge from hospital, access to pain relief & referred back to dentist following procedure

General Practice Improvement Programme

- Applied for second phase

Merger/Practice development

JH
ME

JH
ME

GM

- Negotiations on-going with developer and NHSPS to acquire GP surgery & former community clinic

Telephone upgrade

- To include call back facility – awaiting sign off of DPIA from CITS

Green

- Third medical packing recycling box filled and collected for recycling

Practice closure

- 31/01/24 pm – Mandatory training for ADHD and autism

New check in screen

- Being installed by end of week (26/1/24)

VT asked about a patient befriending service. AT said there was not one run by the practice but suggested the community kitchen might. VT to check.

11. Any other Business

RB notified the group of the Waterside Connectivity Day on 30th March from 10am to 4 pm. This was an opportunity for the public to try out various modes of transport which might be appropriate to transport people between Fore Street and the Waterside e.g. red bus, ferry, Indian tuk- tuk, land train.

12. Dates of meetings for 2024

Wednesdays, Saltash Health Centre at 4.00 p.m.

13th March

1st May

26th June

18th September

23rd October

11th December

SL

30.01.2024