

Marazion Surgery

Minutes of the Marazion Surgery Patient Participation Group Meeting on Tuesday 26th June 2012, at 6.30pm

Present:

Mr Brian Baker
Mrs Juliette Benstead
Mrs Gill Clephane
Mr Richard Thatcher
Dr Neil Walden
Mr Barry Webb
Mrs Ailean Wheeler

Apologies:

Miss Kate Baldwin
Mrs Mary Baldwin
Mrs Jackie Brown
Mrs Sue Canon
Mrs Samantha Cox
Mr Leslie Lipert
Mrs Ann Miller
Mr Michael Miller
Mrs Mary Page
Mr Michael Page
Mr Michael Tremberth
Mrs Linda Wallis

1. Minutes of Previous Meeting:

The Minutes of the meeting on 20th March 2012 were agreed to be a true record.

2. Matters Arising:

- 2.1 *Younger age groups:* The Group were keen to encourage younger patients, particularly those with young families, to join the Group. Discussion on how to advertise to these patients had raised a few ideas. NW pointed out that attending meetings in the early evening was often difficult for parents and thus a virtual group, contactable by Email may suit their needs. NW suggested that posters and information in local school newsletters may be a way of reaching these patients. School council members may also be asked for their opinions on healthcare issues in the future if this were appropriate. It was also suggested that information an invitation could be put in the relevant 'Down Your Way' sections of the Cornishman to advertise the Group and date of next meeting.
- 2.2 *Advertising services:* A regular weekly section could be included in the relevant 'Down Your Way' sections of the Cornishman. This could include information on the areas picked up in the patient survey such as awareness of extended hours clinics and telephone consultations.
- 2.3 *Booking appointments using the Internet:* The surgery had looked at this and run a short trial, however had to suspend this again until some administrative problems were resolved. Patients would need to be informed how to book these appointments; especially the importance of having one Email per patient for this aspect of The Waiting Room.

- 2.4 *Car park*: Posters advertising the community centre as an overflow car park had been put on hold. A letter had been received from the community centre as they were concerned by the number of people currently parking there. This was being negotiated with the community centre. NW pointed out that having parking facilities was valuable for patients.
- 2.5 *Visual aid for calling patients*: A new system had been installed; the patient's name appeared at the bottom of the electronic notice board and a small 'ping' noise was audible to draw this to patients' attention. All doctors had received training on how to use this.
- 2.6 *Telephone consultations*: When asked NW clarified that telephone consultations were booked at certain times for two reasons. Firstly the patient did not have to wait by the phone all day waiting for the doctor to call as they were given a rough idea of the time the doctor would ring them. Secondly, the doctor was not constantly interrupted by telephone calls when he was dealing with other patients in clinic. The receptionists were highly trained in taking information, to ensure that the problem was appropriate to be dealt with by a telephone call, and that it was not an emergency matter. NW also explained that the Practice had a doctor who was on-call for emergencies each day and who could thus deal with emergencies in an appropriate manner with minimal interruption to routine work. NW mentioned that some Practices had a triage system whereby patients had to speak to a doctor before they were able to access an appointment; however he did not feel that this was the way forward for the Practice.
- 2.7 *Prebookable appointments to be released at lunchtime*: It was not currently possible for appointments to be released by the computer system at a certain time of the day (such as after 10am to avoid patients ringing for this first thing in the morning). This suggestion had been fed back to Microtest who supplied the computer system but it was not anticipated that this would be made possible any time soon.

3. Terms of Reference:

The three examples had been circulated with the previous Minutes. A document prepared by JCB was read out and agreed; a copy is attached. It was mentioned that it would be helpful for Minutes and any action points to be circulated promptly after the meeting and NW confirmed that JCB was very efficient regarding this.

4. Chairman:

NW put himself forward as Chairman of the Group and this was agreed unanimously.

JCB was happy to continue to provide administrative support for the group.

5. Patient Participation in the Wider Healthcare Community:

BW had contacted Mr Andrew George MP for his assistance in locating a summary of the Health & Social Care Act 2012. A letter from Earl Howe to Andrew George is attached; this contains a link to a Department of Health website
<http://heatlhcare.dh.gov.uk/factsheets>

NW offer to explain commissioning in Cornwall, the authorisation process and how the PPG would fit in with that.

GC commented that she would like to understand what the Practice needs were for the PPG. NW confirmed that the PPG would help inform the Practice what it was doing well and what it could do to improve services.

People's opinions would be listened to at the early stages of planning projects and patients would have opportunity to comment. The process required people to represent all patients and look at health as a whole, rather than people who were only focused on one particular area or illness. It was anticipated that one or maybe two from each PPG (many other local Practices had PPGs) would be involved at this level. NW was currently the Chairman of the Locality Group; there were nine Practices that he hoped to bring together.

The Isles of Scilly were currently linked to South Kerrier (as opposed to Penwith), as they were currently working closely with a Helston Practice.

Cornwall, known as Kernow Clinical Commissioning Group, would be one of the first to become authorised by the Department of Health and it was anticipated that it would take over from the PCT in April 2013. Some work undertaken in Cornwall, which NW outlined, had already received national recognition. A Governing Body would replace the PCT and elections for Lead GP's in each Locality were being held.

PPG's would help to identify healthcare priorities in their locality. NW outlined some of the priorities that were currently being worked on; these included Physiotherapy at West Cornwall Hospital, Ophthalmology services and a review of Community Services in Penwith. NW emphasised the importance of patient stories as a valuable resource to inform commissioning processes, in an open culture. The aim was to be proactive; saving money in healthcare and planning for the future.

NW would keep the Group informed of Kernow Clinical Commissioning Group's work.

6. New GP Partner:

NW announced (confidentially at the time of the meeting, but now for public knowledge) that the Practice was delighted that Dr Suzanne Murphy would start in October as a new part-time GP Partner.

7. Date of Next Meeting:

The next meeting would be held on Wednesday 5th September at 6.00pm.

Meetings would be held on different days of the week, to encourage as many patients as possible to attend.

17 MAY 2012

From the Earl Howe
Parliamentary Under Secretary of State for Quality (Lords)



Your Ref: 12/18.1/ag/jr

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Andrew George MP
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Richmond House
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London
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Tel: 020 7210 4850

15 MAY 2012

Dear Andrew,

Thank you for your letter of 18 April to Andrew Lansley on behalf of a number of your constituents about the Health and Social Care Act 2012. I am replying as the Minister responsible for this policy area.

With regard to your constituents concerns about the production of a 'layman's guide' to the Act, in January 2009, the Department of Health published *The Statement of NHS Accountability*, which accompanies *The NHS Constitution for England*. *The Statement of NHS Accountability* sets out the roles and responsibilities of the various organisations within the NHS, and how the NHS is held to account at a local level, and is written for the general public.

Clearly, the structural changes under the Health and Social Care Act will lead to a change in the current lines of accountability. *The NHS Constitution* commits us to keeping *The Statement of NHS Accountability* up to date. Accordingly, we will publish a refreshed version once the reforms come into effect.

Factsheets for the public on the Health and Social Care Act have also been produced and can be found on the Department's website at:

<http://healthandcare.dh.gov.uk/factsheets>.

I hope this reply is helpful.

Yours ever,
Richard
EARL HOWE



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Health and Social Care Bill explained

17 February, 2012

A series of factsheets on the Health and Social Care Bill explain particular topics contained in the Bill, including its key themes. They include case studies of the policy in action, or answer frequently asked questions about the topic.

The factsheets were first published in October 2011, shortly after the Bill entered the House of Lords. They have been updated where necessary to reflect changes made to the Bill since then. Each factsheet indicates the date on which it was last updated.

The factsheets are:

Overview

- [Overview of the Bill](#)
- [Case for change](#)
- [Overview of health and care structures](#)
- [Scrutiny and improvements](#)

Key policy areas in the Bill

- [Clinically-led commissioning](#)
- [Provider regulation to support innovative and efficient services](#)

- Greater voice for patients
- New focus for public health
- Greater accountability locally and nationally
- Modernising health and care public bodies

Cross-cutting themes of the Bill

- Improving quality of care
- Tackling inequalities in healthcare
- Promoting better integration of health and care services
- Choice and competition
- The role of the Secretary of State
- Reconfiguration of services
- Establishing new national bodies
- Embedding research as a core function of the health service
- Education and training

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