

PPG AGM 4 Nov 2022

Held at Penmorvah Manor

Present- for PPG, David Barrow, Anne Clover, Viv Lavan, John Killick, Verena Mitchell, Celia Savage.

For Trescobeas Surgery- Dr C Hounsome, and Practice Manager Hannah Cole

1. **Apologies for absence.** None received by chair or secretary.
2. **Opening Remarks.** By Chair elect, DB who reminded all present of need for confidentiality of contents of meeting until minutes area agreed and published on Trescobeas Practice (TP) website. The chair would also try to keep the meeting to 65 minutes in order to allow the practice representatives to return to their other practice commitments as planned.

DB noted that many “New” features were now evident in the wake of Covid lockdowns. These include- the new Practice Manager Hannah Cole(HC), promoted from being deputy practice manager. Catherine Hounsome (CH) partner at TP. has taken on new management duties as well as her clinical role. These include being the focal point of contact for the Care Quality Commission (CQC) and the Integrated Care Board (ICB ne CCG). The practice has achieved a new rating of “Good” by the CQC for all areas inspected earlier this year. These achievements were warmly welcomed and congratulations offered to the practice team. DB also noted that there has been a new NHS National Integrated Care System launched since July 22. This presents a major re-organisation of structures for the provision of social and

healthcare. Cornwall is now divided into 3 organisational Integrated Care Areas (ICA); Central (TP area), North and East, West and Isles of Scilly. In addition to these new clinical arrangements, new geopolitical situations such as the war in Europe, the global cost of living crisis, and the environmental concerns, will continue to impact on our lives.

3. **Constitution – election of officers.** DB confirmed that no new nominations for PPG officers had been received. DB volunteered to stand as Chairman for another year, welcomed by all present. DB proposed AC as Secretary for another year, all agreed.
4. **Practice update** CH and HC confirmed
 - i. People, sites- Appointment of a new Part time salaried GP Dr Telford and a new locum GP appt for 1 year covering Maternity leave. Also that 2 new trainee GP's would be in post in 2023.
 - ii. Covid/Flu update- All Care Home vaccinations required in the practice have been completed, as well as over 50% of patients over 65yrs. The practice team are now into vaccines for children.
 - iii. DB Flushing closure consultation- see item 5 ii
 - iv. Klinik Update. Described as “betterish” and bedding in, although TP staff overall are still struggling to keep up with demand. Sometimes staff need to adjust the time Klinik access is available in order to clear all contacts on the day they have been received, a requirement they regard as priority.

- v. NAPP registration. Described as “slowly progressing”. CS asked about its function, DB and the practice representatives confirmed that it is a means of sharing ideas about useful interactions between practice and PPG teams on a national basis.

5. PPG year 21/22

Activities

- i. Klinik Access AI driven triage system feedback.
DB reported that PPG members were glad to be invited by TP to collaborate with them at all stages in the development and presentation of the Klinik triage system prior to its roll out. A specific example was the readiness by Dr Morris (TP clinical lead re Klinik) to include 2 introductory videos for the system rather than one.
- ii. Flushing consultation public meeting, Sept 2022.
The PPG members were pleased to be involved and provide support. It was noted that there was a good attendance from the TP team, and PPG members, whereas only 5 Flushing registered patients attended. In addition 2 members of the Mylor Parish Council (that also represents Flushing) were present. CH reported that the consultation process is slowly progressing with further guidance expected back from the Integrated Care Board (nee CCG) in December following their consultations with their NHS England overseers.

iii,iv,v. Falmouth and Penryn Integrated Care Forum (FPICF)/ Falmouth and Penryn Primary Care Network (PCN) priorities. DB noted that 3 PPG members are involved with the FPICF, and that he also attends the Central Integrated Care Forum as a lay member. He has also been invited to attend the Central Integration Group workshop later this month. These groups are addressing the Central ICA agreed top 3 priority topics which are estates, work force and prevention. A further major concern is mental health. DB plans to propose that in relation to “Prevention” scarce resources should be focused on the most deprived areas of the Central ICA such as parts of Falmouth, Newquay and St Austell . Local venues could be utilised for communications about local and regional resources available for social, educational and health support. Maybe the PPG could assist. CH commented that GP’s can now refer patients for social prescribing but cannot offer financial advice. She also referred to the role of the Dracena centre (Falmouth Health and Well Being Hub), which is already addressing some of the social, legal, financial needs and mental health needs presented by local residents.

6. PPG representation/recruitment 22/23.

DB noted that the present PPG team does not well represent the wide range of practice patients. Specifically it is lacking representatives from younger age groups and the large numbers of TP registered patients living in areas such as Falmouth and Penryn.

HC will emphasise the role of the PPG to new patients joining TP. In addition HC agreed to run a report from the existing patient database to see how many new patients have ticked the box on their patient registration forms where they can express an interest in the PPG.

7. DB and AC both stated their intention to continue their PPG involvement to the next AGM but probably not beyond it.
8. **Closing remarks.** None.
9. **AOB.** JK requested an update on discussions concerning prescribing for Flushing patients affected by the 1.6Km rule. CH explained that the TP team cannot progress it at present for 2 reasons, first the rules do not permit it as there are no changes of present circumstances, and second, the TP team members are already fully stretched trying to meet present demands. HC also explained that a major increase in prescribing from Mylor surgery would have knock on effects such as needing more dispensing staff and major structural changes to the existing premises. And in addition, the associated costs would have to be born by the practice.
10. The PPG members were very concerned to hear about the high levels of stress being experienced by TP clinicians and staff while they try to respond to increasing demands with limited resources. Safe care of patients remains their top priority . But, increasingly they are facing verbal abuse and personal threats while they offer care to patients.

In summary, noting all the reports shared, DB led thanks to the practice team for their endeavours and achievements in difficult circumstances. The PPG members all shared their

appreciation of the high standard of care offered to patients by TP members.

11. **Date for next meeting.** Probably in the first quarter of 2023.
TBA.