

## TRESCOBEAS PRACTICE- PPG

**MEETING 27<sup>TH</sup> June 2023 - held at Penmorvah Manor Hotel.**

### Minutes

**Present:** David Barrow (Chair), Anne Clover, Pamela Gray, Viv Lavan, John Killick, Verena Mitchell, Roger Preston.

For Trescobeas Practice (TP) team, Dr C Hounsome, and Practice Manager Hannah Cole

#### 1. Apologies.

Celia Savage. Elisabeth Watson

#### 2. Opening remarks.

DB thanked all present for attending today, emphasized the need for confidentiality until the minutes are published on TP website, then commented on changes now occurring within NHS organising committees across Cornwall. He referred particularly to the cessation 2 weeks ago of the Central PPG umbrella group because of changes with other relevant ICA groups.

#### 3. Practice Update.

HC - Pressures on the service remain acute. The development plan now includes regular close monitoring by NHS England that requires extensive recording of contacts with patients. Appointment s-data are now checked and published regularly including details of opening hours and turnover of services. But there is also a notable lack of review of the pressures on GP's and practice staff. The current 5 yr. contract for GPs with NHS England, now in its final year, is due for review and a new contract is due to be implemented in April 24. Local practices have not been involved in any consultations about the new contracts.

Concerning TP estate, - no problems reported.

#### 4. Klinik Triage- One year on

CH reported that the anniversary of implementing it at TP was one week ago. Overall it is rated as helpful, especially for aiding clinical priority rating by medical staff of incoming requests from patients. All requests are assessed on the day of receipt. Sadly Klinik is still not integrated with

Primary Care clinical systems EMIS and SystemOne incurring an additional administrative burden for practice staff who are cutting and pasting data from one system to another. Despite this, Klinik is seen as a safer and fairer way to respond to patients who need the services of TP. The benefits for staff are also indicated by a reduced turnover in the reception team at TP. Klinik is now used across many Cornwall practices, as well as other parts of the UK.

## 5. FPICF Feedback

DB and HC noted that the last meeting held at Falmouth Rugby in May, had been poorly attended. JK and RP were present from our PPG but DB and AC had prior commitments. The outcome of that meeting was noted as not remarkable. DB reported that subsequent to that meeting he has tried to pursue with the managers of the PCN and the Dracaena Centre, the possibility of the Integrated Health and Wellbeing event (Hawkers stall) noted in minutes of our last PPG meeting, 22/3/23, item 5. He noted a lack of enthusiasm for the project especially after the low attendance at previous FPICF meetings. DB is now hoping to pursue this project with Dr Rob White, the Central Integrated Care Area Managing Director and a St Agnes GP, who will speak with Dr Mark Morris about it. DB commented that this might be better prosecuted via the voluntary sector.

HC noted the next FPICF meeting is likely to be 15<sup>th</sup> Sept. 23 at the Dracaena Centre.

HC noted that it appears that TP is leading the way in relation to collaboration with its PPG, while several other PCN practices in the area are struggling with it.

## 6. Central ICA update

- i. DB reported that he had accepted an invitation to attend a training day in May for ex-armed forces personnel now working in the NJHS. He was not impressed, it seemed irrelevant to veterans.
- ii. DB had attended 2 Central ICA meetings in May concerning how to reduce pressure on A+E and help people be referred to the most appropriate organisation to meet their individual needs. The 2nd meeting last week included the directors from the PCNs, the Disability Alliance, voluntary sector, Cornwall Council as well as representatives from RCHT and the ICB. It focused on helping patients to find the

most appropriate resource to meet their needs and explore how the ICAs and RCHT can better work together. It was obvious from the discussions that there were knowledge gaps on all sides concerning each other's capabilities. Everybody was seeking to find ways to overcome this and improve patient outcomes. DB suggested that a secondment of personnel between RCHT and the ICA could help.

- iii. Part of this endeavour has been a collaboration between Cornwall Foundation Trust (CFT), adult community services, Cornwall Council Adult Social Care, the voluntary sector and other partners to establish Integrated Transfer of Care (ITOCs) hubs in each ICA to provide an Acute GP pathway for admission avoidance. They are open seven days a week from 0800 – 2000. Their primary functions include receive, triage and progress referrals with the aim of ensuring that the most effective and cost-effective outcomes are achieved, while at the same time respecting a person's right to choose. HC suggested DB also considers involvement in PCCC (Primary Care Commissioning Committee). HC will investigate possibility.

## **7. PPG/Practice Collaboration**

AC noted that PPG members have previously joined TP staff in assisting with patient discussion meetings, for instance concerning the arrangements for Flushing patients and the launch of Klinik Access. We are willing to help where possible with patient information but would welcome guidance from TP on any other possible ways we could assist the practice services.

8. **AOB.** The PPG team joined in highlighting the good service offered by TP, noting their good rating in National and Regional Assessments and thanked them for their continuing efforts.

In conclusion, DB noted that our next meeting will be the AGM (September/October) when we will need to review our constitution and elect new officers. The current officers have been in post for three AGMs. New Blood needed!!