

PPG for TRESCOBEAS SURGERY, FALMOUTH. AGM. 28th Nov. 2023

Held at Penmorvah Manor Hotel.

PRESENT-

David Barrow, Averil Brelsford, Anne Clover, Pamela Gray, John
Killick, Viv Lavan, Roger Preston, Elisabeth Watson,
And for Trescobeas Surgery, Dr C Hounsome.

1. APOLOGIES.

Verena Mitchell, Hannah Cole (Practice Manager).

2. OPENING REMARKS

DB welcomed all present and affirmed that the discussions to
follow would remain confidential until the minutes are
published on the practice website. He noted that our present
era is seeing a marked increase in discussion about, and in
some cases the provision of, wider community services relevant
to patients needs. This implies possible related developments
in the role of the PPGs in supporting them.

3. ELECTION OF OFFICERS

This was carried out as per the current constitution. As there
were no new volunteers DB and AC put themselves forward for
re-election. DB was confirmed as Chairman, AC as Secretary,
both for one year only. Both DB and AC acknowledged the need
for new appointees for these roles next year.

4. PRACTICE UPDATE

CH reviewed the continuing pressures on TP (Trescobeas
Practice) staff referring to the sustained high level of demands
from patients and the challenges of the impending New
Contract now being faced by GP's. A particular challenge
relates to national requirements for patients to have access to
their medical records and how to implement this while also

maintaining safe guarding of vulnerable people.

i. People and sites- No changes to report

ii. Winter pressures- As usual, staff coping well.

iii. Autumn inoculations- Sessions have been organised and run as required. This included home visits.

A recurrent problem has been missed appointments. This is extremely challenging for the practice to manage. It results in wasted appointment slots that could have been utilised with associated costs.

iv. New Primary Care Contract- demands already noted.

v. Klinik Access update- CH reported that the practice staff are regularly reviewing its implementation and how its use can be improved for the benefit of both staff and patients.

5. New NHS Central ICA support services.

DB referred to the NHS new support services now available in the community. Details of these were highlighted in the minutes of the previous meeting in June 2023. However, DB explained for the benefit of new members that there are two new services that have come into operation. One is the "Community Gateway", and the second, the regional "Integrated Transfer of Care Hubs" [IToC] established and staffed by resources from the NHS Cornwall Foundation Trust (CFT) and Cornwall Council. Both are staffed 0800-2000 seven days a week. The Gateway is run by the voluntary sector and led by AGE uk. It is available to all of the community to contact. Contact details can be found on the AGE UK website.

The IToC is a referral system for use by NHS organisations such as GP practices and SWAFT (Southwest Ambulance Service)

among others. Both these services are in their infancy and evolving.

It is fair to say that both services are ironing out teething problems as they mature. Not to mention funding, staffing and integration of data systems.

DB acknowledged the important contributions from all those concerned in establishing these services, whether they are from Cornwall Council, CFT or the voluntary sector. DB visited the Central IToC at New County Hall recently in the capacity as a lay representative. Great emphasis was placed on the confidentiality of each referral, interaction and individual patient outcomes.

He also highlighted the on-going work of developing a health prevention strategy in the community. This is being led by Cornwall Council public health team. The working group includes representatives from all stakeholders with the aim to transition from a reactive health system to a proactive ill-health prevention system.

The working group is now looking at converting the strategy into reality over the next six months, which will include involving more community stakeholders including PPGs.

Communication by the PPG to the wider registered patient population was raised in conjunction with activities that could be carried out by the PPG in support of the practice. Currently the PPG has a section on the Practice website. In addition it was suggested that articles and advertisements could be inserted in the practice newsletter, community magazines and local press. This has to be done with governance that respects patient confidentiality.

6,7,8,9 These agenda items were covered in earlier lively discussions.

10. CLOSING REMARKS.

DB re-affirmed the readiness of the PPG to listen, heed the references to pressures on TP staff and to offer support in any way that seems likely to assist.

CH Expressed the gratitude of TP staff for the presence and work of the PPG. She invited all present to offer any relevant ideas to aid the on-going work of the practice.

11. DoNM.

TBA. DB suggested February/March 2024 would be