**PPG Meeting Minutes 29 April 2025**

**Attendees:** PPG - David Barrow (Chair) Viv Levan, Verena Mitchel, John Killick Roger Preston, Vincent Parker Roberts, Lucinda Parker Roberts, Jane White

Practice: Dr C Hounsome, Mrs H, Cole (Practice Manager)

Apologies: Celia Savage, Adrian Speller, Anne Wilkening, Anne Clover, Pamela Gray

**🩺 Practice-Level Updates**

* **Mylor Surgery Hours** will shift from Wednesday afternoons to Wednesday mornings starting 2nd **July**, with prescription turnaround increasing from **3 to 5 days**.

**💸 Other Challenges**

* The new **National Insurance** responsibilities for employers (due to the loss of exemption) are straining practice budgets without corresponding funding relief from the government.
* This directly impacts the available practice budgets and the attractiveness of becoming a GP partner.

**💼 Wider NHS Restructuring**

* The **dissolution of NHS England** and restructuring of **Integrated Care Boards (ICBs)** is already having an impact. This includes allocation of contracts and funds
* **Cornwall’s ICB** is reported to having to make savings of 38%, which is likely to affect structures and support of **services**.

**🧑‍⚕️ Cultural and Public Perception Issues**

* Ongoing frustration over **public misunderstanding** of GP workloads and service structure.
* The disconnect between **media narratives** and **patient reality** was highlighted, including issues of on-line and off-line abuse toward staff.
* Several attendees expressed appreciation for **local care quality**, while acknowledging **national inconsistencies**.

**Impact of COVID on Teamwork and Practices:**

* The pandemic forced practices to **adapt quickly** and develop multidisciplinary team meetings (MDTs), which became vital during COVID in managing fears around infection and supporting nursing homes with staffing shortages.
* This culture has continued post covid and has become standard practice at Trescobeas and is being reflected in the wider geographical area.

**Referrals and Access to Specialist Care:**

* Current **referral pathways** are struggling with long waiting times:
  + **Cardiology**: 9-month wait
  + **Gastroenterology**: 8-month wait
  + **Neurology**: Over a year
* With limited specialist resources, **general practice** is at risk of being burdened with tasks that should be handled by specialists, leading to further strain on GPs.
* The government’s push for a **centralized healthcare system** could result in delays and additional workloads for already overburdened GPs.

**Ethos and Values in General Practice:**

* Maintaining the ethos of **holistic patient care** is essential

**Support for Junior Doctors and Staff:**

* Ensuring junior doctors are **supported** is critical for maintaining good practice and care standards.
* The practice’s strong support system for **junior doctors** is seen as a key element in delivering good patient outcomes and maintaining a stable workforce.

**Communication and Engagement with the Public:**

* There is a need to **improve how the public** is informed about the changes in healthcare and initiatives like **MDTs** and **Integrated Neighbourhood Teams (INTs)**.
* Frustration was expressed about **clinical language** being used in presentations at open NHS engagement forums where most of the audiences do not have a clinical background.
* There is a risk of disengaging the public if meetings and forums are not structured in a way that is understandable for all stakeholders.

**Challenges of Confrontational Patients at public engagement forums:**

* Managing **confrontational patients** during such meetings is challenging, particularly when the meeting’s purpose isn’t to resolve individual patient complaints.
* Maintaining **respect** within the practice and forums is crucial, but handling difficult situations requires both **tact** and **appropriate boundaries**. These are clearly laid out for the Falmouth and Penryn Integrated Care forum.

**Updates on Integrated Neighbourhood Teams**

* Integrated Neighbourhood Teams (INTs) are being introduced across the NHS. They are multidisciplinary teams (MDTs) that will deliver coordinated person-centred care within the community. These teams aim is to improve population health and well-being by providing proactive, personalised support with a strong emphasis on prevention and community-led initiatives, all while ensuring more care is delivered closer to home.
* There will be six such teams in the Central Integrated Care area (ICA). One of which will be Falmouth and Penryn. Currently they are in the forming stage of development.

**Brave and Joy Apps Update**

* **Brave**:
  + Currently in **pilot phase**, not ready for rollout.
  + No funding to support full implementation, and its use is on hold. Though when it is implemented at practice level it will be a very useful tool in predicting individual patient risk factors.
* **Joy**:
  + Integrated for use in **referrals**, helping the well-being team with communication and access to patient care notes.

**AOB (Any Other Business)**

* Request to hold another meeting before the autumn AGM. The date to be agreed with the practice.

**Closing Remarks**

* Communication is key, especially in managing funding and expectations at both public and institutional levels. Staff expressed commitment to providing care despite significant challenges. The PPG wholeheartedly expressed its thanks for the outstanding efforts of all staff in delivering the best outcomes for its patients