

ROSMELLYN SURGERY
ALVERTON TERRACE, PENZANCE, CORNWALL, TR18 4JH
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ACTION

Present:	Jeremy Betteridge (JB) Chair Jayne Hocking (JH) Elizabeth Woodworth (EW) Primrose May (PM) Jan Shearn (JS)	Patti Evans (PE) Secretary Liz Berryman (LB) Graham Woodworth (GW) Barbara Whittaker (BW)
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Apologies: None received

- Welcome:** JB welcomed all those present.
- Changes to drug classification.** Dr Power kindly joined the meeting to explain the ramifications of the changes to drug classification. PM felt there should be a pathway to let patients know of changes to controlled drugs as it seemed to cause a delay in prescription. Dr Power said that the way controlled drugs work is that they can only be prescribed by a Dr, which sometimes means there may be a delay in issuing repeat prescriptions. Also (and this now includes Tramadol) the prescription cannot be faxed to the pharmacy, but the original script must now go to the pharmacy. PM asked if such drugs could have a separate page on the Waiting Room site. JB said he would enquire if this could be done.

JB

New changes in legislation – it is currently an offence to drive whilst impaired by any drugs. In March new legislation comes into force where an impairment test will be administered. If it is found you are taking illegal drugs there is no medical defence, but if the controlled drugs are prescribed by your Dr and you are taking them as prescribed and do not feel you are impaired you do have a medical defence. The surgery will be writing a letter asking all people who drive and are on controlled drugs to think about carrying a letter. Drivers will need to attend the surgery to have a conversation with the Dr. JB said he would circulate the proposed letter for comment by the panel.

JB

- St Clare and Sainsburys update.** The surgery at Sainsburys will not be instead of surgeries at Rosmellyn but in addition. The surgery is presently considering which will be the late night there. At the moment patients will be able to pick which clinic to attend, they will also be keeping a couple of slots for walk in appointments. Longer term they will be collaborating with the other surgeries who will be sharing at St Clare. It would appear that the Council have selected Rosmellyn's bid as the preferred one. The surgery is now in negotiation regarding price and are obtaining quotes for the building work required. It is possible that "breaking ground" will commence in June with a prospective move 24 months later. GW asked what would happen to the Rosmellyn building. JB responded that they would either sell, or rent it out.

- Patient Survey.** All results are above the national average and members of the surgery are wondering where to go from there. They have asked the 6 questions on the "friends and family" questionnaire. Of the responses 79 said they would recommend the surgery and one said they would not. JB reported that the prescribing budget is already very low so it's hard to see how they can improve, which means the incentives are hard to attain. Statistically improvement of diagnosis of dementia is a target, but the surgery is already achieving 79 when the target is 80. The response to the questions regarding phone answering were also hard to improve on. JB requested members of the panel respond to him very soon with ideas on how they can dig any deeper with the questionnaires. LB suggested that interaction with Health Watch could be expanded. Health Watch have government funding covering core staffing and it is

run mainly on voluntary help. She told those present that she had recommended Rosmellyn as a baseline good practice.

ALL

There followed a discussion on attracting younger people and JH said she sends all young people who turn 13 a letter telling them about a new Rosmellyn Surgery facebook page.

JB said that he wanted to get health carers out and about visiting the housebound and they are in process of doing that, but time was limited as the health care assistants were busy taking bloods. He would like to take this further. He is also reviewing the patient leaflet and the rules of the patient panel.

GW asked if the two surgeries who would be joining up with Rosmellyn had patient panels and if it would be possible to have a joint meeting. He also asked if the patient panel could see how the collaboration will work before it is set in stone. LB said that patients are worried that they will not be able to see their own Dr after the collaboration. JB reported that there will be efficiencies across the board, but that Rosmellyn want to keep their own patients and ethos. He said that they are working with a company who are very good at amalgamating surgeries and are experts at plotting the patient journey.

JB said not to be afraid of emailing him with ideas for widespread benefit of patients.

ALL

6. Any other business. JS said she had the name of someone who wished to join the patient panel. BW told the panel that people were concerned as to how they were going to get up to St Clare. JB said the surgery would be having discussions with the bus companies.

Next meeting: Will be in March. Date to be advised.

