**Minutes of Portishead Medical Group Patient Group Meeting**

**Tuesday 21st May 2019**

**Matters arising from previous meeting on 4th December 2019:**

These have been summarised in the table below

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| --- | --- | --- | --- | --- | --- |
| **Action No.** | **Date & Source** | **Subject Detail** | **Action Required** | **Progress** | **Date Closed** |
| Apr 2018-1 | Apr 2018 meeting | Actions from IPQ report review | Progress actions from the Improving Practice Questionnaire review meeting (KP and group members) | The meeting took place on 27.09.2018. Further actions were agreed – an update is provided in these minutes | Ongoing |
| Aug 2018-1 | Aug 2018 meeting | Cancer Survivorship | Dr Burtonwood to circulate a questionnaire to ask for thoughts and suggestions to feed into the development of a new service. | Circulated in the meeting on 21.5.19 – an update is provided in these minutes | Ongoing |
| Aug 2018-2 | Aug 2018 meeting | MacMillan Website | Would any member of the group like to look on this website to identify any useful leaflets or information? | The group kindly agreed to have a look and some comments have since been received. Action to be left open. |  |
| Dec 2018-1 | Dec 2018 meeting | Appointments procedures project | CL asked for comments about our appointment system – KP will circulate his email address with the minutes | Circulated on 17.1.19 | 17.1.19 |
| Dec 2018-2 | Dec 2018 meeting | Scripts sent electronically | Kath to provide data on the number of scripts printed vs those sent electronically to pharmacies | Update: in the last 3 months 71% of scripts were issued electronically | 21.05.19 |

The proposed questionnaire titled “Support for patients living with and beyond cancer” from Dr Burtonwood was circulated and briefly discussed. The group asked Kath to send this via email after the meeting with a request for comments/amendments on this questionnaire before it is then circulated to a wider audience (as an online questionnaire).

Kath advised that our website has been updated so that it now contains a more detailed list of the clinics that we offer and how to book into them. RN kindly offered to check the information to see whether it is clear and comprehensive.

**Update on the “Review of Appointments Procedures” Project:**

CL provided a further update on the work that he and RN have been doing to look at appointment systems both within Portishead Medical Group (PMG) and in local practices.

He advised that they have held meetings, looked at other practices in North Somerset, talked to colleagues and also obtained feedback from other areas of the country. In addition they have looked at CQC reports (all surgeries achieved a “good” rating, as did PMG). Within the CQC reports CL was hoping to find recommendations or comments about good practice – the only comment about appointment systems was actually in PMG’s report in which it stated that we use our clinical system and online appointment booking well.

The planned next step was to create and circulate a questionnaire to other practices. However over time RN and CL have concluded that this would involve a large amount of work which is unlikely to identify any solutions or indeed make much difference as there do not seem to be any significant changes that can be identified.

CL feels that it is a positive outcome that they haven’t found any big areas for improvement. The only real finding is that if you can provide more staff then the response is quicker. In the last couple of weeks the media has had many articles about the difficulty in getting a GP appointment. In one article a lady was turned away – CL advised that that wouldn’t happen at PMG as we don’t turn patients away if they need to be seen on the same day - they are booked into the Urgent Surgery.

Regarding comments from the patient group, BR responded with a number of points which CL has reviewed. Most of these points have already been implemented by the surgery. He expressed his thanks to BR for his input.

Kath advised that the PMG website has been updated to provide more information on the appointments that we offer and how to book into the various types of appointment/clinic. Our reception team now ask all patients the reason for their appointment request which enables them to direct the patient to the most appropriate clinic, or to suggest an alternative way to get what they need without having to book a GP appointment.

The queue that waits outside the front door before 8 a.m. was discussed – is there anything we can do? We are sorry that it can be a cold wait outside but unfortunately our phones and appointments aren’t available until 8 a.m.. Kath suggested that one way to make more appointments available on the phone would be to reduce the number that can be booked online but the group did not feel that this would be a viable solution.

Kath also advised that we have set a limit for booking online appointments whereby if a patient already has 3 future appointments booked then it is not possible to book any more online. The purpose of this restriction is to prevent an individual from being able to book lots of future appointments which then reduces the number available for others. This approach can unfortunately cause problems for patients that do need a number of future appointments booked, for example for regular treatment room appointments, but unfortunately we are not able to find a way around this. It was felt that on balance it is better to have the online limit in order to make the availability of appointments as fair as possible.

CL proposed that, while we will keep reviewing our system and discussing issues as they arise, this part of the project can now be completed. A review of online comments about the surgery shows that it compares well to others and all the comments from patients are encouraging. We agreed that we will continue to use these patient meetings as a forum to discuss comments and issues that have been raised with members of the patient group.

The group asked Gerwyn whether we have a limit on the number of people that can be seen in urgent surgery. He advised that there is no limit, this is also the case with our home visits surgery. On a busy day we can potentially see 100 people, as we will keep on fitting people into the list if they need to be seen. We also do get emergencies in this clinic such as chest pain and other conditions that need a hospital admission. Gerwyn also advised that the problems that the GPs tend to see nowadays are longer and more complicated as the simpler problems tend to be diverted to minor illness nurses and pharmacies. In addition, we do a lot more for people than we did 20 years ago as more people are living with 2-3 chronic conditions and need care from the GP for these

Is the emergency surgery abused? Gerwyn advised that it really depends on the individual’s definition of “emergency”. Our reception team will ask the patient for information to help them clarify the problem and decide whether it is an emergency. He doesn’t feel that the surgery is abused very often as so many factors drive our desire to be seen such as illness, feeling vulnerable or other external situations.

Within our clinical system we are able to see whether a patient has tended to request urgent appointments on a regular basis. We also see a lot of children in urgent surgery, especially after school finishes.

We are also able to see the frequency of DNAs (‘did not attend’) and identify patients who do this frequently. We have been looking at this issue for a long time and don’t believe that it is fixable. There is a lot of variation between surgeries and thankfully our DNA rates are quite low. We are not keen to write to people or threaten action if they don’t attend a number of appointments as sometimes there can be an underlying issue - we need to tread carefully.

Phone call appointments are also available. Each GP is allocated 6 phone call appointments per day but some can be pre-booked. Phone calls will also be booked in the urgent surgery where required - on some days 50% of the urgent surgery patient contacts can be phone calls.

**Review the Patient Information Evening on 25th February 2019**

The feedback from the latest information evening was reviewed ([see attached](file:///\\NSomerset.XSWHealth.nhs.uk\GP\Portishead%20Medical%20Group\PracticeArea\MEETINGS\Patient%20Group%20-%20PPG\Info%20Evenings\Information%20evening%2025.02.19%20feedback%20summary.xlsx)).

Comments from the discussion included:

* The meeting was well attended and we are very grateful to all who came. We are glad that they find the sessions useful and that they are likely to pass on the information to others.
* Can we link the evenings to current items in the national press? We will continue to include a ‘hot topic’ section to pick up any topics that appear closer to the date of the evening.
* Some additional suggestions for topics were noted:
  + ‘Post-op wellbeing – what can you expect, how to recover well’
  + ‘Female and male menopause (and links to depression and anxiety)’
  + The various types of scans
  + Sepsis
* We will not decide the topic for our next information evening tonight as we have another patient group meeting scheduled in August. Kath will collate the list of suggestions for that meeting.

**Primary Care Networks**

Kath provided an update on a new requirement from NHS England whereby practices are required to group together into Primary Care Networks.

We are already a member of the ‘Woodspring Locality’ which is a group of all practices in the top half of North Somerset who work together. From within this group of practices we are planning to create two Primary Care Networks, as follows:

1. Tyntesfield (Tyntesfield Medical Group covers the practices in Nailsea and Long Ashton)
2. Gordano and Mendip (the members are Portishead Medical Group, Harbourside Family Practice, Heywood Family Practice, Clevedon Medical Group and Mendip Vale Medical Group)

The intention is to continue working together at locality level for as many clinical services as possible so that we can work effectively alongside other providers such as the community nurses, North Somerset council and community mental health services.

It is still early days and we are waiting to hear whether our proposal has been approved.

The next steps will be to work as Primary Care Networks to:

1. provide more appointments during evenings and weekends,
2. recruit some additional staff over the next few years to work across the network (these are defined as Social Prescribing Link Workers, Clinical Pharmacists, Physician Associates, First Contact Physiotherapists and First Contact Community Paramedics),
3. Deliver more clinical services (further details are yet to be provided)

We will provide updates as more information becomes available.

**Hot topics and any other business:**

**Staff Changes:** We are delighted that Dr Joanna Coyne joined us in April, working 3 days per week. We also have a new Practice Nurse joining us at the beginning of July called Rebecca. She is replacing Alina, who has moved to a practice in Weston.

**Waiting room screen:** There were no suggestions for additional material to be put on the waiting room screen.

**Feedback from patients:** A summary of comments and complaints was circulated (see [attached](file:///\\NSomerset.XSWHealth.nhs.uk\GP\Portishead%20Medical%20Group\PracticeArea\MEETINGS\Patient%20Group%20-%20PPG\Patient%20Group%20Meeting\Feedback%20summary%205%20Dec%202018%20-%2020%20May%202019.docx)). There were no points or issues highlighted for discussion.

**Lloyds Pharmacy Home Deliveries for urgent prescriptions**: Kath advised the group that Lloyds’ home deliveries for prescriptions are now done once a day. We originally added this item to the agenda for the awareness of our Patient Group as were concerned that they will no longer be able to deliver urgent prescriptions on the same day. However we have since concluded that if we come across a patient who cannot find anyone to pick up an urgent prescription for them then we are confident that a member of staff from the surgery or the pharmacy will find a way to get it to them.

**Idea re: community garden:** Kath asked the group for ideas or suggestions as to who we could contact to discuss the idea of a community garden on some of the land here at PMG. The group recommended that we contact Portishead in Bloom.

**Portishead Strollers:** MW and CL advised that they would like more people to contact them about the Portishead Strollers group. Kath will remind clinicians about this excellent group. It was noted that one to one support can be provided if needed.

**Next meetings:**

* + Tuesday, 20th August 2019 7.30 – 9.00 p.m.
  + Tuesday, 10th December 2019 7.30 – 9.00 p.m.

**Next information evening:**

* + Monday, 7th October 2019 7.30 – 9.00 p.m.