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

**Tuesday 21st August 2018**

**1. Welcome and apologies**

Kath thanked everyone for coming.

**2. Matters arising from the last meeting on 10th April 2018 and log of open actions**

* The Action Log was reviewed and updated – an extract of all open items is shown below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action No.** | **Date and 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) | Outstanding. Kath apologised for the delay in arranging this meeting and committed to send an email with suggested dates by the end of this week | Ongoing |
| Apr 2018-2 | Apr 2018 meeting | Every Step Counts | Check that we have information on the website. KP/MW to liaise regarding promotional materials | MW provided materials and these are now on display on the patient screen, noticeboard and website. MW reported that the numbers are increasing towards 60 which is fantastic. | 21.8.18 |
| Apr 2018-3 | Apr 2018 meeting | Palliative Care | Dr Burtonwood to attend August meeting | Dr Burtonwood attended the meeting on 21 August 2018 | 21.8.18 |
| Apr 2018-4 | Apr 2018 meeting | Patient Information Evenings | KP to review previous evenings to identify popular topics | These were provided with the agenda for the meeting on 21.8.18 | 21.8.18 |
| Apr 2018-5 | Apr 2018 meeting | Patient Information Evenings | KP to ask GPs to suggest topics based on areas that patients often worry about | Ideas were circulated in the meeting on 21.8.18 | 21.8.18 |

* **Weekend clinics**

Kath advised that we continue to work with the practices in our locality (Pill, Portishead, Clevedon, Tyntesfield (Nailsea/Backwell/Long Ashton) and Mendip Vale). We are developing a joint plan to ensure that GP appointments are available on Saturdays, Sundays and bank holidays throughout the year. The requirement is that some appointments will be available in one of the surgeries within the group. In reality there will not be many available relative to the number of patients registered with all practices in our locality but they will be available to all patients. We are also expecting to schedule our clinics so that they take place on the nth Saturday each month rather than the current more flexible approach. It was clarified that these appointments will be pre-booked – they are not for emergency or walk-in patients.

* **CQC visit – report**

The formal CQC report which has been produced following our inspection on 23rd March is now available on our website [www.pmg.org.uk](http://www.pmg.org.uk).

* **Clinical services – travel – update**

Kath reported that since changing the way that we book appointments in our travel clinic we have not experienced any problems and have not received negative feedback from patients. It is also been very helpful to our nursing team as it has allowed them to spend more time on other important clinical matters

**3. Advanced Care Planning**

Dr Burtonwood gave a presentation on Advanced Care Planning. A copy of the presentation is [attached](file:///%5C%5CNSomerset.XSWHealth.nhs.uk%5CGP%5CPortishead%20Medical%20Group%5CPracticeArea%5CMEETINGS%5CPatient%20Group%20-%20PPG%5CPatient%20Group%20Meeting%5CCancer%20Survivorship%20PPG%20Presentation%20Handout%2021.8.2018.pdf) and some points from the presentation and discussion are listed below.

* Advanced Care Planning can be described as ‘rainy day planning’ i.e. “How can I maintain the most control over future care decisions?”
* As a society we are starting to recognise the benefits of this approach. What we can do for patients medically is increasing exponentially and life expectancy is increasing rapidly as a result. However quality of life has an important part to play. This approach clarifies and protects the priorities that people have and therefore helps clinicians to act in your best interests, because they now know what these are.
* Dr Burtonwood recommended the Reith lecture given by Dr Atul Gawande (<http://www.bbc.co.uk/programmes/articles/6F2X8TpsxrJpnsq82hggHW/dr-atul-gawande-2014-reith-lectures>) and also his book titled ‘Being Mortal’.
* This approach is recommended for everybody, of all ages. The Gold Standard Framework provides helpful advice including a 5 Step Framework and a “thinking ahead sheet”. More information can be found via this website: <http://www.goldstandardsframework.org.uk/what-are-gold-or-gsf-patients>
* The “Advanced Decision to Refuse Treatment” (ADRT) is a more complex legal mechanism which is used in more specialist circumstances e.g. Motor Neurone Disease. It is legally binding and therefore has to be developed very carefully involving medical specialists and a solicitor. It is very uncommon for this to be revoked.

**4. Cancer Survivorship**

Dr Burtonwood then moved on to present information about a Cancer Survivorship Program. A copy of the presentation is [attached](file:///%5C%5CNSomerset.XSWHealth.nhs.uk%5CGP%5CPortishead%20Medical%20Group%5CPracticeArea%5CMEETINGS%5CPatient%20Group%20-%20PPG%5CPatient%20Group%20Meeting%5CCancer%20Survivorship%20PPG%20Presentation%20Handout%2021.8.2018.pdf)

* By 2020 we expect as many people to be living with or after cancer as are living with diabetes.
* We would like to think about how we can address this area for our population.
* As there was not much time to discuss this in the session it was agreed that Dr Burtonwood will develop a questionnaire which will be sent out to members of our patient group, asking for thoughts and suggestions.
* Some questions that could be asked include,
	+ how do you think it will work?
	+ Who should we initially focus on? E.g. younger patients, those with dependents
	+ how could we advertise it?
	+ How can people enrol?
	+ How would it feel to receive communications through the post from the practice on this topic?
	+ What information will patients need?
	+ What support will patients need?
* The questionnaire should also include space for any other questions or comments

If any members of our patient group would like to look on the MacMillan website to identify useful leaflets and information that could be ordered and provided by the practice in our waiting room we would be grateful for your suggestions.

**5. Ideas for Next Patient Education Evening on 8 October 2018**

To aid the discussion information was circulated to the meeting about topics that have been covered previously (it was thought that it would be good to repeat some of the most popular ones) and topics which GPs have suggested based on the questions that they are asked by patients.

Summary of recent Information Evenings:

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Topic | # feedback forms  | Comments |
| 8/2/2016 | Depression and Common Mental Health Problems | 67 | Very popular, younger people in the audience |
| 20/6/2016 | Cancer Awareness | 47 |  |
| 10/10/2016 | Weight Management and Joint Problems | 48 |  |
| 20/2/2017 | Eyes | 59 |  |
| 12/6/2017 | Summer Health | 23 | Low attendance |
| 2/10/2017 | Cardiovascular and Cerebrovascular Disease | Not known  | Approx. 110 in the audience |
| 12/3/2018 | PMR, Childhood Illnesses and Community Pharmacists | 32 |  |

Suggestions from GPs:

* Skin lesions
* Not being able to see their GP
* The results they have received
* Screening
* Immunisations
* Travel
* When do I need a joint replacement
* Lymes disease (young patients)
* Atrial fibrillation anticoagulation
* Leg swelling - lots recently
* Blood pressure
* Memory
* Do I need aspirin?

The meeting recommended that we choose “Advanced Care Planning” as the topic for 8th October, based on the presentations from this evening. It was agreed that we will combine this with the topic “depression and common mental health problems”.

We will use the GP suggestions when choosing topics for the following information evening.

**6. Hot topics and Any Other Business**

* **Staff changes**

There have been no changes to our clinical team since the last meeting. We have experienced minor changes in our reception team, including Amy who left to start a medical degree.

* **Flu season 2018/19**

Kath advised that this year there is a different vaccine for patients aged 65 and above. This is the “adjuvanted trivalent flu vaccine” which contains an additional ingredient which makes it much more effective for people aged 65+. For patients aged 18 to 64 we are offering the quadrivalent flu vaccine. This protects against 4 strains of flu but is not as effective for people aged 65+.

* **Online Access**

RN raised a concern regarding changes that have been made to the online appointment booking system. KP explained that this is a common concern that we hear frequently. The changes were made without any warning. Sadly the system is developed and supported centrally by a company called EMIS and we therefore have no input or control. However our Assistant Manager Mark Henalla has written to our relationship manager within EMIS to complain about the changes, ongoing problems and the lack of any support for patients. It is taking a large amount of time within practices to try to help patients with the problems they are experiencing. Other members of the group mentioned that they were not having problems with the changes. One feature that particularly causes problems is the system requirement that one email address can only be used for one patient, making it difficult for couples that share an email address or parents that want to make appointments for their children

* **Waiting room screen**

Kath confirmed that there is information on the screen for the Walking for Health programme. No other changes were suggested

* **GDPR**

Kath advised that the introduction of the General Data Protection Regulation legislation has impacted the way that we provide copies of patient medical records. Under this legislation everyone is entitled to ask organisations to provide a copy of the information held about them. The challenge for general practices is that this includes their entire medical record. We used to be able to charge an administration fee to cover some of the administrative cost but this is no longer possible. We have also developed a Privacy Notice which is available via our website.

* **Artwork from Gordano School**

Kath pointed out the lovely pictures in the waiting room and one of our corridors which have been developed by GCSE Art students at Gordano School. We are very grateful to the teachers and students for undertaking this project.

* **Liquid nitrogen clinics**

Kath asked the patient group for their opinion regarding the provision of Liquid Nitrogen Clinics. We are not required to provide these clinics within our NHS contract and the majority of treatments that we provide in these clinics are for warts, skin tags and verrucas, which are generally classed as cosmetic. We are proposing to stop providing these clinics after the end of September 2018 in order to focus clinical time on other patients. There are several private companies that will provide cosmetic treatments for a fee. The meeting agreed that it is acceptable to cease these clinics.

* **Feedback from patients**

A summary of feedback from patients was reviewed ([see attached](file:///Y%3A%5CMEETINGS%5CPatient%20Group%20-%20PPG%5CPatient%20Group%20Meeting%5CFeedback%20summary%209%20April%20-%2020%20August%202018.docx)).

* **Next meetings:**
	+ Tuesday, 4 December 2018 7.30 – 9.00 p.m.
* **Next information evening**
	+ Monday, 8 October 2018 7.30 – 9.00 p.m.