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

**Tuesday 4th April 2017**

**Attendees:**

**1. Welcome and apologies**

KP thanked everyone for coming.

**2. Matters arising from the last meeting on 13th December 2016 and log of open actions**

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

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| --- | --- | --- | --- | --- | --- |
| **Action No.** | **Date and Source** | **Subject Detail** | **Action Required** | **Progress** | **Date Closed** |
| Aug 16-3 | Aug 2016 meeting | Check in screen | Is it possible to remove the statement “GP on time”? | 5.5.17 update: We have discovered (after raising this with the support team several times) that the “on time” statement refers to the patient being on time. | 5/5/17 |
| Dec 16-1 | Dec 2016 meeting | STP evening | KP will ask MA if she is planning a series of consultation evenings about the STP. If so we will offer one of our evenings for the purpose. | Mary is aware of this offer and will be in touch if this would be helpful. | 5/5/17 |
| Dec 16-3 | Dec 2016 meeting | Return equipment to hospitals | Continue to think about this idea | We have been contacted by a charity who would like to coordinate returns to hospitals. The group agreed that we would like to take part. | 5/5/17 |
| Dec 16-4 | Dec 2016 meeting | GPs behind closed doors | Discuss whether to participate with GPs and staff and feedback to the patient group | After talking about this with practice staff we have declined. Our admin staff were keen but clinicians felt that they prefer not to have a camera in the room at all times and also that it may cause concern for patients if cameras are known to be filming within the practice. | 5/5/17 |

MA advised the group that the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan will now be known as the Sustainability and Transformation Partnership.

**3. Is it possible to increase the number of appointments offered on the Internet?**

This question was submitted by MW in advance of the meeting. KP advised that in fact all GP appointments are released online at the same time as they are released to be booked at the front desk or over the phone. We have in the past considered releasing nurse appointments online but these are much more specialised and not all nurses can provide clinics in specialist areas (e.g. cervical screening, COPD, diabetes). Therefore we feel the risk is too high that appointments would be wasted – the national booking system is not able to provide enough information on the website to assist patients to book the right appointment.

We discussed the availability of appointments over Easter. KP advised that more appointments are held back for booking on the day after a longer bank holiday weekend to enable us to meet any demand that has built up over the weekend.

JL mentioned an issue whereby he was booking an appointment online and entered information about the reason for the appointment – by the time he finished entering the information the slot had been taken by someone else. KP to pass this issue back to the central IT team (why does the system not reserve the appointment?). The group asked KP to put information on the website and the patient information screen about how our appointment system works.

Another issue that was mentioned was why MO was not able to book an appointment for his neighbour. KP could not think of a reason why this would have been refused so will take this away to discuss with the reception team.

Advertising well person checks or health checks? A patient noticed a poster advertising health checks but was advised that we are not able to offer these. GO wondered whether this may have been an NHS health check (the number we are allowed to carry out has been drastically reduced) but we will check posters in rooms and the waiting room in case there is an old one still displayed.

**5. Review Patient Education Evening on 20th February 2017**

A summary of feedback received from the patient information evening on 20 February 2017 was reviewed ([see attached](file:///\\l81004-fp01\L81004-PracticeArea\MEETINGS\Critical%20Friends%20-%20PPG\Info%20Evenings\Comments%20from%20patient%20Info%20eve%2020.02.17.docx)).

The evening was very well received but there were still comments about it being hard to hear some of the speakers. It was noted that the microphone stand tends to wilt so next time we will see if lapel mics are available and if not ask the presenters to hold the microphone in their hand.

**6. Plan Next Patient Education Evening – 12th June 2017**

Topics for the next evening were discussed.

It was suggested that we could ask someone senior to talk about the Sustainability and Transformation Partnership – perhaps in the October meeting? MA will ask around and see what might be possible.

After discussing a number of ideas it was agreed that the topic of the next session will be “Summer Health”. This will incorporate topics such as hay fever, stings, bites and ticks, sun protection and the impact of extremes of temperature.

It was suggested that we look for any national campaigns that we can pull information from.

KP to coordinate advertising and liaise with members of the group about logistics for the evening.

MS suggested that “strokes” would be an important topic. GO suggested that we dedicate a whole evening to cardiovascular and cerebrovascular disease. This could be our topic for October 2017. Additional ideas were suggested for the evening, such as what to do in the event of a heart attack or stroke, run a film on how to use a defibrillator and provide information about 1st responders and defibrillators across North Somerset.

**7. Hot Topics**

**Weston General Hospital**

MA advised that the 8 week engagement period on options for Weston Hospital ends on 6 April 2017. A number of public engagement evenings have been held and approx 1000 people have been spoken to in public meetings and community groups. There has also been an online survey available.

The feedback received suggests that people are concerned about a proposed change to the emergency department (a different model from 10 p.m. to 8 a.m.). Other suggestions are to bring more planned surgery into Weston and undertake less complex emergency surgery and to expand the critical care unit (a mixture of high dependency and intensive care beds).

The reason for these proposed changes is more about staff recruitment and retention then cost savings. The team will look at all feedback received and publish a document on the North Somerset CCG website. It was noted that Healthwatch North Somerset are writing this report. If significant changes are proposed there will be a full formal consultation in the Autumn

**Pilot Project – Self Care**

MA advised that she is working with a patient leader named JS on a work stream looking at prevention, early intervention and self-care. They propose a pilot looking at self-care and think that patient groups are very well placed to support and promote this.

They would like to work with Sunnyside Surgery and Portishead Medical Group and advertise for patients to join a group to learn how to self monitor. They would also test different ways to collect and track data, providing trend information to assist in consultations with a clinician.

They want to use a PAM tool (Patient Activation Measure). This is a questionnaire with 13 questions which measures how motivated patients are to look after themselves. If this score can be increased, health outcomes also improve. If this is successful then a scaled up model could be developed for other groups. They would like 12 volunteers to join a group and test this out. The process is supported by the Academic Health Science Network. The group agreed to support this pilot and many members would be willing to join the group to test it out. KP to liaise with MA.

**Staff changes**

Since our last meeting in December we are very pleased to have welcomed a new Advanced Nurse Practitioner, Tracey Taynton and two new GPs – Dr Will Rolls and Dr Zurianah Karim. Sadly, Dr Lucy Prewett left in January to move to a practice in Bristol.

**Waiting room screen**

It was suggested that DNAs are added to the screen. KP to arrange.

**Feedback from patients**

A summary was reviewed ([see attached](file:///\\l81004-fp01\L81004-PracticeArea\MEETINGS\Critical%20Friends%20-%20PPG\Patient%20Group%20Meeting\Feedback%20summary%2013%20Dec%202016%20-%203%20April%202017.docx)). It was also noted that comments are sometimes made about the surgery on NHS choices and it is also possible to give ratings and make comments on the Healthwatch website.

**8. Any Other Business**

**Blood Pressure Clinics:**

KP advised that the nursing team were concerned that patients do not like waiting for the drop in blood pressure clinics and suggested that we change this to pre-bookable appointments. The group felt strongly that this change should not be put in place. The flexibility of the clinic, whereby if patients feel that the wait will be too long they can go away and come back later or the next week, is an advantage. It was agreed that no change will be made.

**Dates for future meetings:**

Patient Education Evenings:

7.30 – 9.00 p.m. at Gordano School

Monday 12th June

Monday 2nd October

Patient Group Meetings:

7.30 – 9.00 p.m. in the Health Centre

Tuesday 22nd August

Tuesday 5th December