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

**Tuesday 23rd August 2016**

**1. Welcome and apologies**

Kath thanked everyone for coming.

**2. Matters arising from the last meeting on 19th April 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** |
| Apr 16-1 | Apr 2016 meeting | Health promotion | KP to develop ideas provided by AP and bring to next meeting | Health promotion material has been added to the noticeboard, website, patient information screen and regular articles in the practice newsletter. The next newsletter will include an article on ‘golden rules’. | 23.8.2016 |
| Apr 16-2 | Apr 2016 meeting | New PN clinics | Liaise with Harbourside to consider joint communication (emphasise confidentiality) | Kath met with Kyla (Harbourside practice manager) and we concluded that in fact it was not necessary to produce joint communications. The additional practice nurse clinics and supporting Thursday afternoon drop-in clinics are being well received. | 23.8.2016 |
| Apr 16-3 | Apr 2016 meeting | Practice strategy | Update strategy and schedule for discussion in next meeting | This has been added to the agenda for today’s meeting | 23.8.2016 |
| Apr 16-4 | Apr 2016 meeting | Flu vaccination | Encourage patients to come to flu clinics run by the surgery, offer more variety of appointments | The letter sent to patients inviting them to have a flu jab this year included additional text encouraging patients to have their flu jab at the practice (a copy of the letter was shared in the meeting). In addition, evening clinics are being offered to help those that struggle to go to the Folk Hall during the day. | 23.8.2016 |

* **Gordano Valley Leg** **Club**: Kath advised that there is a new leg club (for leg ulcer dressings) opening up for the Gordano Valley practices (Clevedon, Portishead and Pill). At the moment we are struggling with the question of transport but we hope that the committee may be able to fund a minibus to transport patients from Portishead to Clevedon. Other possible sources of funding were discussed such as North Somerset Council, Clevedon or Portishead town Council, the Carnival, Portishead Lions or perhaps we could borrow the Gordano School minibus. Kath will pass these suggestions to the leg club committee
* **New patients**: RN asked whether patients are advised that they can book a new patient check when they register with the practice. Kath said that the new patient letter includes an invitation to book a new patient check and in fact the new patient questionnaire also has an item at the bottom of the form to check that one has been offered. Kath took an action to confirm with the reception that both the covering letter and the new patient questionnaire are being handed out to all new patients. Kath asked the group if they felt that it would be acceptable to invite patients to come to the drop-in clinic on Thursday afternoons for their new patient check and it was felt that it was.
* **DNAs**: additional letters have been created so that the nurses are also able to send letters to patients who repeatedly do not attend nurse led clinics.
* **Check in screen**: Kath was asked to look again into the issue where the check in screen says the doctor is on time when in fact they are not. Is it possible to take this statement off the screen?

**3. Practice Strategy:**

The summary of the practice strategy dated 19.4.16 was reviewed (see attached). It was recommended that access/more appointments should be added under section 4 – Patient Services.

The difference between a strategy and an action plan was discussed and Kath will update the strategy to reflect which items have an associated plan being developed plus the likelihood and priority of each item. The strategy must also be written in plain english.

JL recommended that a risk matrix be created with assumptions, issues and dependencies. Each item being developed into a plan should also have some outcomes to answer the question “how will we know if we’ve achieved this?”

It was agreed that the strategy should be taken forward by the practice. Kath will feed back on progress in the next meeting.

JC raised a question regarding point 4.9. She expressed a desire to see GP practices available 24×7. GO explained that there is a 24×7 GP service which is the out of hours service. Other members of the group commented that the demand is not there for routine services at this level and also that it would not be possible to afford the staffing levels required.

A copy of the practices draft mission statement was circulated. This is as follows:

* listening to our patients and involving them in discussions and decisions about their care
* being honest and truthful
* showing that we care
* working hard to keep up good standards in primary healthcare
* promoting health and well-being in our local population
* managing resources wisely so that we can continue to deliver a good service to patients

The group approved this mission statement. Kath advised that her next action will be to review it with clinicians and staff within the practice. She will bring the updated version to the group in the December meeting.

**4. National GP Survey**

The results from the recent national GP survey were reviewed (please see attached summary). It was noted that in terms of access, the practices with the highest score were a mix of small and large practices. JL suggested that it would be useful to see a graph of how PMG’s scores have changed over the last 3 years. He also recommended that Kath adds the range of scores so that the scores achieved can be viewed in context.

**5. Review Patient Information Evening on 20th June 2016**

Feedback received from the patient information evening on 20 June 2016 was reviewed (see attached). The evening ran smoothly, along the usual lines. However it was recognised that some patients struggled to hear the doctors and the practice will ensure that the presenters for the next evening are focused on effective use of the microphone and take a moment to practice beforehand.

It was confirmed that everyone is welcome to attend these information evenings – they do not need to be a patient at PMG

**6. Plan Next Patient Information Evening – 10th October 2016**

The next information evening will take place on Monday, 10 October 2016. Topics for this evening were discussed, including eczema, mental health and whether we can get younger people to come.

Thought was given to what topics would be of interest and it was acknowledged that we need to be alert for fatigue (if people start to get bored of attending these evening sessions). GO suggested that we could consider a double topic and it was agreed that we will combine weight management and joint problems.

The question of who should present the evening was raised. It was felt that there is merit in having local GPs as they already have relationships with residents in Portishead and are used to speaking to patients about more general issues. GO explained that we generally shy away from specialists as they tend to cover a very narrow range and we are trying to take a more broad-brush approach.

For a talk on osteoporosis Shane Clark (a rheumatologist in Bristol) was recommended

It was recommended that we include information about alternative therapists such as chiropractors and how they can help.

RS kindly agreed to publicise the event in the local press once again.

**7. Hot Topics**

* **Waiting Room Screen**: no additional items were identified for the screen in the waiting room.
* **Feedback from patients – 1st April to 12 August 2016:** A summary of feedback was reviewed (please see attached). MW commented that he had done a calculation and thinks that the practice saw 37,090 patients during this period. It was commented that the number of complaints or grumbles was very low in relation to the number of patients seen. It was also suggested that a graph could be developed for the next meeting showing how the numbers of complaints etc. have varied over time.

**8. Any Other Business**

* **Is it true that the CCG is in special measures?** Kath confirmed that this is true. We are currently waiting for clarification about this and to find out what it means in practice for patients and GP surgeries. The North Somerset CCG website is a good source of information and we expect it to be updated with any information that becomes available.
* **Is it possible to turn up the water pressure in the loos?** Kath said that she would look into this.
* **DG mentioned the CCG open session being held on 6 October 2016.** GO raised a concern about the agenda – is it patient driven? He is worried that managers may be ‘parachuted in’ to address the CCG’s problems that may not understand the North Somerset environment and the needs of North Somerset patients. He asked attendees to be aware of this risk during the session.
* **TP asked about AAA screening:** GO advised that this is being done in North Somerset for people who turned 65 after the program started. Patients are being invited during the year in which they turn 65. It is part of a national screening programme – more information is available on the NHS Choices website. The website says that men over 65 can phone up and request a scan at the following number: 0117 4148610.
* **New car park at Southmead Hospital**: the new car park is now open but general opinion was that parking is not much better as staff are now parking in the original car park.
* **ANP’s:** Kath advised that sadly Ruth Hughes (one of our advanced nurse practitioners) is moving to another surgery at the end of September. We are once again reviewing our clinical needs and will advertise a job vacancy to replace her.

1. **Dates for future meetings:**

Patient Information Evening: Monday 10th October 2016

Patient Group Meeting: Tuesday 13th December 2016