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

**Tuesday 19th April 2016**

**1. Welcome and apologies**

Kath thanked everyone for coming.

HE complimented the Portishead Porters and praised the service that they provide for people in Portishead.

**2. Matters arising from the last meeting on 15th December 2015 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 |
| Mar14-3 | March 2014 PPG Report | Waiting time is too long | Practice audit of waiting times. Practice to identify reasons and agree ways to reduce these. | This audit was completed in Jan 2016 and discussed in a doctors’ meeting.Please see the comments below. | 22/1/16 |
| Dec 15-1 | Dec 2015 Meeting | Healthwatch presentation | LA offered to forward a presentation about Healthwatch to KP for circulation | This has been circulated | 5/3/16 |
| Dec 15-2 | Dec 2015 Meeting | Patient info evening | Logistics for next meeting | All completed | 8.2.2016 |
| Dec 15-3 | Dec 2015 Meeting | FFT feedback | Attach a plastic holder next to the check in screen for questionnaires | Installed | Mar 2016 |
| Dec 15-4 | Dec 2015 Meeting | Waiting room screen | Circulate a list of available info for the waiting room screen | Completed | 27.1.16 |
| Dec 15-5 | Dec 2015 Meeting | Waiting room screen | Add waiting room screen as standing item on agendas | Completed | 14.4.16 |
| Dec 15-6 | Dec 2015 Meeting | Contact details | Encourage patients to provide details via waiting room screen | Completed | Mar 2016 |
| Dec 15-7 | Dec 2015 Meeting | Community health promoter | Bid for funding to employ someone. | The bid was not successful | Feb 2016 |

* **Audit of waiting times**: KP reported back following an audit of patient waiting times carried out in January 2016. The audit looked at the number of patients waiting longer than 20 minutes, 30 minutes or more than 10 minutes for the first appointment of the morning or afternoon. One or two actions were taken by individuals but in the main it was recognised that the complexity and number of problems is just too great to deal with in a 10 minute appointment. GO advised that in addition to talking with the patient they also need to type up the record in the patient’s clinical notes which also takes time. We have resisted limiting patients to one problem in the past as they are often interlinked and it is beneficial for the GP to deal with the whole picture. The group supported this approach. The self check in screen will sometimes say that the doctor is on time when this is not the case. KP apologised and advised that she has discussed this with the technical team but was told that it cannot be made any more accurate due to the complexity of the information system.
* **Health promotion in Portishead:** In light of our unsuccessful bid to fund a person to promote health messages in Portishead, KP asked the group if anyone had any ideas how we can improve this. The group felt that we need to continue using the methods available to us and to make the most of the screen in the waiting room. N.B. Some suggestions have been sent prior to the meeting by AP which KP will develop and bring to the next meeting.
* **Practice Nurse clinics**: KP advised that as a result of a retirement within the nursing team and the recruitment of a new nurse the practice is reviewing how practice nurse clinics are used. We now have a weekly drop in blood pressure clinic (on Thursday afternoons) and would like to direct patients who just need a blood pressure check or a simple health check to use that service. This will reserve the longer, more specialised practice nurse appointments for chronic disease reviews. The group supported this proposal, recognising that we need to use our resources appropriately. It was felt that reception staff should ask patients why they would like a practice nurse appointment so that they can direct patients to the right clinic. It was acknowledged that some patients may not want to tell reception staff the reason for their appointment so when we communicate this service we need to ensure that it is clear what the service is for and emphasise that our reception staff are professional and respect patient confidentiality. KP will liaise with Harbourside practice to discuss the possibility of a joint communication in the local press.

**3. Audit of missed appointments in January 2016**

KP advised that MW has raised some questions and reviewed DNA (Did Not Attend) numbers from January 2016. A summary of these missed appointments by age and category is [attached](file:///%5C%5CL81004-FP01%5CL81004-PracticeArea%5CCommon%20Area%5CMEETINGS%5CCritical%20Friends%20-%20PPG%5CPatient%20Group%20Meeting%5CDNA%20summary%20Jan%202016.xlsx).

The figures were discussed and it was noted that the number that cancelled after booking on the same day is disappointing. It was not possible to draw any conclusions. In the previous meeting it had been decided that we should not threaten to remove frequent offenders from our patient list, although KP did advise that we have a letter which is sent to patients who the clinician feels are frequent offenders. KP advised that there have been many national studies on this subject but they have not been able to recommend any significant actions which would make a positive difference.

**4. Practice Strategy**

The practice has been developing a strategy for the next 5 years to enable us to remain focussed on providing excellent patient care in a challenging healthcare environment. Copies of the draft strategy were circulated (see attached). LA commented that these describe objectives so perhaps it would be useful for the patient group to comment on the practice’s plans to meet these objectives. The group agreed that this will be added to the agenda for the next meeting for more detailed discussion. KP to update the strategy to remove jargon and abbreviations and recirculate ([see attached](file:///%5C%5CL81004-FP01%5CL81004-PracticeArea%5CCommon%20Area%5CMEETINGS%5CCritical%20Friends%20-%20PPG%5CPatient%20Group%20Meeting%5CPMG%20Strategy%20Summary%2019.4.16.docx)).

**5. Review Patient Information Evening on 8th February 2016**

The group asked KP and GO to pass on their thanks to the GPs for such a good, informative and well managed evening.

There were a lot of younger attendees which was good to see. It was a good subject choice.

A summary of feedback from the information evening was reviewed ([see attached](file:///%5C%5CL81004-FP01%5CL81004-PracticeArea%5CCommon%20Area%5CENHANCED%20SERVICES%5CPatient%20Participation%5CInfo%20Evenings%5CComments%20from%20patient%20Info%20eve%208.2.16.docx))

The group felt that the evening had been successful and well attended. This has been supported by the feedback received. We will continue to use Gordano School’s lecture theatre when we expect a good number of attendees.

HE commented that we must not be disappointed if not many young people come to the information evenings as it is not the type of format that they are generally interested in, plus they tend to lead busy lives with not much spare time in the evenings. He has spoken to younger people about how they find health information and the answer has consistently been that they look on the internet.

The group will bear this in mind when considering future topics. GO did not feel confident that an evening aimed only at younger people would be well attended for the reasons above.

**6. Plan Next Patient Information Evening – 20th June 2016**

The date of 20th June 2016 was agreed.

Some topics had been suggested in previous feedback including summer health, joints/arthritis, obesity/weight management and cancer. It was felt that summer health may be too small a topic but cancer would be too big. GO suggested ‘cancer awareness’ and this would include what to look out for and skin cancer, linking in well with the date of the meeting (just before summer holidays). It was commented that the emotional aspects and attitude of others to people who have been diagnosed with cancer are also important elements.

Discussion followed whether to invite others in to speak. GO advised that previously he has avoided bring in experts as they tend to give the expert, much more detailed view rather than the view appropriate to primary care appointments. He will contact the CGC again to ask them to identify groups that would be helpful to attend. For example Penny Brohn was suggested.

We will book the Gordano School sixth form lecture theatre.

Communication/publicity will be handled in the same way, as will the feedback forms.

KP will send an email out regarding logistics for the evening.

RS kindly offered to place articles in the local press.

**7. Hot Topics**

* **Waiting Room Screen**: No additional items/topics were identified for the screen. We will review this in every meeting.
* **Promoting flu immunisation**: KP advised that we had to return 400 vaccines this year because local pharmacies were able to offer NHS flu vaccination. GO advised that the objective of the change was to increase immunisation levels but in fact this does not seem to have been achieved overall. Ideas to encourage patients to have their jab in PMG were discussed – such as making the Folk Hall clinics as sociable as possible, something in the invitation letters to patients encouraging them to come to our clinics and looking at opportunities for the practice to offer flu vaccination more flexibly / at additional times.
* **Feedback from patients – September to November 2015:** Kath circulated a summary of feedback received from patients over the last three months. Please refer to the attached document [‘Feedback Summary Dec 2015 – Mar 2016’.](file:///%5C%5CL81004-FP01%5CL81004-PracticeArea%5CCommon%20Area%5CMEETINGS%5CCritical%20Friends%20-%20PPG%5CPatient%20Group%20Meeting%5CFeedback%20summary%20Dec%202015%20-%20Mar%202016.docx)

**8. Any Other Business**

* TP asked who One Care Consortium are. KP explained that they are an organisation which initially consisted of some Bristol GP practices plus Brisdoc and GP who successfully bid for money from the Prime Minister’s Challenge Fund (intended to try out ideas and new models to increase access to Primary Care). IN Wave 2 of the program they successfully managed to bid for additional funding which enabled more practices, including North Somerset and South Gloucester to become involved. We are one of the member practices and are about to start on a pilot with them to trial the benefits of a Mental Health Nurse in GP surgeries.
1. **Dates for future meetings:**

Patient Information Evening: Monday 20th June 2016

Patient Group Meeting: Tuesday 23rd August 2016

Patient Information Evening: Monday 10th October 2016

Patient Group Meeting: Tuesday 13th December 2016