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

**Tuesday 15th December 2015**

**1. Welcome and apologies**

Kath thanked everyone for coming, and welcomed Healthwatch.

**2. Matters arising from the last meeting on 25th August 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. | 25.8.15: The planned audit for May 2015 is overdue. KP apologized and promised to arrange this.  Often 10 minutes is not enough to deal with the number or complexity of problems raised in consultations.  Action still outstanding – KP to undertake this ASAP |  |
| Apr 15-6 | Meeting 22.4.15 | Comments from patients | Create a prescription team with protected time | This team has been created and prescription admin hours increased. | 15.12.15 |
| Aug 15-1 | Meeting 25.8.15 | Practice Strategy | As this develops it will be discussed with the patient group | Still under development | Ongoing |
| Aug 15-2 | Meeting 25.8.15 | Electronic prescribing | Display posters and messages when the system is live | Displayed in Sept | 15.12.15 |
| Aug 15-3 | Meeting 25.8.15 | Number of DNAs | Reinstate poster on the board to say how many appointments have been missed | Now on display | 15.12.15 |

* Kath advised that a member of Harbourside Family Practice’s patient group is attending the One Care Consortium meetings and has kindly offered to represent both practices. This was accepted with thanks. It was commented that it would be useful to see the minutes from these meetings. Lance also offered to send a relevant presentation.
* Kath also advised that the volunteer role unfortunately did not materialise but we will continue to look out for opportunities.
* JL queried data sharing and access to records, in particular regarding One Care Consortium developments. GO explained that being able to access the data for a patient is very helpful, for example when providing care with the Out of Hours service. Consent is required from the patient on each occasion before the record is accessed.
* A question was asked about the Prime Minister’s Challenge Fund and how a 7 day service will work. GO explained that the North Somerset model involves using the Out of Hours service to provide weekend reviews for patients that need them.

**3. Healthwatch**

DP from Healthwatch gave an interesting talk which included the following information:

* Healthwatch is one of 152 local organisations set up under the national body Healthwatch England.
* It was rolled out following the 2012 Health and Social Care Act which set out obligations for the public to be consulted.
* Healthwatch is a statutory organisation. By law it has to listen to people and the government has to listen to Healthwatch England.
* It is an independent body and charity so is not part of the NHS.
* Note that Healthwatch is not a complaints service or an inspection service.
* Healthwatch does not follow up individual concerns but looks for trends and common issues. For example in the New Year they will be looking at diabetes support services following a number of concerns that have been raised. They will also be looking at care homes.
* All reports are available on the Healthwatch website <http://www.healthwatchnorthsomerset.co.uk/>.
* Healthwatch acts proactively to go out and get feedback. For example they host stalls at local events and hold monthly sessions in local libraries.
* They also attend local healthcare meetings in order to give the community’s views.
* Healthwatch receives a grant from North Somerset Council and employs 3.5 full time staff. In addition they have 30-40 volunteers. Volunteers collect information and then staff do the background work and produce reports. Healthwatch are also able to write to organisations and demand a response within a specified timescale.
* DP emphasised that it is our (the population’s) responsibility to improve our own health.
* Healthwatch will place adverts in the local press in January to increase awareness amongst the public.
* DP circulated information on how to volunteer with Healthwatch and this can also be found on the Healthwatch North Somerset website.
* Feedback can also be given via the Healthwatch North Somerset website.

**4. Review Patient Information Evening on 12th October 2015**

A summary of feedback from the information evening was reviewed ([see attached](file:///\\L81004-FP01\L81004-PracticeArea\Common%20Area\ENHANCED%20SERVICES\Patient%20Participation\Info%20Evenings\Info%20Eve%20Summary%20Womens%20Health%2012.10.15.docx))

The group felt that the evening had been successful and 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.

**5. Plan Next Patient Information Evening – 8th February 2016**

It was agreed in the last meeting that the topic of our February information evening will be depression and common mental health problems. The date of 8th February 2016 was agreed.

Dr Owen will once again contact North Somerset CCG to discuss whether supporting organisations may like to be present at the event. He will also 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.

JL advised that he has seen an article about an educational course which teaches people how to identify, understand and help a person who may be developing a mental health issue. If anyone is interested in learning more about this please visit the Mental Health First Aid England website <http://mhfaengland.org>.

Healthwatch will be invited to attend and host a stall. One Care Consortium would also be welcome to attend and observe how we run these meetings.

**6. Hot Topics**

* **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 Sept-Nov 2015’](file:///\\L81004-FP01\L81004-PracticeArea\Common%20Area\MEETINGS\Critical%20Friends%20-%20PPG\Patient%20Group%20Meeting\Feedback%20summary%20Sept%20-%20Nov%202015.docx).

It was noted that there are more compliments that complaints/grumbles which is good to see. The low response rate for Friends and Family Test questionnaires was discussed. It was suggested that a plastic holder could be fixed to the wall next to the self check-in screen for questionnaires.

* **Patient Information Screen**: Kath advised that we have successfully bid for funding to install a new information screen in the waiting room. This is very welcome as it will enable us to display information, videos and animations without any adverts (which the free solutions on the market all contain). The group discussed possibilities for this screen and the information that can be displayed. Kath was asked to circulate a list of the information that is available to give the group some ideas of what is possible (to be circulated once it is available). The group will suggest topics to be covered. We also discussed whether a member of the patient group would be willing to be involved in the display screen – recommending what displays and information should be included and would be of interest to patients. It was agreed that this should be a standing item on the agenda.

**6. Any Other Business**

* DNAs: The meeting discussed whether it would be appropriate to impose any penalties to patients who continually do not turn up to appointments (DNA). For example after a set number of warnings they could be restricted to ‘book on the day’ appointments. While the group could understand the reasoning behind this the advice from Healthwatch was that this should not be considered. It was agreed that the Practice will send letters to patients who repeatedly DNA to advise them that it wastes resources and remind them how to cancel an appointment if it is not needed.
* A plea for up to date contact details and tips for how to use the appointment system will be added to the list for the patient information screen.
* VB stated that the appointment system is the best that she has ever seen.
* Kath advised that the Practice (together with Harbourside in Portishead and Heywood Family Practice in Pill) have submitted a bid to fund a ‘community health promoter’ role to promote key health messages to residents. Messages will include how to use health services appropriately and how to self-care and keep yourself as well as possible. She asked if the group feel willing to take a lead in this area and this was positively received. When more information is available Kath will send it in an email and ask whether anyone would be willing to get involved. Ideas for health promotion activities were suggested including stalls in libraries, supermarkets and leaflets for new residents via local estate agents. We could also communicate the impact on patients and services of missed appointments. It was suggested that we should liaise with the Care Navigator Service at North Somerset Council to ensure that there is no duplication with their service.

1. **Dates for future meetings:**

Patient Information Evening: Monday 8th February 2016

Patient Group Meeting: Tuesday 19th April 2016

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