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

**Tuesday 4th December 2018**

**Matters arising from previous meeting on 21st August 2018:**

These have been summarised in the table below

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| **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) | The meeting took place on 27.09.2018. Further actions were agreed which are being progressed. |  |
| Aug 2018-1 | Aug 2018 meeting | Cancer Survivorship | Dr Burtonwood to circulate a questionnaire to ask for thoughts and suggestions to feed into the development of a new service. | Dr Burtonwood has not yet managed to find time to develop this questionnaire | Ongoing |
| Aug 2018-2 | Aug 2018 meeting | MacMillan Website | Would any member of the group like to look on this website to identify any useful leaflets or information? | KP to provide the web address with the minutes. Members of the PPG will have a look and suggest resources to Kath **www.macmillan.org.uk** | Ongoing |
| Aug 2018-3 | Aug 2018 meeting | Next patient info evening | Look at the list of suggestions from GPs to choose the topic for the next evening | This was discussed in the meeting | 4.12.18 |

**Update on the Review of Appointments Procedures Project:**

CL advised the group that he and RN have followed up on actions from the Improving Practice Questionnaire (IPQ) meeting, looking at the appointment booking systems in local practices.

They have already held planning meetings in October and November and will be holding another meeting in January.

They are planning to ask practices what they do regarding their appointments and how they book them. They may also look at how they use their websites. In addition they have reviewed practices’ CQC reports and met with our appointments coordinator.

CL noted that in Portishead Medical Group’s CQC report we were categorised as a good practice and it mentions that we are an NHS showcase practice for online access.

Local practices had advised that they prefer a questionnaire to complete so CL and RN will develop one.

The plan is to collate responses to these questionnaires to see whether they can identify any improvements for Portishead Medical Group. CL advised that his current gut feeling, having looked at local practices and chatting to people from other areas (including looking at CQC reports for practices in other areas), is that we may well find that we can't improve much on what we already have.

He mentioned that some practices triage appointment requests - this tends to be for practices with over 10,000 patients.

It is a complicated subject with many issues to consider therefore they will focus in on specific key areas.

Locally all practices are using the Patient Access system to book appointments.

CL and RN will draft a questionnaire then review it with Kath.

CL asked the group whether they would be happy to send him some bullet points regarding the appointment system of things to be aware of or to consider. It was agreed that Kath will circulate CL’s email address with this request.

**Repeat Prescriptions:**

MO raised a concern that every time she comes in to pick up a prescription (approximately 5 times recently) she has found that the prescription is not there to be collected. Kath apologised and talked about how repeat prescriptions are processed.

To avoid the risk of pieces of paper going astray we strongly advise that:

1. Repeat prescriptions are requested via the online system and
2. Patients sign up for “EPS” (the Electronic Prescription Service) with pharmacies. This allows us to send the prescription electronically to the pharmacy and provides an audit trail for every step of the process so that we can see where the prescription is in the process and which pharmacy it has been sent to. We recently did some work with a CCG pharmacist to “improve” our prescription process but this had unintended consequences, for example we were advised to reject prescription requests that were put in too early (for medication wastage reasons) but this led to confusion for patients who assumed it would be done and then had a nasty surprise when they came in to collect it. We have since updated our system to increase the length of time that we will accept prescriptions before they are due (to 1 month) and to add a comment on the clinical records so that we have an audit trail.

We do our best to keep on top of the hundreds of paper prescriptions and prescription requests that we deal with every day and do often find that patients are sent back to the practice by a pharmacy when in fact the prescription was at the pharmacy all along.

It is a difficult area and we hope that the increasing emphasis on online requests and electronic transfers will continue to reduce problems in this area.

The meeting asked Kath to see if it is possible to obtain data on the number of scripts printed versus those sent electronically to pharmacies via EPS.

**Review patient information evening on 8th October 2018:**

Kath circulated a summary of the comments from this meeting (see attached). The topic was “Depression & Common Mental Health Problems and Advance Care Planning”.

Kath confirmed that all presentation notes (and meeting minutes) are uploaded to our website. We agreed that in future we will ask the chair of the session to tell attendees that they will be available on our website.

It was noted that the CAMHS Service has a very long waiting list and is unable to support a lot of children and young people that GPs would like to refer. We were advised that Portishead Youth Centre have opened up a room for lunch time drop-in mental health sessions for students Gordano School.

**Ideas for next patient information evening in March 2019:**

In the last meeting it was proposed that we should ask the GPs what suggestions they would like us to cover in an information evening. The meeting agreed that it is good to choose a core subject plus some other useful areas. It was agreed that skin lesions would be a good topic before summer comes and this would tie in with travel too. The importance of weight management and its effect on other conditions was also suggested. In conclusion, the meeting would like to ask the doctors to choose 3 or 4 items from this list (see below) and present them as individual short sections, creating a general information evening.

The date of the next information evening will be confirmed as soon as Kath has confirmation of dates from Dr Owen and Gordano School.

***Update: The information evening will hopefully take place on Monday 25th February 2019.***

Suggestions from GPs:

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

**Hot topics and any other business:**

**Staff Changes:** Kath advised that there have been no staff changes to date but unfortunately Dr Ogden has decided to move to a practice in central Bristol as he is moving home and this new practice will be only 5 minutes away from where he will be living. He leaves at the beginning of January.

**Flu season 2018-2019:** Kath advised that despite issues with the availability of vaccines and the added complication of different Vaccines for different age groups we are pleased that we have achieved a higher coverage than we did last year. Our understanding is that the same arrangements will be in place for next year i.e. the Adjuvanted vaccine will be given to people aged over 65 again as it builds better immunity in this age group than the alternative.

**Waiting room screen:** There were no suggestions for additional material to be put on the waiting room screen.

**Feedback from patients:** A summary of feedback was circulated in the meeting covering the period 21st August to 4th December 2018 (see attached). The topic of appointment availability was discussed and Kath explained the rationale behind our appointment system - we need to strike a balance between people that need to plan ahead for ongoing chronic conditions against people that become ill and need to be seen on the day. She advised that there continues to be a national shortage of GPs which continues to cause problems for us. We have experienced clinicians who were not looking for another job being phoned up out of the blue and offered more money or a location much closer to home. As there is a national shortage of clinicians it is not easy to replace them quickly. It is certainly no longer possible to cover unexpected illness or absence with locums as they are in such short supply. We try to enhance our clinical team with other roles, for example advanced nurse practitioners, but these are increasingly in demand too.  We do our best by offering a variety of clinicians and speaking to patients to understand what they need so that we can offer alternatives if they are available. Any urgent problems will always be seen the same day by our urgent or visit GP.

**Next meetings:**

* + Tuesday, 21st May 2019 7.30 – 9.00 p.m.
	+ Tuesday, 20th August 2019 7.30 – 9.00 p.m.
	+ Tuesday, 10th December 2019 7.30 – 9.00 p.m.

**Next information evening:**

* + Monday 25th February 2019 7.30 – 9.00 p.m. (to be confirmed)
	+ Monday, 7th October 2019 7.30 – 9.00 p.m.