

MINUTES OF BEDMINSTER FAMILY PRACTICE PATIENT PARTICIPATION GROUP WEDNESDAY 28TH SEPTEMBER 2016

<p><u>Attendees:</u></p> <p>Vincent Payne (VP) Brian Richards (BR) Dr Patrick Nearney (PN) Gaenor Cashman (GC) Campbell Mackenzie (CM) Sue Marshall (SM) Valerie West (VW) Rose Ross (RR) Brent Stephen (BS) Jamie Turner (JT)</p> <p>Chair: Brian Richards Minutes: Rose Ross</p>	<p><u>Apologies:</u></p> <p>Leonard Glynn Pauline Glynn Dr Jane Collyer</p> <p><u>Copies to:</u></p> <p>Those present Apologies Virtual PPG members Deb O'Brien Liz Searle</p>
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	ACTION
<p>1.0 Welcome As LG had sent his apologies RR requested BR to chair the meeting. BR welcomed all to the meeting.</p> <p>Apologies: Apologies received Leonard Glynn, Pauline Glynn and Dr Jane Collyer</p>	
<p>2. Approval of previous minutes BR said that he had been referring to the clock on the ground floor not in the upstairs waiting room when he asked for the clock to be replaced. The previous minutes were approved.</p>	RR
<p>3. Actions from the previous minutes</p> <p>New PPG recruits BS reported that it had not been possible to arrange an open evening that summer and suggested that the flu clinic on the 15th October was used to try to engage new recruits. It was agreed to have an information table manned by members of the PPG. VW offered to attend. RR said she would e-mail members to see if others were available to help.</p> <p>BMG Patient Group - Gaywood House is interested and we are waiting to hear back from the other practices</p> <p>Confidentiality Forms RR distributed the confidentiality forms. One member raised the objection to signing the form .</p>	<p style="text-align: center;">RR</p> <p style="text-align: center;">BS</p>

<p>4. Feedback of complaints and suggestions</p> <p>Compliments and suggestions BS reported that for quarter 2 there had been no suggestions and a few compliments.</p> <p>Complaints BS said that most complaints were regarding the difficulty in accessing appointments and the problem that the telephone lines were continually full so that patients could not get through. He said that a nurse practitioner was soon to be appointed and that this should help the appointment situation.</p>	
<p>5. Update on Survey The survey was set up to try to understand how patients wished to access information. BS said that the preferred trend appears to be electronic. BR commented that the majority of older people are not keen on electronic.</p>	
<p>6. NAPP report CM was concerned that PPG members were not accessing the NAPP E-Bulletin monthly and suggested that a computer was available at each meeting to highlight the items mentioned. BS agreed to ensure a computer was at the meeting. RR pointed out that she distributes copies to all member either by e-mail or post (usually with the minutes)</p> <p>Improving GP interface with patient Concern was expressed that hospital letters did not always appear to have been read prior to a follow up GP appointment. PN responded that some hospital correspondence can be delayed and that the GP seeing the patient may not have been the GP who was work flowed into the original document. To reduce GP`s workload the Practice is reviewing the range of documents that will be sent to GPs for reading. A robust administrative process will be put in place to ensure when actions are required they are picked up.</p> <p>PPG attendance at Practice Meetings Discussion again took place regarding the attendance of PPG members at Practice Meetings. Due to the clinical nature of the meetings where patient information may be discussed PPG members will not be invited to attend. This complies with the Information Governance data protection.</p> <p>PPG meeting agenda It was agreed that PPG meetings need to be more constructive and there needs to be more productive outcomes. This will be dependent upon the contributions made to the agenda by the PPG members.</p>	BS
<p>7. a) RSVP Update This project which aims at having volunteers to transport or befriend some of the practices` lonely and isolated older patients now has volunteers getting into training. Patients are being match up with volunteers across practices. There is a need for some volunteer drivers.</p> <p>b) Community Web This is a Pilot being run in Bedminster. The objective is to identify those key</p>	

<p>services that need to be accessed by patients, with the help of `Navigators`, that patients currently access through GP appointments. The basket of services identified by GPs to start this Pilot with are: home repair/foot care/bereavement/report writing/mental health 18-25.</p>	
<p>8. Accessible Information</p> <p>If patients have a disability, impairment or sensory loss, the practice would like to make sure that the patient is able to access information in a format that they understand and provide any communication support that they might need. Connecting with local self- help groups in the community to raise awareness and see what the practice could do. Eg large print, BSL, Braille</p>	
<p>9. Practice update</p> <p>We have recruited an emergency nurse practitioner (ENP) We hope that this will create more GP time to deal with long term conditions. The ENP will hold a surgery on Monday, Thursday and Friday.</p>	
<p>10. Any other business</p> <p>Discussion took place around the complex health and social environment the Practice finds itself in. While the Practice concentrated together with other local practices, on becoming as sustainable as possible, it also engaged in discussions with NHS England, Bristol CCG and Bristol City Council to help shape the way forward.</p>	
<p>Next Meeting: Thursday 10th November 3.30pm</p> <p>(Please note the change of day)</p>	

The Patient Participation Group plays an important role in the life of Bedminster Family Practice. If you want to get involved, please ask a receptionist