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| **SWAN LANE MEDICAL CENTRE****MEETING MINUTES**  |
| **MEETING** | Patient Focus Group  |
| **DATE** | 19th June 2018 | **TIME** | 6.30 pm  |
| **PRESENT**  | JWHZTHRWDHHV |  |  |  |
| **Minute****Taker** | TH |

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| **1 APOLOGIES** | **ACTION** |
| JH, SP. It was noted that DL & DL have both resigned from the Patient Focus Group.  |  |
| **2 MINTUES OF THE LAST MEETING** | **ACTION** |
| Agreed |  |
| **3 MATTERS ARISING** | **ACTION** |
| 1. **Practice Telephone Message**

The telephone message has now been condensed as much as is possible. Other matters arising from the last meeting were discussed as part of agenda item 4.  |  |
| **4 2017/18 PROGRESS REPORT ON ACTION PLAN TARGETS**  | **ACTION** |
| The practice 2017/18 year end progress report against action plans was circulated for discussion. The following points were noted. **Online Uptake/Service**The practice patient population for online services target is 20%, to date the practice has achieved 22%. JW promoted the use of myGP App which is a smartphone app which patients can download and use to manage their GP and nurse appointments . The App can also be used to manage appointments for dependants, monitor & track health and for medication reminders. There was a discussion around booking appointments online and the reduction of available future appointments. It was noted by JW that not all appointments are available to book online and receptionists can help patients to book suitable future appointments over the telephone if they are not accessible online. * **Cancer Screening**

**Cervical Screening** The practice used a telephone ring round approach to encourage eligible patients to take advantage of cervical screening. This method was successful and the uptake of cervical screening has increased. **Breast Screening** The practice uptake for breast screening to date has increased to 77%. **Bowel Screening** The uptake for bowel screening has also increased and to date the uptake sits at 50.2%. The Neighbourhood Working Team have and continue to organise events promoting health and wellbeing in the area including the benefits of cancer screening. * **GP Patient Survey Results**

**Standardised Receptionist Scripts**The Reception Supervisor is in the process of developing standard responses to help receptionists deal with abusive patients, patient complaints and difficult situations to aid conflict resolution. DL offered her assistance in developing the responses. * **Patient Comments Box/Waiting Room Stand**

The patient comment box in the waiting room has attracted little response. The comments which have been received however have all been from a positive perspective. It was pointed out that the comments box is not situated in a particularly prominent area of the waiting. It was agreed to move the box to a more visible position and this has now been done. DH suggested a brief two question survey via a different method such as text message would encourage patients to participate more in providing feedback. * **Telephone Access**

Telephone access has increased from 70% to 84%.  |  |
| **5 FORTHCOMING RETIREMENT OF PRACTICE MANAGER AND ARRANGEMENTS FOR FUTURE MEETINGS AND AREAS FOR DEVELOPMENT**  | **ACTION** |
| At the beginning of the meeting JW introduced HS to the patient focus group. HS will be taking over the role of Practice Manager when JW retires at the end of June. HS will be leading future patient focus group meetings with the assistance of TH, Assistant Practice Manager. JW invited the members of the patient focus group to talk about past meetings and how they would like future meetings to progress. It was agreed that the meetings have changed significantly and evolved over the years and that JW had led and held the meetings to a high standard and action points have been addressed. A discussion about the relevance of the depth of information in very detailed reports circulated to the patient focus group. It was agreed that there are positive and negatives points to lengthy detailed reports. It was noted that the detailed reports include information of all practice changes are useful to reflected upon to identify future action plans. It was mentioned that members in the past have had limited capacity to offer meaningful support to bring about change and suggested that future action plans could include areas that have more scope for the patient focus group members to be able to make a constructive contribution. It was also suggested that in addition to the practice manager the GPs could get involved with what they would like the patient focus group to get on board with. It was agreed not to set an agenda at this point for the full year and instead look at areas and topics that arise as the year progresses. A discussion around a future action plan for 18/19 was held and it was agreed to focus on the following: * Raising awareness of prostate cancer
* Raising awareness of Septicaemia and meningitis
* Promotion of AAA Screening in males over 65

It was agreed to leave some flexibility in the action plan to agree on further action plans when the Patient Survey is available which is expected in September .  |  |
| **6 FUTURE MEETING DATES 18/19**  | **ACTION** |
| Future patient focus group meetings have been scheduled for: 18/09/201811/12/201805/03/2019 |  |
| **7 STAFFING UPDATE** | **ACTION** |
| * **Health Improvement Practitioners**

Health Improvement Practitioners also known as HIPs are employed by Bolton CCG and spend time in the practice seeing patients face to face looking at lifestyle and behavioural patterns to bring about positive lifestyle changes and improving health. It was agreed to invite our regular HIP to the next patient focus group meeting to provide the members with a full overview of what services they can provide patients. * **Practice Nurse Retirement**

A practice nurse has recently retired leaving the practice with two practice nurses and two Assistant Practitioners. As the practice now has the extra support of the HIPs and increased nurse appointment capacity at the HUB it has been decided that the practice will not be recruiting another practice nurse at this point. * **Pharmacist**

Pharmacists employed by Bolton CCG have been deployed to spend time each week in practice. The practice Pharmacist works in practice 3 days a week and supports the GPs with medication reviews, reconciling of medications from patient hospital discharge summaries and out-patient letters and other medication related issues.  | **HS/TH**  |
| **8 ANY OTHER BUSINESS** | **ACTION** |
| 1. **Sharing of Patient Medical Records**

JW gave an explanation* Systmone Sharing

Records are shared with the Bolton GP Federation who is also a systmone user and require access to patients’ medical records when patients attend appointments at Dean Medical Centre and Halliwell Medical Centre (HUB) in the evenings and weekends. Records are shared as there is a clinical risk treating patients without their medical records. Patients are asked for consent to share records with the Bolton GP Federation at the time of booking these appointments. * Bolton Summary Care Records

If a patient has consented to Bolton Summary Care Records some of their medical records with be shared with other health and social care providers in Bolton, promoting joined up care being safer care. 1. **Staff Board**

It was suggested that it would be useful for patients if the practice had a staff board with names and pictures and job titles. It was agreed this was a good idea and HS/TH will action this point.  | **HS/TH**  |

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| **NEXT MEETING DATE** | 18th September 2018 |