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| **Portland Medical Practice** | **PATIENT PARTICIPATION GROUP (PPG) MEETING**  **Wednesday 26th April 2023 5.00 pm** |

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|  | Attended by: Gail Jukes (GJ), Sue Cousins (SCo), Hilary Mulholland (HM), Pat Morris (PM), Antony Cashmore (AC) Surkita Chauhan (SCh) David Morgan (DM), Dr Saeed (Dr S)  Apologies from: Melinda Green, John Hipkiss, Jane Humphreys, Liz Smith | Action |
| 1. | Minutes of the last meeting – agreed as an accurate record.  Matters arising: increasing membership, agreed to approach Northgate PPG to offer collaboration on project to request pharmacies to hand PPG flyers to customers. | SCo to approach Northgate PPG |
| 2. | Election of committee members  Sue Cousins to continue to act as Chairperson, Hilary Mulholland to become secretary. No one currently willing to take on regular role as deputy chair; Antony Cashmore volunteered to chair meetings in the absence of the Chairperson. |  |
| 3. | Waiting room displays: no one currently wishes to take on this role fully. GJ offered to assist SCo with this. | SCo to suggest dates. |
| 4. | Role of the practice nursing team – item deferred due to pressures on the practice and staff absences. |  |
| 5. | Health promotion events:   * PM and GJ described problems with a recent event focusing on diabetes. GJ telephoned to check timing but reception staff had no information/were unaware of any event. PM attended, only two other attendees and 5 members of staff. S Ch had been made aware of this before the meeting and advised that the event was arranged by the social prescribers who are employed by the Primary Care Network (PCN). S Ch will liaise with the PCN manager. This event was open to patients covered by the East 2 PCN (Blackwood, Collingwood, Northgate, Portland and Rushall). All agreed that with improved communication this would be a helpful resource for patients. Events are held monthly and there is also a weekly social/warm space event. * Can the PPG assist with events – previously members have supported health promotion events by making refreshments etc, and have helped patients attending vaccination clinics. Members expressed willingness to continue to offer support to any activity identified by the practice. Dr S said that this would be helpful. * AC suggested prostate cancer/men’s health as a possible future topic. Dr S said that although the practice would like to be able to offer more health promotion activities this has an impact on other services which are under high pressure. He did suggest that the practice could send out a text message to selected patients listing indicators of prostrate cancer and advising men to seek advice if they had any symptoms. The system allows for text messages of up to 612 characters in length. * AC expressed concern regarding vulnerable people being targeted by scams and fraudulent activity; although not a medical issue he suggested use of the tv screen and/or posters to advertise/warn patients. S Co will contact the local Neighbourhood Watch group for advice/resources. | S Ch  S Co |
| 6. | Patient attendance: DNA (Did Not Attend) rates. S Ch reported that in the first three months of this year 522 patients failed to attend appointments. This is a non-attendance rate of 3.5%. The group felt that this is a shocking waste of resources. Dr S mentioned that on some occasions parents who are very concerned about an unwell child will attend the Urgent Care Centre rather than waiting for an urgent same day appointment they have booked. He commented that the new accuRx system allows appointment reminders to be sent, which may assist to reduce DNAs.  AC suggested that positive feedback could be helpful, and that perhaps the waiting room screen could display thanks to patients who have kept their appointments.  A question was raised regarding what happens if patients are late in arriving for their appointment. Dr S this is dependent on how late they are; they will be fitted in if possible. If it is 5 or 10 minutes they can usually be seen, 15 – 20 minutes is more difficult and more than 30 minutes is not possible due to the impact on other patients. | S Ch |
| 7. | Practice update: Dr S reported that a high level of satisfaction is still being reported on patient feedback forms. The recent strike by junior doctors hit the practice hard as none of the registrars were at work during the affected week. This has had an impact on appointments; waiting times for non-urgent problems have increased to 10 days. This will be further affected by the string of Bank Holiday Monday closures coming up. |  |
| 8. | Any other business:  GJ raised concerns around build ups of medication in patient’s homes, particularly people approaching end of life. This had been highlighted to her following deaths of 3 people (not necessarily Portland patients) who were found to have large amounts of unused medicines, some of which had continued to be provided on repeat but which was not needed. She also mentioned instances of patients passing on unused or medication not needed to other people.  Dr S commented that there is known to be a big discrepancy between what is prescribed and what is actually used by patients.  DM mentioned that for those patients who use pharmacy services to automatically reorder medication there can be a build up of some medication or getting items no longer needed. The pharmacy will order in advance and on occasions when he has not required everything on his repeat medication list the pharmacy has been reluctant to remove items as it may present difficulties on subsequent months.  It was agreed to invite the practice pharmacist to come to the next meeting. |  |
| 9. | Date of the next meeting: Wednesday 26th July  As the 5.00 pm meeting time does not seem to help attendance of working members it was agreed to bring the time forward to 4.00 pm. |  |