

**Minutes of the Patient Group Meeting held on Monday 25 September 2017  
2pm in Meeting Room 1, Clifton Cornerstone.**

**Present:** M Brooks (Chair) F Shelley, R Mitcheson J Groves, Mr J Williams, Ms T Priest, Ms P Roberts, Mr & Mrs M Murden, Mrs Deaton, Mr Fuller

Item	Discussion	Action
<b>Introductions</b>	Everyone introduced themselves and it was explained to patients that by signing the attendance sheet they agree to their name being on the minutes which may go to outside organisations and will be on the website. Apologies were received from Mr P Deaton	
<b>Minutes of meeting held on 18 Nov 2016</b>	These were not discussed as there were no actions. A copy of the minutes was offered to all attendees.	
<b>Since last meeting</b>	The Chair updated the group on the progress on the practice since the last meeting as follows:  Clinical Pharmacist has settled well within the Practice offering medication reviews. Dr Beeching is returning to work in November. Telehealth in nursing homes in Clifton has started but is slower to develop than we anticipated. Family & Friends Survey continues. All results are on NHS choices and practice website. Telederm – progressing well with a number of referrals. We currently have a Practice Nurse on maternity leave. Dr Al-Araji has left the Practice. New apprentice to start in the next couple of weeks.	
<b>Feedback on National Survey</b>	List size holding steady at 8288  We have had to use a number of locums to cover GP slots following the departure of Dr Al-Araji to try to improve access. Whilst these Locums see patients they do not cover home visits, paperwork or take telephone calls. The closure of CNAP had also impacted on the workload of all three GP practices.  The practice also scored badly on telephone access and the Chair explained that we are making changes to the telephone configuration to try to direct calls more appropriately.  In addition, the practice would be taking part in a signposting project which was supported by the GPs. This had been tried nationally and had saved a number of GP appointments over the period of the pilot.  When patients get through to the surgery and see a doctor or nurse the results were much better. The patients present at the group said that they were all very happy with the service and thought it was a good practice with excellent doctors and nurses.  The Chair also pointed out the last results for the family and friend's test stood at 77% would recommend the practice to their family and friends.	
<b>Primary Care Offer</b>	The patients were asked for their feedback on The changes introduced with the primary care offer.  The earlier opening was very well received.  Those patients who had used treatment room services felt the service was very good although one patient said the initial booking did involve a round about telephone call and The Chair said she would mention this at her forthcoming meeting with the service leaders.	

<p><b>Dementia Services Update</b></p>	<p>None of the patients present had used the community phlebotomy service and therefore could not comment although one did comment on how good the community matron service was.</p> <p>The Chair reported that the practice is working closely with the dementia team to complete a toolkit which looks at signage and services to ensure they are dementia friendly.</p> <p>She reported that the practice will be asking a patient with dementia to walk around the surgery to test out the service and suggest some improvements.</p> <p>All staff have now undertaken their dementia training with some going on to become dementia friends.</p>	
<p><b>Clinical Pharmacist</b></p>	<p>The clinical pharmacist undertakes medication reviews and helps with prescription queries. He has further training to complete and will soon become a prescriber - no one in the group had yet met him. We explained that if you needed a medication review, rather than see a doctor; you could now book an appointment with him. This was noted.</p>	
<p><b>Signposting Health</b></p>	<p>As previously mentioned under the survey report, this is a new initiative where reception staff give out information to patients so that they can decide if they want to be signposted to a relevant service or see a GP. The message explaining the receptionist will ask what you are calling for will be delivered by a senior GP. There will also be message on the system re-directing appropriate calls to the cornerstone reception and treatment room so that they are not blocking the phone system for GP calls.</p> <p>A GP Partner will record the incoming message confirming to patients that the receptionist has had specific training and will be asking what they need to see the GP for. This is to ensure the patient gets to see the right person the first time.</p> <p>The receptionist will use a template to give out information to the patients about which services are available. It was pointed out that they are giving out information, not triaging</p> <p>The receptionist is only offering information and it is ultimately the patient's choice if they still wish to see a GP.</p>	
<p><b>ANY OTHER BUSINESS</b></p>	<p>Mrs Murden asked about children's play area/toys. This is something that will be referred to the GPs for consideration.</p> <p>Mr &amp; Mrs Murden asked if we could put up some advertising about cancer screening for the over 70's. Bowel and Breast screening are both available if you are over 70 - it just takes one telephone call. Mr and Mrs Murden are Change Makers.</p> <p>Shingles - some patients who do not fall into the correct age bracket can have a shingles vaccination privately (£180 through the Regent Street Clinic, Nottm).</p> <p>A patient thanked Dr Patel for his recommendation of telehealth with the respiratory department which has proved very successful.</p> <p>Patients recommended that when we start the Signposting</p>	

<p><b>Future Plans</b></p>	<p>perhaps some patients could use personal slips to write down their problems rather than speaking up at the reception desk. The Chair agreed to take this forward.</p> <p>Clifton Medical Practice will continue to meet increasing expectations with limited resources.</p> <p>CMP to develop the carers register to offer more support to carers.</p> <p>Work developing around Frailty to support those with severe frailty.</p> <p>The practice will develop the receptionist Signposting Health project.</p> <p>Dementia friendly training and developing the Dementia Toolkit.</p> <p>Increase the uptake of the Patient Participation Group and look at developing a virtual Patient Participation Group.</p> <p>The Chair closed the meeting by asking for feedback from the group on the changes to the telephone system and the signposting project as it develops.</p>	
<p><b>Date of Next Meeting</b></p>	<p>To be arranged in the Spring of 2018</p>	<p>Practice</p>