

PATIENT PARTICIPATION GROUP

MAY LANE SURGERY

Minutes of a Meeting held on the 18th October 2012 at 11am

Members Present: **Lucy Fullard - Vice Chair**

JK

LC

JG

Chris Osgood

In attendance: Jerry Steeden – Practice Manager

Dr. Simon Opher

Apologies: George Way – Chairman

HB

SB

Secretarial Notes

HB had only taken on the job of Secretary on a temporary basis and expressed a wish not to continue. Chris Osgood offered to become Secretary and the offer was unanimously accepted.

Matters Arising

Minutes of the last Meeting were read and LC offered a correction: The minutes had stated that NICE were chasing up Patent lawyers. In fact NICE won't act until a manufacturer has been identified – LC is chasing up the patent lawyers to get this information and will contact them again after Christmas.

PPG Directions

LF began by observing that there had been several resignations because it was felt that the Group lacked purpose and direction. She sought topics for PPG action from those present and received the following suggestions:

- 'Flu Jab Session Improvements
- Reduction in Reception Queueing time
- Development of PPG Constitution
- Virtual PPG
- Late Appointments
- "Do Not Resuscitate" Policy
- Patient satisfaction survey

There followed a wide ranging discussion from which the following points emerged

Flu Jab Session Improvements

Morning session went well but the afternoon was overrun with customers causing overcrowding at potentially dangerous levels. JS said that the practices would take lessons from this event when planning for next year.

Reduce Reception queueing time

Several possible actions were discussed but decisions were not within PPG competence to decide so JS and SO will take the problem back to the practice management. SO questioned reason for queue – why don't people phone? It was agreed that the first action should be to investigate why people came in person. **ACTION_SO**

Constitution

LC agreed to get together a constitution for discussion. **ACTION_LC**

Virtual PPG

It was agreed that the need to set up the virtual PPG was urgent. CO undertook to set up an experimental Facebook page and SO said he would look at Twitter. **ACTION_CO,SO**

JS spoke of communication groups related to the May Lane website. It was suggested that the PPG should meet the May Lane “webmasters” to look at possibilities. **ACTION_JS**

It was agreed that once the communication routes had been established the Doctors would promote the group through the young persons clinic.

An advertising effort was proposed, via stall at second 'flu day (14th Nov in afternoon). We need to update leaflet produced by WP. JS agreed to email WP to get her design and then pass to LF for updating. The objectives are to recruit members for PPG real and virtual sections.

ACTION_JS,LF

Late Appointments

This refers to the difference between appointment time and the time the consultation actually begins. LF reported that the Orchard practice classify appointments and allocate different times dependent on patient needs. JS noted that, effectively, the Acorn practice do this too – patients with known complex needs get a double appointment. The first step needs to be an analysis of the problem and JS and SO agreed to check what data/reports were available from the appointments software. **ACTION_JS,SO**

Patient Satisfaction Survey

This must be completed by 31st March 2013 so questions to be asked must be decided rapidly so the survey can be carried out soon after Christmas.

JS suggests using CFEP surveys who will provide printed questionnaires and analyse the results, including a comparison with other practises of a similar size, at a total cost of about £386 (+VAT).

They offer a standard survey form, to which we can add up to five additional questions. We need a separate survey for each practice. JS then provided sample copies of the CFEP form. The PPG must agree any additional questions at the next meeting on 26th November. Participants must come to that meeting having already assessed example forms and considered any additional questions they might wish to include. **ACTION All**

To encourage a belief in the value of time taken to fill in the survey we need to demonstrate what changed as a consequence of the previous survey.

“Do Not Resuscitate” Policy

JK would like to have in place systems to enable people to record their wishes, confident there were policies in place to ensure that they would be respected. This was considered to be too wide a task for the current year so the task is to get in place policies and systems to enable patients to express (and have recorded) their wishes. Dr Opher agreed to add “DNR” to the next Walnut Tree practice meeting and to discuss it with the Acorn practice. JS suggested that Walnut Tree should produce a draft protocol, pass it to Acorn for comment so that both practices could agree to the same protocol. **ACTION SO**

Priorities

Recognising that the above represents a very ambitious programme, it was decided that we needed to choose some priority areas

- Recruitment for both Virtual and Face to Face Groups
- Completion of Survey by 31st March
- Questionnaires to be agreed by Xmas
- Constitution

There being no other business the meeting closed at 12.00 hours. The next meeting will be held at 19.00 on Monday 26th November.

CO 23/10/2012