

# PATIENT PARTICIPATION GROUP

## MAY LANE SURGERY

### Minutes of a Meeting held on the 13th May at 19.00hrs at the May Lane Surgery

**Members Present:** Chris Osgood - Sec.  
SB  
HB  
LG  
SH  
MH  
Dr Simon Opher  
DT

**Apologies:** George Way - Chair  
JG  
Lucy Fullard - Vice-Chair  
HA  
Jerry Steeden  
LC

**Note: In the absence of both George Way and Lucy Fullard, the Secretary took the Chair.**

### Minutes of the Meeting of 18th Feb

#### Outstanding Actions

##### a) Reasons for Visits to Reception

As part of an attempt to reduce the queues at Reception SO had agreed to investigate the circumstances that drove people to make a personal visit rather than the telephone or the web. **Action Continues SO**

(The problems in this area were demonstrated by two members with opposing views of the automated “repeat prescription” telephone system – the first stated that the telephone system was so awful she would always prefer to come into the Surgery to see the Receptionist, whilst the other expressed a directly contrary view and would always prefer the 'phone). In discussion it was pointed out that repeat prescriptions could also be organised through the chemist or placed in the Surgery in the box provided. Outside working hours they can be posted through the letter box.

##### b) Logos & Poetry

It had been agreed that the Jigsaw logo would be used on the website and for the Facebook page. CO confirmed that this had been done and that he now had “The Wolf” poetry book as a source for poems to put on the website. There ensued a discussion as to how we might advertise our Facebook page and SO suggested a Poster in the Waiting Room. CO agreed to make a poster. **Action CO**

### c) Late Appointments

This refers to time difference between the specified appointment time and the time at which the patient is actually seen by the physician. JS had asked the computer manager what reports were available and awaited a reply. SO was not able to report any progress, but would pursue it.

Action JS,TY,SO

### d) Promotional Photography

SH had offered her partner's photographic skills for any promotional pictures we might need. It was **AGREED that we should invite him to do a group photo..**

### e) Monday Evening Surgeries

To improve access the practice will advertise the Monday evening sessions that were instituted to make it easier for those who find it difficult to take time off work. CO noted that he had seen the "tickertape" advertisement and SO reported that normally he would have had one patient for this session – today he had had three.

Action Completed

### f) Phone Response Times

It was suggested that monitoring telephone calls to check receptionists performance could be useful. JS agreed to check to see if the system permits this. JS confirmed that calls can be recorded at the "press of a button".

JS to investigate possibility of recording time to answer phones. SO agreed to follow this up.

Action JS,SO

SO observed that most of the Survey questions concerned the operation of the Surgery as an efficient provider of "appointments" with no measure of doctors performance. He felt that, next year, we should attempt to include this.

## **Any Other Business**

### a) Full Engagement Booklet

CO explained that he had responded to an invitation (sent to Chmn & Secretaries of PPGs) to attend an information meeting explaining various operational changes at Gloucester Royal and Cheltenham General Hospitals. He said that, though the contents didn't call for immediate PPG action he had arranged distribution of the booklets too provide background information.

### b) Letter to Neil Carmichael MP

CO reported that, as actioned at the last meeting, he had written a letter about NHS111 and emailed it to our MP. Having had no response he suggested that he might send a paper copy as a reminder. This was agreed.

Action CO

c) Mammography at the Vale

JG had discovered that the Mammography Unit will be at the Vale Hospital until Sept/Oct. Anyone not on the recall , yet wishing to be checked, can phone Cheltenham General Hospital on 03004223786 and book an appointment. There ensued a discussion with some committee members being upset by the fact that monitoring stops at 73. SO explained that there was no evidence that mammography saves lives and that late breast cancer was usually much less aggressive. Consequently, screening was not recommended for those over 73.

d) National Association of Patient Participation Groups

LC, who is our contact with NAPPG, had received a reminder that our annual membership (£40) is due and Jerry wanted authority to make the payment – SO Agreed the payment.

e) Social Media Highway Code

This is a document issued by the Royal College of General Practitioners, and came to us via the NAPPG. It contains advice for Gps on the use of social media. CO noted that it was 27 pages of verbiage but that the content was nicely summarised by one page of bullet points (attached). For the full document see [www.rcgp.org.uk/social-media](http://www.rcgp.org.uk/social-media) .

f) NAPPG Awareness Week and Knitters

NAPPG are staging an “Awareness Week” from 3<sup>rd</sup> - 8<sup>th</sup> June. SO told us that he had had an approach from a Uley arts group who wish to sit in the waiting room knitting and chatting to patients-if they can come during the Awareness Week and talk and knit and talk about the PPG, that would be ideal.

There being no other business the meeting closed at 19.20.

**Date of Next Meeting**

The next meeting will be held on 4<sup>th</sup> July 2013 at 11.00 hrs

<b>Wed</b>	<b>09/01/13</b>	<b>at 11.00</b>	<b>Mon</b>	<b>18/02/13</b>	<b>at 19.00</b>	<b>Thur</b>	<b>04/04/13</b>	<b>at 11.00</b>
<b>Mon</b>	<b>13/05/13</b>	<b>at 19.00</b>	<b>Thur</b>	<b>04/07/13</b>	<b>at 11.00</b>	<b>Mon</b>	<b>05/08/13</b>	<b>at 19.00</b>
<b>Thur</b>	<b>19/09/13</b>	<b>at 11.00</b>	<b>Mon</b>	<b>28/10/13</b>	<b>at 19.00</b>	<b>Thur</b>	<b>12/12/13</b>	<b>at 11.00</b>

CO 17/05/13

## THE CODE



1. Be aware of the image you present online and manage this proactively
2. Recognise that the personal and professional can't always be separated
3. Engage with the public but be cautious of giving personal advice
4. Respect the privacy of all patients, especially the vulnerable
5. Show your human side, but maintain professional boundaries
6. Contribute your expertise, insights and experience
7. Treat others with consideration, politeness and respect
8. Remember that other people may be watching you
9. Support your colleagues and intervene when necessary
10. Test out innovative ideas, learn from mistakes – and have fun!