



## Minutes of the May Lane Surgery Patient Participation Group

held on Monday 16<sup>th</sup> September 2013 following  
the A.G.M. in the Methodist Meeting Rooms.

### 1) Present

George Way - Chair  
Lucy Fullard - Vice-Chair  
Chris Osgood - Sec.  
H A  
LC  
SH  
Jerry Steeden - Practice Manager  
DT  
MB  
Dr Simon Opher  
DrTom Yerburgh

### 2) Apologies for Absence

Jerry Steeden  
MH

### 3) Matters Arising (see Minutes of meeting of 4<sup>th</sup> July 2013)

#### *a. Reducing Waiting Time at Reception*

TTY and SO said that there was an effort to get people to collect their scripts direct from the chemists and, for Walnut Tree patients, to use the on-line booking system.

There was some discussion as to whether or not the queue lengths had reduced and, if they had, whether or not it was due to the loss of Uley patients. It was agreed that the situation needed to be re-audited and that this should be done in about four weeks time. **ACTION TY**

TY noted that if queues did build up the Receptionist should call in assistance from the "back office". TY said he would raise this with JS to ensure that it was happening. **ACTION TY**

#### *b. Advertising Poster*

CO was forced to admit that it hadn't been done. and apologised.

#### *c. "Late" Appointments*

On being asked to comment on the data (sent out with the Minutes of 04/07/13) TY recognised that some patients were being kept waiting longer than the Doctors would wish, but felt that, in part, this was due to an increasing workload which had not been accompanied by a corresponding increase in resources. Fifteen years ago each patient was seen 3.3 times per year and now with an aging population and more screening programs etc the figure is 6.5 times. TY reported that Acorn had attempted to alleviate the problem by using 15 min appointments, rather than the previous 10 mins. This reduced the

number of patients seen but to compensate they Practices have taken in GPs in training. However the results of these changes had not yet been quantified. Though there did not seem to be a simple solution TY did not wish to be complacent. CO asked if it were known how the delay changed during the day. TY acknowledged that that would be interesting, though currently those statistics were not available.

CO suggested that for a major delay, say a doctor being out on an emergency, patients should be informed via the ticker tape, pointing out that the better informed patients were the more likely they were to be sympathetic. TY agreed..

MB then asked why doctors apparently unavailable could often be seen around the Surgery. TY explained that most of the GPs had tasks other than consultation to perform.

CO asked what we should do next in this area. SO agreed to talk to the man who looks after their IT to see what data was available, recalling an interesting analysis of the problem he had done as a student and noting that starting on time was essential. CO offered to undertake the analysis if suitably anonymised data were available. **ACTION SO,CO**  
TY remarked that the problem could be solved by employing more doctors and giving them longer appointments, given unlimited resources .....

#### *d. Phone Response Times*

GW commented that it was much better now that the new system was up and running. There was some criticism of the voicing but it was pointed out that, once learned, it was possible to press the keys without waiting to listen to the message. SO said that they would consider the use of other voices. **ACTION SO**

This led to discussion of the internet for booking and later for prescriptions and also the problem that precludes Acorn from these advances. It appears that the problem is not technical but political, arising between the *emis* internet booking software and Practice operational software owned by NHS England.. It transpired that there are a few hundred practices with similar problems so LC suggested we should contact them via the National Association of PPGs and use our combined strength to pressurise *emis* and NHS England into finding a solution. TY said he would ask JS to collaborate in the production of a letter to be sent by CO. **ACTION TY,JS,CO**

#### *e. Group Photograph*

Some members (who shall be nameless) felt they needed to be better dressed so it was agreed that it would be delayed 'till our next meeting

#### 4) Virtual PPG Comments

Both respondents express themselves as being completely satisfied with the service they receive, irrespective of the waiting times for “late appointments”. One suggests that we are following the media craze for carping and criticism. In fact we are simply trying to make a good system even better.

#### 5) PPG Website

CO reported that he had handed responsibility for the web site to DT and that he had already improved it no end.

#### 6) A. O. B

##### *a. Hearing Aid Batteries*

MB raised the problem of getting hearing aid batteries, particularly when one couldn't drive and needed to rely on busses. GW pointed out that they could be ordered by post and that some GP surgeries would supply them. SO undertook to see if it was feasible for May Lane to offer the service.

##### *b. Anti-Shingles Immunisation*

HA had seen SO and been given a prescription for the injection – the pharmacist had been unable to source the vaccine.....

##### *c. Sinunitis Treatments*

MB asked if there were any treatments to prevent the recurrence of Sinunitis. There are none but when it appears it is treated with antibiotics and the earlier the treatment starts the better.

##### *d. Treatment Feedback*

CO asked if there was a formal route for feeding back the results of treatment. There isn't but , but where appropriate a short note would be appreciated.

#### 7) Dates of Future Meetings

Previously the committee decided to meet at two monthly intervals, with alternate meetings being held at 11.00 hrs and 19.00 hrs in the hope that this will give patients the greatest opportunity to participate. Thus the meetings will be in the Surgery Conference Room on the following dates:

Thursday 14 <sup>th</sup> Nov 2013 at 11.00hrs	Monday 6 <sup>th</sup> Jan 2014 at 19.00hrs
Thursday 13 <sup>th</sup> Mar 2014 at 11.00hrs	Monday 28 <sup>th</sup> Apr 2014 at 19.00hrs
Thursday 26 <sup>th</sup> Jun 2014 at 11.00hrs	Monday 18 <sup>th</sup> Aug 2014 at 19.00hrs

#### 8) Thanks

SO thanked the PPG members for their work in identifying issues of importance to patients. HA expressed the gratitude of the members for the time, effort and openness of SO, TY and JS in their dealings with the PPG.

CO 25/9/13