

PATIENT PARTICIPATION GROUP

MAY LANE SURGERY

Minutes of a Meeting held on the 13 November 2014 at 11.am

1. Members Present:

George Way – Chairman, Chris Osgood – Secretary, Ron Manuel, Lesley Cross, Harry Atkinson, Helen Boxall, Joan Gummer, David Thould

2. In Attendance Jerry Steeden (Surgery Manager), Dr Simon Opher, Dr Jane Milson

3. Apologies Mike Baker, Sally Hayward, Marcia Heaven, Mary Wood, John Hobson, Dr Tom Yerburgh.

Chris Osgood noted that, in addition, Mary Wood had decided that she had insufficient expertise to contribute usefully to our work and consequently has resigned.

4. Minutes of the Last Meeting

The minutes of the last meeting were taken as read.

5. Matters Arising

a) Carers Information Pack

There was considerable discussion concerning the detailed content of the Carers Pack. By comparison with the Carers Gloucestershire pack the May Lane version was felt to be a bit sparse. It was also felt that some of the information was very detailed, liable to change, and would therefore incur considerable ongoing effort in order to keep it up to date. The conclusion was that the Carers Gloucestershire Pack was better.

Dr Opher noted that Carers Gloucestershire were launching a scheme whereby, after an assessment, they would be able to make grants up to about £500/ £600. RM had considerable expertise in this area which would be enhanced after attending, a Carers Gloucestershire event, on November 18th, and, in particular, a Benefits Workshop. He agreed to report back for inclusion in our local carers pack.

Action RM

b) NAPP Notes

i) GP Contract Changes

After having read the NAPP notes, LC asked if the GP contract changes concerning PPG and Patient Reference Groups would affect the practice budget. JS explained why it would have no impact.

ii) On-line Access to Medical Records

LC then moved on to ask a question about the provision of online access to medical records by March 2015 and, in particular, how the Acorn practice would meet this requirement. It transpired that the requirement is only absolute if the practice's clinical software can provide this facility. If it cannot the

practice simply has to make a statement of intent that this service will be provided as and when clinical software permits it. JS stated that he was hopeful that there would finally be some movement in solving this problem. There was then some discussion of precisely what would be available (detail unknown currently) and the difficulties in deciding what should be available to whom, especially in the cases of patients who, for what ever reason, could not access the records themselves and would need to nominate someone else to do so.

iii) Out of Area Patient Registration

This permits a patient to register with a practice when the patient lives outside the normal area covered by the practice. JS explained that one of intentions was to permit people to register with a practice close to their place of work rather than close to their home. However, home visits would generally not be possible in this circumstance. JM noted that another case in which this might be required is when patients, who have developed a long relationship with their doctor, move outside the area.

iv) Self Diagnosis via the Web

LC questioned whether it is problematic for the doctors when patients arrive carrying a sheaf of notes garnered from web, telling the doctors what their diagnosis should be and what treatment they expect. SO did not see this as a problem since the information patients had would normally produce a good basis to start a dialogue. He warned that searching the web for symptoms would often lead erroneously to a diagnosis of cancer which causes unnecessary worry.

v) Lung Cancer Awareness Month(November)

LC asked the surgery was doing anything about this and SO replied that they had attended a “masterclass” on lung cancer diagnosis and were looking at historical cases to see if they could have handled them better. Both GPs present agreed the most critical item in reducing deaths from lung cancer was to stop people smoking. JM stated that both the practices were very active in encouraging people to give up and were “top of the star chart” in our area.

vi) Cases of Asbestosis

LC wished to know whether new cases were appearing. SO was of the opinion that the numbers of new cases were decreasing although JM stated that she was just waiting for confirmation of a new case. Most cases seen locally came from Berkeley.

c) Stroud District Patient Participation Cluster Group Meeting

CO outlined the purpose of the Cluster Group Meetings which was to allow Patient Participation Groups to exchange experiences and to brief Shirley Hill on matters which could usefully be discussed at Meetings of the Stroud and Berkeley Vale GP Executive Group. Shirley is the Patient Representative on this group. Like the rest of us she is unelected and self selected but is nonetheless doing a useful job.

i) Social Prescribing

LC asked what Social Prescribing was, as referenced in the Cluster Group meeting report. SO explained that when patients come to him showing symptoms of social isolation, then, rather than prescribing antidepressant drugs, he may instead recommend some activity such as joining a choir, the British Legion or a whole host of other activities. Because GPs are not aware of every activity available, they will refer the patient to a Hub where local clubs and organisations will be tracked so that people in the hub can recommend an organisation where the activities recommended by GPs can be followed. This scheme is currently being trialled. DT raised the problem of transport as a factor which might cause social isolation. LC noted that many elderly people become depressed when they lose their driving

licences. JM pointed out that the savings arising from not having to run a car would buy a large number of taxi rides. SO noted that there were many “good neighbour” schemes which could provide relatively cheap transport but that they were not always known about by those who needed them. Social prescribing is expected to start in May 2015 at May Lane.

d) PPG Flyer and Letter at Simon Helme

CO explained that the previous plan had been to send this flyer with a note to Simon Helme who might distribute it amongst members of the youth club at the Tabernacle. The hope being that some of the members might be encouraged to join us or perhaps the virtual PPG. MW had been convinced that this was the wrong approach so CO came back to group for more guidance. After some discussion it seemed that perhaps the best approach would be to give flyers to the nurse who has an established relationship with pupils at Rednock and also to the midwives so they can distribute them to their clients. Some changes to the flyer content were suggested.

Action CO, DT,JS

e) Oncology at the Vale

Joan Gummer asked if it would be possible to **save** people a lot of travelling time by having a mobile oncology unit the Vale hospital. SO acknowledged that it would be useful and undertook to make some enquiries.

Action SO

f) The Friends and Family Test

JS stated that the Surgery have a new patient check-in system which has the facility for patients, on their way out, to complete a survey, should they so wish. Practices are obliged to offer the survey but patients are not obliged to take it. For those who wish to take survey but are unhappy using computerised system, a paper version will be available. CO suggested a question designed to assess the importance which patients attached to late appointments but the practices were keen to have open question designed to understand why a patient had given to their particular answer to the first question. JS suggested that CO's question could form part of a later survey.

g) Chiropody Services Unsafe Hospital Discharge

CO said that he had included these two items on the agenda because HealthWatch Gloucestershire are investigating the accessibility of chiropody services and also looking at instances of unsafe discharges from hospitals. Have we anything to contribute to these studies? HealthWatch Gloucestershire are asking PPG's to help promote the surveys and and to contribute any examples we have.

With respect to unsafe discharges, JM said that there is system (called Datex) which permits GPs to report such instances. JS confirmed that there were several instances they had had to report. It was agreed a that we should look out for the HealthWatch surveys and actively promote them.

Action All

On Chiropody, CO said that at the Cluster Group meeting Dr Buckley had given the impression that chiropody services might be squeezed. It was generally agreed that the importance of these services should not be underrated since since bad or non-existent chiropody leads lack of mobility and consequent social isolation, with all the problems that brings.

A. O. B

There was no other business.

Date of next meeting 15h January at 11.00 hrs

There being no other busines the meeting closed at 12.20