



PATIENT PARTICIPATION GROUP

MAY LANE SURGERY

Minutes of a Meeting held on the 26th March 2015 at 18.30pm

1. Members Present:

John Hobson (Vice- Chair), Chris Osgood - Secretary, Lesley Cross, Helen Boxall, David Thould, Fiona Madden (Rednock), Lace Goddard (Rednock.)

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

3. Apologies:

Shirley Hill, Marcia Heaven, Ron Manuel, Joan Gummer, Mike Baker, Sally Hayward, Harry Atkinson, Carrie Thould.

4. Administration Note and Welcome

In the absence of the Chair, the Vice-Chair opened proceedings by welcoming Fiona Madden and Lace Goddard to the meeting.

5. Minutes of the Last Meeting

The Minutes of the last meeting were taken as read.

6. Matters Arising

a) LC had asked for a correction to include the URL of a website which SO had described as useful for self-diagnosis. SO gave the URL as : www.patient.co.uk, noting that the NHS also had some quite useful sites.

b) Carers Information Pack

JS had been asked to check with SO for any new information on grants and availability. SO noted that there would be one new grant starting in September. In addition there is an Emergency Carers Scheme and if the carer registers with this scheme and the carer is taken to hospital then under the scheme there will be two days of emergency care provided. The grant coming in September will

provide up to £500 to be spent of any equipment which will help in the caring duties. FM noted that there are many young carers and asked how old the carer²² needed to be order to claim these grants. SO replied that young carers will be able to apply via Carers Gloucestershire. .

c) Stroud District Cluster Group Report by CO

Attached to these minutes are draft minutes from the Cluster Group. I am not aware of the full minutes being produced. I had asked Shirley Hill to enquire as to the possibility of providing travel funding for the recipients of Social Prescribing who found difficulty in getting to their prescribed activity. SH had raised this at the LEG and reported that it was not considered to be a problem since it had never been raised. SO noted that this locality is taking the lead in extending social prescribing to younger people, the lower limit being 14 years.

d) PPG Flyer

CO and JS reported that the Kitchener image had been removed as requested and the flyer given to the Nurses for distribution to young people. JS explained that the make up of the PPG should strictly match the demographics of the patient body as a whole. We had considerable difficulty recruiting PPG members who are still working because of the timing of our meetings, usually at 11:00 hours. For those who can't come to meetings there is a virtual PPG, whereby members receive emails and may make email comments to be used within the meetings. However this facility to comment does not seem to be heavily used.

7. Annual Reports for the Practices

a) The Friends and Family Test

Patients are requested, with no pressure, to answer the question "how likely are you to recommend the practice to friends and family needing similar treatment." The answer is chosen from five levels going from "extremely unlikely" to "extremely likely" together with a space for "don't know." Clearly most patients are not motivated to fill in a form or to take the test electronically so sample sizes are very low resulting in standard error of values of about 30%! The statistical illiteracy, of those who specify the reporting formats for these tests, is confirmed by the requirement that JS report all values as percentages calculated to 2 decimal places!

The optional second question in the Friends and Family test having been chosen as "why did you give the answer as you did for the first question?." These take a while to read and absorb and are generally favourable though difficult to characterise with an objective measure.

b) Practice Reports

The first section of the report seeks to determine whether the practice demographic is matched by the demographic of the PPG. Clearly it isn't; neither in terms of age nor ethnicity.

The impact of the PPG is analysed and changes resulting from their efforts are noted again using the standard report format. Note that all sections concerning ethnicity are not applicable (N/A) because both practices opted out of ethnicity reporting some time ago. The reports were accepted by the PPG and JS was congratulated on the production of the very detailed reports sent to NHS England and a less detailed version to be published on the practice web site. The publication of the reports was agreed by all present.

8. NAPP Items

a) PPG Awareness Week - details are [here](#)

LC reported that the awareness week is from the 1st June until 6th June. A resource pack is available by a "Control/Click" on the link above. There was considerable discussion about methods of advertising where to put leaflets etc. CO agreed to write to local organisations such as churches, Rotary clubs and others who might have May Lane patients as members, inviting them to join us. FM suggested that it could be promoted by using Rednock assemblies. It might also be possible to organise a panel discussion at Rednock. HB suggested an extra meeting early in May to prepare for the awareness week **ACTION CO, FM, LG.**

b) Pharmacies Assistance for Carers - see [info](#)

Both LC and JH felt the offering difficult to understand. After some considerable searching effort, it appears that the pharmacies can supply medications in dosette boxes (FOC) as well as organising repeat prescriptions and possibly home delivery of medications and other pharmaceutical products.

9. A.O.B

a) Appointment Duration

HB asked how long an appointment was expected to last having noticed a recent one was scheduled for just eight minutes. JS expressed surprise as there had been no change in policy in this area.

b) Movement on Clinical Software problems

JS reported that the first time in 10 years he had seen a written report indicating that the special case of one building and two practices would be resolved in the near future giving Acorn access to the same facilities as the Walnut Tree.

c) Training materials for Muscular Dystrophy,

LC found a link to some formal training material and will send it to JS.

There being no other business the meeting closed at 19.12.

10. Date of Next Meetings

7th May at 11.00 in the Conference Room - Special Planning Meeting for PPG Awareness Week. Please come with ideas YOU are prepared to execute.

18th June - Next Standard Meeting

Cluster Group meeting on 5th February 2015 - Draft Notes

1. Introductions
2. Overview and update of 'Actions' from the last meeting
 - CQC – Dursley Gazette, Revisits in Jan, Feb and March, Inspections, Naming and Shaming. St Lukes vaccines
 - Locality plan to start March 2015 – Local Executive has already started moving.
3. Locality Development Plan

- ✓ Specifically looking at the health needs for the local area – especially elderly living alone (risk of social isolation), Sexual Health education, Exercise and Obesity (Slimming World referrals can now be ‘prescribed’, Cycling on Prescription, Health Walks.
 - ‘Risks’ were identified as priorities – i.e. elderly having falls and fracturing hips were a common problem.
 - Practices are seeing too many emergency appointments.
 - Effort to support primary schools in educating children and parent to use health services appropriately.
 - Being ill sometimes is normal!
 - Role of pharmacies, emphasis on visiting pharmacist ahead of doctors (included in National Plan)
 - Concentrating on public health
 - 9 health care assistants to visit and help those at risk. Each surgery will have 1 FT per 8000 patients.
 - Discussed the mini bus operation that is used in Minchampton surgery
 - Let’s Get together in Wotton – Befriending Service
 - Self harm seems to be common amongst the young. Heart disease higher against the lower classes – research enables targeted support.
 - Transport – is there a travel grant available?
 - Integrated care teams for housebound patients – 240 people in teams across Stroud
 - Support for careers – intended to increase support (£500 grant money via GP)
 - The current ‘Rapid Response unit’ is helping to keep people out of hospital.
 -
 - The ‘out of hours’ will be taken over by Ambulance services from 1st April, in Partnership with GPs
 - This new plan should be signed off in March 2015 – Simon Stephens Chief Executive “Preventative 5 year plan – Preventing, not just treating”