



PATIENT PARTICIPATION GROUP

MAY LANE SURGERY

Notes of a Meeting held on the 6th August 2015 at 11.00 hrs

1. **Members Present:** George Way (Chmn), Chris Osgood (Secretary), Joan Gummer, Ron Manuel, Maureen Hebron , Leslie Cross, Harry Atkinson, Hayley Bewick.
2. **In Attendance** Wendy Hunter (Surgery Manager), Dr Simon Opher.
3. **Apologies** Helen Boxall, Mike Baker, Sally Hayward, Fiona Madden,Dr Tom Yerburch, Rosalind Cameron-Mowat
4. **Minutes of the Last Meeting**

The minutes last meeting were accepted.

5. **Matters Arising**

a) *Carers Information Pack*

RM asked about the new Care Coordinator post and WH replied that she would be starting on 17 August, but currently awaiting various checks. RM wished to know how she would fit in various carers systems WH responded saying that it was new post and she would have to develop appropriate relationships and noted that she would be a shared resource between Acorn and Walnut practices. Her name is Stephanie Williams.

WH had brought with her the Carers Information Pack but was uncertain as to its completeness since RM had been awaiting some additional information from SO. After some discussion it was concluded that it was as complete as it could be since with changes that happen continuously it would necessarily be a dynamic document. WH undertook to send a copy of the document to RM for proofreading and checking after which the document becomes generally available.

b) *Stroud and Berkeley Vale Cluster Group Meetings*

CO noted that the minutes of the last meeting showed a certain confusion about cluster group meetings and why we might be interested in them. Recent changes in the NHS now require all practices to have a Patient Participation Group (PPG) who's role is to provide a patient's view of the operation of the practice and to make suggestions to improve the patient experience.

The role of quarterly Cluster Group Meetings, which are open to any PPG member, is two fold. Firstly it enables exchange of experiences between PPGs in the hope that best practice will spread throughout the Stroud and Berkeley Vale locality. Secondly, as we may see from the diagram which Wendy has kindly copied for us, it enables messages from constituent PPG's to be transferred to the Stroud and Berkeley Vale GP Locality Executive group (chaired by Simon) and thence to the Gloucestershire Clinical Commissioning Group board which is responsible for buying the care and procedures we require.

At this point SO arrived just in time to clarify the functions of some groups shown in the Health and Well-Being Partnership Structures diagram. GW noted that the Cluster Group would be meeting at May Lane on Thursday 13th August at 6.30 pm.

6. NAPP Report by LC

a) *Initiatives for GP Services*

LC noted in a recent NAPP bulletin some new government initiatives for GP practices. These included growing the GP workforce by 8000, giving GPs more time to focus on patient care, innovate and improve GP services. SO replied describing a local initiative to extend hours by offering some evening and weekend GP appointments At the Vale Hospital. These would be manned by fully qualified GPs not necessarily from local practices. To book these new appointments patients initially should contact the surgery who will put them through to the Out of Hours Services who will manage the bookings. This is a pilot project with funding for one year only.

b) *Progress with provision of On-Line Services*

SO noted that this was proceeding well with the Walnut practice in that it is possible to make appointments online, to order prescriptions and to view one's medical records. Regrettably none of this is currently possible for the Acorn practice. The difficulty arises because Walnut and Acorn practices share many resources, a situation which was not envisaged in the original software design. WH is negotiating to try and resolve the problem but does not expect rapid results.

7. "Fit for Work" Scheme

LC had come across the scheme and noted that was voluntary for both GPs and patients. She asked if May Lane practices were proposing to join the scheme. SO reported that he had no knowledge of the scheme and LC explained that it was designed to help people who would be off sick for four weeks or more to get back to the workplace as quickly as possible. SO said that he would look into the scheme but noted that many of the long-term sick had chronic mental problems which were causing a lot stress.

8. A.O.B.

a) *Cinema Sound Systems*

LC had recently been to the cinema and was horrified by the loudness of the sound systems, convinced that they must be injurious to health.

After some discussion it was felt this was a Public Health issue and not a topic for the PPG.

b) *Hernia Operations*

CO apologised for raising a matter in which he had an interest but did so because it might highlight a wider problem involving several hundred men awaiting these operations. At the first consultation with the surgeon, in January, CO was told that the waiting time was about 4.5 months. On enquiring after about 6 months he was told that the waiting time was about seven months and recently, speaking to PALS in Gloucester he was told that it was nine months! If these figures have any validity then it appears that there is a serious lack of provision which needs attention.

SO replied, agreeing COs rough estimate of the scale of the problem and commenting that it was a problem that had been recognised and further that GRH were in breach of their supply contract by not providing sufficient operations to keep waiting times within the statutory 18 weeks. SO also noted that the CCG were taking action on the basis of the broken contract terms. Apparently a similar problem exists in some areas of cardiology. SO agreed to investigate and report back. **ACTION SO**

c) *Screening Tests*

GW asked if aneurysm screening scans were still happening. SO confirmed that they were but only for men in the age range from 60 - 69.

Bowel cancer screening tests were also continuing.

Breast cancer screening (mamography) also continued for women in the age range from 49 to 64.

c) *Care Quality Commission Audit*

The CQC inspection will take place on 18th August and they would like to talk to some members of the PPG. Suggested time is 14.00. WH to confirm. **ACTION WH**

d) *Waiting Room Improvements*

MH observed that older people prefer chairs with arms, making it easier to get up, and that there are too few of them in the waiting areas.

She also reported seeing, in Exeter, a shop in a waiting room selling cards and a variety of other goods. She suggested that the profits could be used by the practices in the interests of patients. SO & WH agreed to bear in mind these suggestions.

e) *"Signing In" Book*

LC noted that the book was close to the Receptionist, who was busy with another person, so that it wasn't possible to sign in without compromising the other client's privacy. She suggested that it should be placed to one side so that both activities could proceed simultaneously. **Action HW**

f) News Items from SO

A new post of "Social Prescriber" had been created and would be coming in on a Tuesday afternoon. Patients would be referred for a 45 min appointment if they had needs which could not be met by the NHS but might be met through association with a voluntary organisation. During the interview, having identified an appropriate group, the patient would be encouraged to go and join.

Another new post of "Care Coordinator" had also been appointed.

g) Appreciative Comments

JG reported a conversation in the waiting room, with someone she didn't know, in which the unknown lady spoke of Dr Yerburgh in such glowing terms that JG felt he should hear of it.

CO reported seeing and assessment of the surgery on the NHS Choices website which was not as good as he thought it should be. It had been calculated from very few reports and CO asked if anyone knew how leave comments - if we could get some more then we might get a balanced view. HW informed us that comments could be left via the Practices websites.

Date of Next Meeting

Thursday 8th October 2015

There being no further business the meeting closed at 12.05.