

Meeting Minutes

For Meeting held on 15.9.2015

Present: Barbara Betts, Ruth Norman, Barbara Maun,
Claire Hamill (surgery), Graham Deaves, Sheila Long,
Kyle de Ronde, Keith Melhuish.
Absent Tracey Nyilas, Mary Lavalley, Visu Suppiah.
Chair: Claire Hamill.
Minute-Taker Eric Shorter

1. Kick-off

It was agreed that Graham had not been voted in as chair at the last meeting, and that members should be prepared to consider the position at the next meeting. In this situation Claire Hamill chaired the session, which had no issued agenda, but those persons who offered agenda items were given time to speak.

2. Claire Hamill

The PPG has to operate more independently from now on: it should aim to tell the surgery what it wants it to do/to be done.

3. Barbara Betts.

Surgery Notices. Against a general view that the surgery notices and boards did not perform well, Barbara proposes that:

- The white plastic boards should carry subject labels that are brighter in colour and laminated. The function of the boards will then be more rapidly obvious to patients. Different colours, different headings.
- Patients regularly see the same doctor, and so sit in the same waiting-room area, not seeing notices in other waiting areas. So the notices should be changed in position every 2 or 3 months, say. Different place - different view?!
- There are too many notices, which means that patients are blinded to them. Less might be more! Who decides which and what notices should be displayed?> No doubt some informations are duplicated in different formats. Let's Check!
- Perhaps these notices should be looked at carefully before being put out under the various headings.
- All notices should have a date (top R. H. corner) when being put up, together with date when notice can be taken down and disposed of.
- There is a strong feeling that notices should not be attached by blu-tack (because it leaves a mess), but by small steel pins that can penetrate the white boards.

Eric's note, not expressed at the meeting: All these considerations should make the notices perform better, but help will be required in getting surgery approval for this endeavour, and getting help from the PPG in making the

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changes?? The ideas are in line with a surgery view that PPG should focus on general health issues.

Monthly Health Topics. As well as dealing with the general Surgery notice areas, Barbara believes that a strong presentation of current health issues should be made which encourages patients to be aware of these issues and be ready to take decisions about what they should do. This strong presentation is proposed as:

- A notice at each receptionist's desk, stating the issue being focused on 'this month'.
- A notice area on the atrium windows facing reception, which is for specific documentation only on the month's health topic concerned.
- A notice advising the topics for the next few months. Could include Diabetes, Babies, Holidays, Nutrition, Smoking/Drinking, Fitness, etc.
- A notice asking patients to nominate any other topic they are interested in.

We have got to keep patients interested and focused, so 'Short and Sweet' should be the answer.

These notices are meant to focus hard on health topics, and are positioned to give 'best exposure'. Supplies of relevant 'flyers' (handouts) should be nearby'.

PPG Involvement. Against the adage 'If no-one does anything, nothing happens!', Barbara asked the whole group if it was prepared to act as a team, and to help. In the past this had not happened. While recognising that not everyone would be happy, she asked the following questions.

- Why did you join PPG?
- What do you think you can bring to the table? Give us some benefit from your presence?
- Do you think we should work as a team and be actively involved?
- Don't come to meetings, listen and then go away again until next meeting - what's the point?

Eric's note, not expressed during the meeting, but possibly at the heart of Claire's opening statements: PPG should be for the benefit of the Surgery, as well as PPG members. In the eyes of PPN and above, this is so that 'best practice' can be shared across surgeries. To this end, for example, the core of Graham's 'Prescriptions Made Easy' could help other areas/places/surgeries, some of which are having teething problems with EPS??

- Become involved and do something between meetings. If you don't, then nothing will happen.

Eric's note, not stated during the meeting. The group has tried having meetings more frequently during his memberships, in the beliefs that this would produce more activity. It didn't.

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Doctor Presence. Barbara asked why a doctor could not be present at PPG meetings; one hour every 3 months or so. This used to happen. Eric opined that he would not like a doctor to have seen the PPG inaction (note the absence of a space between 'in' and 'action') during his previous PPG stay, and was concerned that it was a possibility again.

4. Eric Shorter

Previous Minutes. Clarifying things, Eric said that he was never chairperson and never wanted that role, saying that he could be of greater value outside of it. He acted the role of secretary, writing minutes, and under suggestion from the surgery wrote a T.O.R document, which apart from other things defined the roles of chair etc. He did represent the surgery at PPN meetings in Dunstable. Before this (today's) meeting, a quick rummage (with Claire) failed to find any evidence of TOR, etc (Where has all my work gone?) Just for the record, he was the instrument, NOT the promoter, of the cancelled meetings in 2014.

Previous meeting action. Eric had 6 work items to suggest against the action of the last meeting. Not all were presented or discussed. Key words/phrases are:

What happened to X-ray Van, POD, my TOR, Re-branding, Embargo?

Who's read web-page PPG reports, paper 'PPG Toolkit', visited NAPPG web-site? He gained the impression that most PPG folk had not visited the Surgery web-page, which he said had interesting information on it, much in the annual reports submitted to government about PPG. He had also contacted Emma Moorbey for an update on life, the universe, and everything, and as a result had visited the APPN website. Again interesting.

Not dwelling on his touch-screen work, Eric said that it had been the best intro to the workings of the surgery and its patients that he ever could have asked for, and it led to his discovery that the POD was not fit for purpose (his view, aired to Surgery Manager and CCG person at PPN meet.)

There was an open question in Eric's mind as to how members of PPG should present certain problems raised by patients. He felt that it was member's duty to try to act as benefit, not burden to the surgery. He had 3 examples.

Health Food Aisles. Eric proposed to visit supermarkets to sound them out about having aisles with food appropriate to diabetic people, just as they have separate sections for folk who have wheat allergies. This is in line with predictions about increase of diabetics.

Eric had a recently completed a report on a problem which can be seen to upset the surgery, surgery patients, and the Monday Warfarin Q. The paper gave background, and proposed easy, inexpensive solutions (and since the meeting Graham has offered more). Claire agreed to copy the report to all PPG members. Given chance to question the L&D hospital, and to secure permission to proceed, work could proceed. Graham offered to help.

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5. Graham Deaves.

Graham had looked at the new EPS system, and opined that patients should be encouraged to register with a pharmacy. He had talked with a number of local pharmacies and found that they had no problems with it and liked the system. They had procedures in place to deal with any problems.

He said that it could take up to 2 hours for a prescription to get through the system to the intended pharmacy (due to delays in the 'spine' of the system), but that doctors could in various circumstances generate a local paper prescription instead, which the patient could deal with.

Graham handed out a pamphlet he was writing "Prescriptions Made Easy", and asked that members gave him feedback by the Monday following the meeting

He also mentioned that, in the context of repeat prescriptions, there was a difficulty with the synchronisation between repeat dates which means that patients, practice, and pharmacies alike have more work than is necessary. Eric agreed. The same applies to the 'Issues Remaining' system, where the value can be out of step between different medicines. This too needs thought.

6. Actions Placed: None

7. Next Meeting: Date not given; (Since the meeting, Tracey has suggested Wednesday 28th October, usual place, usual time.)

End of Minutes
