

Jenner Patient Participation Group

Minutes of meeting on Tuesday 8 October 2013 at 6:30 pm

Present:

Alan Bailey, Barbara Britton, Peter Clark, Pamela and Ray Cooper, Marie Gingell, Gail Hosten, John Paschoud, Barbara Rickwood, Nicola Roome, Neil Sherringham, Harry Wood; Jeanette Garforth, Andrew Warsop

1 Election of secretary and chair

- Harry offered to act as secretary and Peter agreed to chair the meeting.

2 Minutes and matters arising

- Harry asked about staff photographs, agreed in the Jan 2013 meeting but still not displayed in the surgery 9 months later. Jeanette said other items had been prioritised but it would now be done.

3 Appointments

- Staff were unsure when new appointments go online. This system is operated by Dawn who would be invited to come to the next meeting
- Is there a policy on allocating appointments? John said that school governors were required to publish policies, so should not the surgery be similarly transparent? Andrew said appointments were allocated flexibly and a rigid policy was inappropriate. Agreed that process was the appropriate term, and Jeanette and Andrew would produce notes on this.
- How did telephone triage work, and how does it square with online booking? This was deferred to a future meeting.

4 Patient survey

- Has to be submitted by the end of March. It typically takes a month to gather responses.
- PCT defines the minimum response – last year it was 400 (out of 14,000 patients).
- Jeanette agreed to distribute the questions in the last survey before the next meeting.
- It might be possible for a company to analyse the responses.
- Need to ensure responses are representative of the demographic.
- Alan said professional design was important.

5 Repeat prescriptions

- Nickie said that the Vision Online password had not been working.

- Jeanette outlined the considerable IT difficulties. Following a server replacement, the “add-ons” (check-in, pods, Vision Online) had not been working intermittently. The company responsible – In Practice Systems Ltd - now had to come in every day to do a manual backup. They and NHS London were in dispute and Paul Chapman was spending nearly all his time on this.
- Next year practices are required to make patient notes available online.
- We are the only practice in Lewisham using Vision, although they supply most of SE England. Other practices use Emis.
- Peter was unhappy with repeat prescription system – too complicated (2 usernames and password) and unreliable. Harry agreed that it was one username too many, but thought it was a good system when working.

6 Reception: queues and staffing levels

- Barbara R asked about staffing at the front desk. Jeanette explained that this is under extra pressure with the intermittent failure of the automatic check-in. Finding staff for front desk is difficult. For example, one member of back-office staff is full-time scanning letters from hospitals. Some incredulity expressed that paper was still widely used, but Jeanette confirmed.
- Julie will now manage the front reception team.
- John wondered if the queues at the desk were augmented by people choosing to turn up rather than phone.
- Jeanette said that last Monday was a particularly difficult day because of vacancies and staff leave.
- The phone now tells you where you are in the queue and was felt to have improved.
- Harry said that the website indicated that phones were now open all day. This was only true for appointments, as “general calls” were not answered except 10-12 and 2-4. This was worse than previously when they were off only at lunchtime. Jeanette said she was unaware of this restriction but would test it.

7 Practice concerns (raised by staff)

- The principal concern is lack of funding.
- Alan asked if Jeanette could quantify problems. Who decides priorities? What is the budget? Jeanette said finance fluctuated monthly. Recently a 3% cut had been imposed on local health services. Primary care was an easier target than acute care.
- NHS had sent out letters to detect and eliminate ghost patients. This had reduced the patient list by 1000. This was unfair as the practice had treated an equal number of non-registered patients.
- Money per patient is weighted by their demographic.
- Jeanette cannot say more without consulting partners. Practices work more like private businesses than public bodies and accounts are not published. Alan said it would be easier to support the financial difficulties if they were quantified. Harry wondered if general facts could be released: income per patient, proportion of spending on staff, buildings, equipment, etc.

8 Exchange of email addresses

- The list was updated to include all those present.

9 Future agendas and next meetings

- The preliminary meeting was agreed to have been useful.
- Jeanette asked for more detail in future so staff could come briefed.
- The next preliminary meeting will be Tue 26 Nov at 6pm, with the full meeting on Tue 10 Dec at 6.30pm. Harry will send reminders a week before each.
- Neil asked that at the next meeting dates should be agreed for the rest of the year.

10 Any other business

- Barbara R said the merger of Lewisham Hospital and QEH had been announced on the 38 Degrees website, even before the appeal had been heard.
- Barbara B offered to tour the building with staff to review accessibility.
- The meeting finished at 8pm.