

Jenner Patient Participation Group

Minutes of meeting on Wednesday 27 August 2014 at 6pm

Present: AB, BG, PC, MG, JP, BR, NR, NS HW, Jeanette, Julie, Andrew. **Apologies:** BB, JP, Paul **Not present:** GH

1 Minutes and matters arising

- Our letter re disabled access was sent to Pauline Rowe, who works in the Jenner building, on 22 July. There had been no reply. Jeanette to follow up.

Appointments:

- Jeanette said the situation for booking appointments was worse than at the last meeting. There were 11 locum sessions a week (session= half day). One doctor was on long-term sick leave and another – Dr Tey – on secondment from June 2014 to Aug 2015. A locum is not a full substitute for a regular doctor. There were statutory requirements to prioritise, such as the proactive care to be given to those aged over 75. The walk-in clinic was popular. The Did Not Attend (DNA) were still high – 80 last week. Unfortunately there is little that can be done: some of those who forget are elderly, or struggle physically or mentally.
- Difficulty with appointments is regularly mentioned in the annual survey, but we felt there was a need for objective data. Jeanette said the practice did an annual audit – over a brief period they recorded each front desk and telephone booking, logging the number of requests and how many got the appointment they wanted. We asked to discuss these results at a future meeting.
- If someone cannot get an appointment, there is a policy to make alternative offers, eg nurse, pharmacy.

Identifying reception staff: HW said that at the last meeting it was agreed that “reception staff will continue to be encouraged to wear name badges and to give their first name when answering the phone. Surnames will be removed from the website.” In his experience names were still not given and badges were not worn. Some members disagreed but HW said this at least showed that the procedure was not being consistently observed. Moreover, surnames were still on display in the practice. Julie said there had been other priorities.

Recruiting new members: Jeanette to ask Paul what happened about the email which Peter had drafted. Could a “red alert” pop up go on the website a week before meetings? Yes, Paul will schedule it. But we can only have one pop-up at a time and sometimes there is another drive on.

Vision online

- Paul manages this, but from September he drops from 2 days to 1 day a week because of pressure on practice funding.
- Louis - a member of reception team - has been identified to run a support desk for Vision Online, from 10-12 and 2-4. The practice has only just got a dedicated line, and he will be busy with flu appointments in Sep, so the start (originally to have been July) will now be in October.
- Is the system for sending appointment reminders reliable? PC received one 5 days after the appointment. Others were not aware of this system. A text is meant to go the day before.

- The practice was highly likely to change its computer system from Vision to EMIS. They have used Vision since 1994 (although the patient internet access, Vision Online, is recent). EMIS is used by all other Lewisham practices so would allow more collaborative working. They would decide by the end of October. Installation would either need to be before December or after April 2015. There would be a 1-week changeover period in which service would be limited.

2 Dates of meetings

- We agreed to meet every 2 months, on the first Wednesday of the month, at 6:30. It would be possible to arrange additional special meetings when required. So the following future meetings were decided:

Wed 1 Oct at 6:30

Wed 3 Dec at 6:30

3 Survey

- It is no longer a government requirement to run an annual survey and will no longer be funded.
- The main costs were analysis time, printing and postage, all for the paper survey. But PPG members are happy to help with the analysis.
- The current analysis of the online survey is done in-house, so no 3rd party cost.
- There was, however, a compulsory question to be put to patients: would you recommend the practice.
- Ideas were discussed for a reduced survey. Every two years? Only online? To target only specific groups? Decided that keeping a survey was useful. We would decide a percentage sample to send to each age group on the patient list.
- At next meeting we would look at last year's questionnaire. HW would send out a link with the agenda. Generally members are able to print off their own copies to bring to the meeting.

4 AOB

NHS choices website – led by Andrew.

- The Jenner entry is [here](#). Patients are encouraged to record their views of the practice online. 15 people have, over 2 years, left ratings for the surgery giving it an overall 3 star, 83%, "middle range" rating, with 5-star reviews next to 1-star ones. Agreed that this could lead to unfair and unrepresentative comments. But
- It is there and we have to work with it
- PPG members were encouraged to write their own entries
- It would be good for the practice (Richard?) to respond online, thanking people for their positive comments, and replying constructively to other comments. This would show that the practice was engaging with the system. He could perhaps quote from the survey results to put criticisms into context. HW gave as an example a [pub which did this](#) and he felt the comments – to all comers – gave a good impression of a management that was interested.
- It is important that there are accessible systems for making complaints or comments internally in the first instance, without the need to go public.

- Julie said there was a generic email address for the practice which patients could use, which was LEWCCG.g85004-general@nhs.net.

Other items

- Is there feedback between the practice and Rickmans? Yes.
- Flu jabs: practice open on Saturday 27 Sep for these. Letters to go out soon.
- The possibility of meeting with other patient groups in Lewisham.
- The Honor Oak practice has just been refurbished and looks good.
- We had met in the smaller room (the one with the projector). For a similar turnout of 11, this would be a good room to use again.
- The meeting closed at 7.30pm.