

Jenner Patient Participation Group

Minutes of meeting on Wednesday 3 December 2014 at 6:30pm

Present: AB, BG, MG, BR, NR, NS, HW, Jeanette, Dawn, Andrew

Apologies: BB, PC, JP, Paul

Not present: GH

1 Minutes and matters arising

- Nickie chaired the meeting as Peter was unwell.
- **Disabled access letter:** constant efforts had been made to contact the person responsible (who works in the Jenner building but is not part of the practice) without success. Members were astonished. The practice has little control over the building (3 months to change a lightbulb). Future actions might include contacting a local councillor or a local newspaper.
- **Recruiting PPG members:** Paul had sent a batch of emails inviting patients to join the PPG. He had received 6 responses the same day. These will be forwarded to the PPG email.
- **Vision online support:** the helpline, although scheduled for June in the 2014 action plan but then delayed until November, has not been implemented. Louis has been trained but is needed more for other tasks (eg scanning). There has been only a handful of calls so far, and future calls will be managed somehow. In any case, Vision are setting up their own helpline for patients.
- **IT support:** Paul Chapman's days, previously Wednesdays and Thursdays, are now Wednesdays and alternate Thursdays.
- **NHS Choices:** Dr Edwards still plans to add responses to the comments, but this has not yet been done.
- **Statistics on Vision Online use** Paul has provided the following information: From 1 Jan to today there had been 2519 appointments booked online, and 2355 prescriptions ordered. In the context of a practice with 14500 patients and 900 appointments a week it seemed that VOS was not being greatly used.

2 Appointments

- The practice now had 6 telephone lines (previously 4). This means up to 6 calls can be queued before callers get the engaged tone.
- The practice report (by the primary care foundation, distributed at the last meeting) said we should not worry about a "modest" level of Did Not Attends (DNA), suggesting 8% was acceptable level. This is the approximate level of Jenner DNAs.
- The surgery was most busy on Monday and Friday mornings, when the walk in system was in operation. This was now limited to 22 places.
- Appointments within the next 48 hours have been reintroduced. These are released every day for the next 2 days (eg on Monday 48-hour appointments are released for Wednesday, on Tuesday for Thursday, etc).
- One third of patients make same-day appointments.
- The practice came out very well in the recent CQC Banding being graded band 6, the highest category.
- J distributed an article by Dr Edwards on [Confessions of a GP](#). It begins ironically: "I recently spent a very happy afternoon adding data codes to the records of every patient I'd referred

to various hospital departments over the past year, to indicate that I had “utilised the appropriate template” when making the referral.” We suggest a link is placed on the practice website.

3 Dates of future meetings

- Our rule of first Wednesday in the month, every 2 months produces the following dates for 2015: 4 Feb, 1 April (the following weekend is Easter), 3 June, 5 Aug, 7 Oct, 2 Dec. We need to ratify these dates at the 4 February meeting.

4 Survey 2015

- Julie, as part of her diploma in practice management, had taken notes on “golden rules on surveys”. Her notes are attached to these minutes.
- We discussed issues affecting our proposed annual survey: (no point asking about the Vision IT system which might be replaced shortly; a possible new government might require different information; currently no statutory need for a survey). It seemed to us that no sooner were we implementing changes suggested by one survey than we were planning the next. We agreed that a survey was useful in principle, but decided to postpone the next one until early 2016.

5 AOB

- Emis (Egton Medical Information Systems) is now being seriously considered as the management information system to replace Vision, although any change – which would involve some downtime in the substantial procedure to transfer records - would not happen until after April. All online users would need to re-register for their logons. Emis already has a helpline for patients.
- The drive for flu vaccinations has been extended until January.
- The family and friends animation (explaining the purpose of the government survey) is now on the practice website. Patients (whose mobile numbers are held by the practice) will receive a text a few hours after their appointment to elicit a response to the survey. They are asked if they would recommend the practice, and give a grade from 1-5.
- We would invite Dr Rowland back to the start of the February meeting to speak on CCG for 30 minutes.
- Could notices in the surgery go on the website too? (Eg the list of doctors who only held surgeries on limited days.)
- The pods once again take blood pressure measurements as an average of three tests.
- Dr Lamptey was taking early retirement at the end of this month. Dr Edwards and Jeanette Garforth would retire at the end of 2015.
- J suggested the PPG write the patient newsletter for the practice.
- Thanks to Jeanette for providing Prosecco and mince pies.

The meeting closed at 7.50pm.

The next meeting is on Wednesday 4 February 2015 at 6:30.

Golden rules of surveys

- Surveys 10 questions - no more
- Paper better on-line
- Send to named individual - free post-back
- 500 for 14,500 but needs to be balanced
- every 500 patient or different groups
- Yellow paper = 3% extra responses
- 2-3 lines for comment - then copy on
overleaf.
- Multi choice - 4 boxes
So they have to make a choice
- Question length - 10 to 12 words MAX
- FONT - comic sans will give you 1% extra
responses
- Once a year - look to get back 33%
- Keep 8 questions the same each year.
- responses - disagree strongly, disagree,
agree, Strongly agree.
- use in development plan