

Jenner Patient Participation Group

Minutes of meeting on Wednesday 9 April 2014 at 6pm

Present PC, MG, NS, HW, Jeannette (J), Julie. **Apologies** AB, BB, NR, Andrew, Paul. **Not present:** GH, JP, BR

Minutes and matters arising (from 18 February and 10 March)

- Where documents (eg agenda, minutes) had been emailed previously, members are asked to bring them along to meetings. The practice will provide just a few spares. HW to prompt Jeanette, cc Julie, before each meeting.
- Jeanette works M, W, F. Julie works M, W, Th and alternates Tu and F.
- PC was still waiting for details of the letter to be written about disabled access. This will be to Pauline Rowe, premises manager, who is based on the 1st floor of the Jenner. PC, J and others will inspect the entrance after tonight's meeting.
- MG asked about access to the chiropody department. Jeanette said it was not dealt with by the practice, but by premises.
- HW asked who provided emergency computer maintenance when Paul was unavailable. J said there is a Lewisham team of about 4 engineers but they are very stretched. They are experienced with EMIS rather than VOS.
- HW again asked about name badges for reception staff. J repeated that most staff had badges (though some recent staff did not), but some staff living locally faced intimidation if identified. H suggested that, in that case, perhaps surnames should be removed from the website and noticeboard. It was agreed that J would exert gentle encouragement for staff to wear badges and also to identify themselves on the phone consistently.
- It had been agreed after the 18 Feb meeting that Paul would approach members of the vPPG (about 30) to ask if their email addresses could be disclosed to the PPG. Nothing had yet been heard, so J would enquire.
- Did not attend (DNA): MG said she had received a text reminding her of an appointment she had not booked. What should she have done?
- VOS: a member of staff is currently being trained to run a VOS helpdesk, which will operate from 10-4 each day.
- At the next meeting we will discuss the Jenner website in a room with a projector. Paul will be present provided it is a Wednesday meeting. Dr Richard Johnson is the practice IT lead and takes responsibility for the website. But any suggestions for changes should go to J, copy Julie.
- Need to circulate draft minutes to staff first. (This was bypassed for the March meeting because the practice meeting to decide the action plan was only days away.) Agreed with J that 2 working days is sufficient.

Next year's survey

- Discussion should start in September. An outside firm will analyse. Need more time between results being available and finalising the plan.
- But this year was a great improvement on last year – results were well-considered by the PPG, who were actively involved in the action plan. The practice had reminded lots of

patients by email and text, and sent questionnaires by post to over 75s, resulting in a much bigger response.

- NS said that asking patients to respond on a scale from 1 to 10 was too wide.

Action plan

- The practice had supported the PPG suggestions.
- The PPG suggestion for a survey of success in booking appointments did not appear in the plan, but J said it could still be considered. Agreed it should be an agenda item for a future meeting.
- J said that from 5 May new categories of appointments will be introduced:
 - routine (booked in advance),
 - immediate (booked on the day, or walk-in clinic (Mon and Fri only);
 - urgent (where the only alternative is A&E).
- From Fri 11 April there will be a pop-up on the website to explain this. [NB: The pop-up has now appeared on the website, but uses the term “on the day” rather than “immediate”.]
- The general approach at present is assign 2/3 of appointments to routine, 1/3 to immediate (on-the-day). “Urgent” is dealt with by the duty doctor.
- The duty doctor also does some proactive work. For example, calls patients over 85 who have not seen a doctor for a while, arranging a home visit if appropriate.
- Online consultations (mentioned in the 2012-13 plan) are not a current priority.

Open discussion

- HW said that the phone system states that items deemed “general enquiries” can only be discussed between 10-12 and 2-4, but there is no mention of this on the website which states that the phones are open each day from 8-6.30. These sources should be consistent. But why are general issues time-restricted? J said the main problem was that discussing test results took time although by pressing 1 for appointments you got to speak to a person anyway - most people used this strategy and the phone message need not be taken literally. HW thought this was wrong. Further discussion was deferred until the website item at the next meeting.

Future meetings

- Agreed we would no longer have pre-meetings, that we would have a full meeting every 2 months, on the last Wednesday of the month (although this can be varied), with extra meetings scheduled if necessary. The following dates were proposed for future meetings:
 - **Wed 25 June,**
 - **Wed 27 August** (when we might start consideration of the next survey), and
 - **Wed 29 October.**
- PPG members (especially those not present) **are invited to comment.**
- As a result, it might be possible to release the survey in (late) November, to be live for just over a month, closing in the 1st or 2nd week of January.

The meeting closed at 7.30pm.