

Jenner Patient Participation Group

Minutes of meeting on Wednesday 4 February 2015 at 6.30pm

Present: BB, BG, PC, PC, JG, MG, GH, BR, AW, MD, RD, GG, PW ,HW, JD, HJ, CM, VH, NR

Apologies: NR, AR, JP,JW, JD, NS

1 – 4 Apologies, Introductions, New Secretary, Minutes and matters arising

1.1	Apologies were given.	
2.	Peter welcomed return members of the Jenner PPG and new joiners and gave a brief overview how the PPG worked. A brief introduction was given by everybody.	
3.1	Thanks were given to the previous secretary for their hard work and it was asked that Peter pass this thanks on.	Action: Peter to pass on thanks.
3.2	Vanessa offered to take the minutes for this meeting. A suggestion was made that the role of secretary could be split between minute taken and organisational needs.	
4.1	Vision online support: Suggestion was made if a dummy's guide to Vision online could be produced. It was agreed by Jenner Practice team that Paul should be able to do this and could be put on the website under the "How to" section in a pdf format.	Action: Paul Chapman to produce and circulate to group for feedback prior to putting on website.
4.2	A query was raised regarding FAQ for health issues and if these could be put on the website. It was agreed that NHS online was the best resource for medical questions.	
4.3	NHS Choices: There is an amendment to the minutes that they should reflect Dr Johnson as responding to comments on NHS Choices. Dr Johnson is now looking at comments every Wednesday afternoon. It was suggested that potentially the PPG could be involved in responding to comments too if this was deemed helpful. It was requested if Dr Johnson could join the next PPG meeting for the first 5 minutes to feedback on how this was working.	Action: Minutes to be amended to change Dr Edwards to Dr Johnson responding to queries. Action: Ask Dr Johnson if would be willing to report back at the next meeting.
4.4	Statistics on Vision online use: There was a discussion around the statistics and what period they covered, it was agreed clarification was required to understand the statement that "VSO was not greatly used."	Action: Jenner Practice team to clarify the statistics for the next meeting.
4.5	Dates of Future meetings: These were noted and the background shared that additional meetings can be called and that if it was felt that a different time to first Wednesday evening every other month would work better this could be reviewed.	
4.6	Patients survey 2015: It was noted that the survey will be done in 2016 due to the time it takes to carry out although all agreed it was	

	<p>a very useful tool.</p> <p>The questions for the survey have generally fallen out of these PPG meetings.</p> <p>There is no longer a statutory requirement to carry out the survey. The only question the Practice legally have to ask is would you recommend the practice which is done by text message.</p>	
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5. Clinical Commissioning Group (CCG) – and change of IT system

<p>5.1</p>	<p>A brief overview was given of the CCG. It was suggested that the notes were attached to the minutes – see attached.</p> <p>The CCG covers 4 areas and 7 practices and they have been connected for some time but now the CCG is looking at how the practices can work more collaboratively with each other.</p> <p>This April Lewisham took over becoming co-commissioning group and is devolving some of the powers of what the commission does.</p>	
<p>5.2</p>	<p>An update was given regarding the practice changing to EMIS (Egton Medical Information Systems) as although Vision is compatible with EMIS the CCG would have to pay a significant sum for it to be so and Vision as a system is slow to roll out developments. Given the above need to collaborate more closely with other practices it was felt that transfer to Emis was necessary.</p> <p>Currently the transfer is proposed to start at the beginning of April with transfer in June. There is likely to be a 2 week period when cannot use IT systems so significant planning will take place for this by the practice team.</p>	
<p>5.3</p>	<p>It was noted that the Chair of Lewisham CCG had been invited to attend the next meeting. It was confirmed by those present that would still like him to attend – with perhaps a 20 minute talk or any presentation to be circulated in advance to ensure there is time for questions.</p>	<p>ACTION – format to be confirmed and circulated in advance of meeting.</p>

6. Disabled Access

<p>6.1</p>	<p>A discussion took place regarding disabled access issues.</p> <p>There are 3 where the lip is too high for those in a wheelchair or where wheelchair user would have problems navigating the site.</p> <p>It was noted that this issue has been raised previously with the landlord but met with little success.</p> <p>It was explained that the Practice does not control the building, and there have been issues with liaising with the new management company that owns the building following the transfer to them in</p>	<p>Action – Helen to receive copies of precious letters and draft a new letter to the landlord.</p>
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	<p>2013 which is a private company. However, the practice team did meet with someone 2 weeks ago.</p> <p>There was a discussion around whose responsibility it was to ensure that disability obligations are met, and Helen offered to draft a follow up letter to the landlord.</p> <p>The PPG had previously sent a letter as had an individual member. These letters should be shared with Helen before she drafts her letter. Once drafted Helen's letter should be circulated round the PPG for comment.</p>	
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7. Appointments

<p>7.1</p>	<p>It was noted that currently the practice was experiencing challenges due to chest infection epidemic regarding availability of appointments.</p> <p>A general discussion took place regarding do not attend appointments (DNA).</p> <p>It was noted that there were many different reasons for DNAs and there wasn't a pattern eg on the day appointments also were DNAs.</p> <p>It was queried what the consequences of missing an appointment – to which the answer was it depended on the patient/situation, but could result in a request to attend a meeting with a GP regarding consistent non-attendance.</p> <p>A suggestion was made to have the text message for an appointment need to have a reply to confirm attending like a dentist and if not for it to be cancelled. It was confirmed that this was not an option for GPs.</p> <p>It was asked what the letter said that went out to DNA's and it was suggested that the PPG could potentially feed into the letter.</p>	<p>ACTION – copy of DNA letter to be shared with PPG at next meeting.</p>
<p>7.2</p>	<p>A query was raised regarding the touchscreen and if it was necessary to press “done” on the screen to fully book in arrival for appointment. It was thought this was not necessary and was only required for it to be pressed to clear the screen but it would be checked tomorrow, and if it is required then a sign will be created to say press done.</p>	<p>ACTION: Jenner Practice team to investigate and take action if required.</p>
<p>7.3</p>	<p>Regarding changes to appointments schedules it was noted that :</p> <ul style="list-style-type: none"> • Considering extending the walk in clinic • More book on the day appointments being made available • The Monday and Friday walk in would be starting at 8.30am • New nurse practioner has been appointed and she may be able to see minor ailments on the day 	

8. Patient Newsletter *The idea of a newsletter is to be discussed at the next meeting*

<p>8.1</p>	<p>It was suggested that this newsletter could be used as a way to recruit to the PPG and explain what it does.</p> <p>It would be available to patients in the waiting room as well as on the website.</p> <p>The newsletter could be written by those on the PPG but it was suggested that Paul could do the IT piece of formatting the newsletter into a pdf.</p>	<p>Action: All to reflect on how this could work and who would like to be involved.</p> <p>The idea of a newsletter is to be discussed at the next meeting</p>
<p>8.2</p>	<p>A suggestion was made that potentially as a quick win could contact Forest Hill Society and see if could put a short section in their newsletter.</p>	

9. Parking

<p>9.1</p>	<p>A short discussion about parking issues took place the following points were made:</p> <ul style="list-style-type: none"> • It was questioned if the carpark could be locked at night, The Jenner Team confirmed that this request had been made and it was no longer possible. • The disabled spaces had been increased to 5 spaces. • There are currently issues for all parking including for doctors being blocked in. • It was noted that the car park is used by those who attend the meeting space, those attending the chiropractor and dentist as well as those who are not attending the practice including those visiting the Honor Oak pub. 	
<p>9.2</p>	<p>Suggestions were made regarding potential ways to improve the situation:</p> <ul style="list-style-type: none"> • Signs up in the carpark • Contact the owners of the Honor Oak and request that signs are put up inside the pub requesting not to park in the practice carpark. • Highlight the issue via Forest Hill Society or the proposed Patient newsletter. 	

10. Emails across the PPG

<p>10.1</p>	<p>Currently everyone gets all emails as it was felt that this ensured everyone was kept in the loop on discussions.</p> <p>Peter noted that if anyone does not wish to be on this open list they should contact him and they would be put in the Blind Copy section for being sent agendas and minutes.</p>	<p>ACTION: Anyone wishing to not be on the open circulation list to contact Peter.</p>
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11. Recruitment to the PPG

11.1	It was agreed that Paul should send a recruitment request to the PPG to the next 500 people as ideal attendance was 20 people and with other diary commitments therefore it was necessary to have a group of those involved greater than this.	ACTION: Paul to circulate invite to next 500 people.
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12 - 13 Future Meetings and AOB

12.1	There was no AOB	
13.1	The next meeting is on a April at 6.30pm (the following weekend is Easter).	