

Morden Hall Medical Centre

Patient Representation Group – 15th January 2013

Chaired by Steve Hartley

Item	Subject	Action
1.	Present: Dr Naheed Ahmad, Steve Hartley, Elspeth Clarke, David John, Jayanthani Hettiaratchi, Hyacinth Bell, David Arulanandam, Maureen O'Brien, John O'Brien, Mary Gell, Tony Loft.	
2.	There was a ten minute session to allow the patient members to liaise with each other prior to the meeting proper starting.	
3.	The minutes of the previous meeting were checked and agreed as an accurate record.	
4.	<p>Steve ran through the action points of the previous meeting:</p> <ul style="list-style-type: none"> • Steve said that he had arranged training in customer service skills for the receptionists in September. Several patient members said they felt they had noticed an improvement. Steve added that the new telephone system also meant that telephone calls were automatically recorded and so receptionists had an incentive to be polite when talking to patients. • Steve explained that doctors had been advised that they should either make an appointment for patients themselves where a follow up appointment was needed, or contact reception and instruct them to do it. This was in response to the issue which had been raised at the previous meeting, where patient members said that when they were asked to make follow up appointments it was often impossible to do so. A further question was raised about whether the patient would be made aware of that and Steve said he had assumed that the patient would be with the doctor when the request was made, but he would follow this up anyway and ensure that doctors made their patients aware of what they were doing. • Steve explained that the receptionists had been given a script which they had been asked to read when offering patients appointments in the triage clinic. It was felt that this would work much better to explain briefly what the triage system meant and what the patient could expect when being offered such an appointment. Dr Ahmad also spent some time giving a fuller explanation to the meeting about what triaging meant. She added that it had doubled the number of patient contacts available in a given period of time, albeit at the expense of some previously 'bookable in advance' appointments. Some patient members said they felt it had been a useful change and there was a question about whether nurses were included in the scheme. Dr Ahmad confirmed that this was not the case. • Steve told the meeting that the practice had indeed recruited two new nurses as promised at the previous meeting. Unfortunately though one had since left. He said that the practice was again advertising to recruit a replacement and hopefully a new nurse would be in place before too long. • Steve explained that the practice had gone ahead with setting up a text messaging service trial, as discussed at the previous meeting, but added that since the practice was about to undergo an upgrade to a new clinical computer system, and that this system is expected to have a free facility to send text messages, it had been decided to abandon the trial of the alternative system. Steve said there were also some ethical issues which the practice had considered, but it was felt that these had been dealt with as completely as possible and wouldn't prevent a text messaging service going ahead. • Dr Ahmad followed up on the subject of the practice's position on Better Services Better Value (BSBV). She apologised for not having a definitive copy of the partnership statement on this to hand but explained generally that the partners of the practice supported BSBV, believing it to be a better way of ensuring that resources were concentrated where they would be most needed. Several of the patient members expressed their disquiet about this position and said that A&E and maternity wards for instance could not be closed down without impacting directly on the quality of patient treatment. Dr Ahmad said that whilst that might be true for some services it would be possible to conduct many others, e.g. dermatology, in a non-hospital setting thus freeing up space for other, more necessary services to expand. Steve was asked to send out a copy of the partners' statement on BSBV to patient members. <p>There were two actions relating to patient members</p> <ul style="list-style-type: none"> • Elspeth Clarke reported that she had not been able to make progress with her campaign to re-site a bus stop outside the practice. She said that Cllr Sergeant had been waiting to hear back from Merton Council on this since last May. She said she had been told anyway that the bus stop wouldn't be re-sited outside the practice, but might perhaps be moved outside Sainsbury's. • David Johns explained that he had had enormous trouble in trying to get parking permits for doctors to use for home visits. He said he was not optimistic of success but would continue to pursue the matter 	Steve

5.	<u>Points of Business</u>	
6.	<p>AOB:</p> <ul style="list-style-type: none"> • Steve and Dr Ahmad informed the meeting about other changes which had been, or were about to be implemented. One of these was the new telephone system. One of the patient members said that he had had problems getting through to the practice and had had to continually redial the number, as he had been getting the engaged tone. Steve explained that the new system was installed in mid-December, and therefore it was highly likely that these issues had been encountered prior to that time. He explained that the new system used a queue, so that patients no longer heard the engaged tone but were told their position in the queue. He added that the new system now gave the practice 8 lines, up on the 5 it had previously, and said that medical secretaries had been drafted in during the peak time of 8 – 9am when calls were at their busiest so as to make maximum use of the increased lines. Patient members suggested that the new phone facilities etc should be advertised on the web site. <p>This brought a further question from the patient members as to what the hours of opening of the practice were. Steve was able to find these in the practice booklet (and on that subject it was requested that practice booklets be made more readily available instead of being kept behind the reception desk), but it wasn't clear if these were on the web site. There was a discussion about having opening hours made available on the practice front window, along with details about the hours worked by specific doctors. Dr Ahmad was concerned about the possibility of causing confusion as a result of doctors necessarily having to change their regular working hours, but it was felt that providing doctors' hours were shown subject to a proviso that these were subject to change, then this would be quite helpful to patients.</p> <p>Steve also pointed out the new automated arrivals system which had been purchased by the partners.</p> <ul style="list-style-type: none"> • The meeting discussed the possibility of having clinicians' pictures and information about them, including working hours, posted on the waiting room walls. It was additionally suggested that some information about doctors' specialisms would be useful. • There was a question about the possibility of refurbishment, especially in the waiting area. Dr Ahmad explained that Drs Gibbs and Patel were leading an initiative to bring some progress on this, and that it may include an external project management company to get the best possible solution. • There was a question from a patient member who said that the practice used to have a Well Man clinic but it was in the afternoon, which wasn't helpful for working men. Dr Ahmad replied that the current equivalent of that is the NHS Health Check which is targeted particularly at patients in the 40-74 age range. • Elspeth said she had been having difficulty emailing in to the practice 	
7.	Next meeting – March – exact date TBA	