

**Morden Hall Medical Centre
Patient Participation Group**

Notes of the meeting on Tuesday, 08 March 2016

Present:

Derek Heaton	Tom Killick	David John
Elsbeth Clarke	Jayanthani Hettiarachi	Muhammed Khan
Tony Loft (chair)	Sandra Wood (MHMC)	Leah Biller (MHMC)

Apologies: Rita Man

Attendance of GP partners at PPG meetings

Whilst not unanimous it was agreed GP partners would only attend when required as the effectiveness and dynamics of the meeting were more conducive to the business of the meeting without a GP partner present.

Keeping patients informed in the waiting room

The reception team have a responsibility to inform and apologise when doctors are running late – usually after 20 minutes.

The preference in the meeting was for announcements to be made to the whole waiting room when doctors are running late as well as individual communication.

Information board for patients

The meeting felt that out of date information on patient noticeboards and on the phones was not acceptable. For example messages about flu jabs should be reviewed and kept relevant.

Online access to coded medical information for patients with online access

PPG members who are registered for and use online services agreed to serve as guinea pigs for this new development.

Our IT facilitator has suggested we start the guinea pig exercise as of 31 March although it would be more advisable to try and leave it until early April – after the Easter week when the clinical system has settled down after a spike in activity around the bank holiday.

Helpful information re use of online services

The Patient Access service that provides online access to medical records on our clinical system does not update as quickly as the surgery clinical (EMIS) system. This causes issues for some users from time to time. Clearly, any solution is out of our hands – all we can do is send feedback to EMIS.

The return key does not work on Patient Access when using online services. Therefore, to move to the next stage or “enter” your transaction it can only be via a cursor click – unless or until something changes.

Nurse appointments online

Work has to be done to get these correct and bookable as they are so varied and each nurse has a different skills and competencies set.

Online appointments – access

Appointments are all released at the same time so access to them is available to everyone all at the same time.

Patient newsletter content

In a patient newsletter the PPG would like helpful themes for patients of the practice and information eg:

- illness in older people
- how to make the appointment you need
- progress with appointments and access.
- what does and does not need to go to the doctor
- parking
- health issues/campaigns
- Chlamydia
- bowel screening promotion

Premises capital bids

The works to refurbish most of the practice will commence on 29 March and 4+ months of disruption will follow although we will work with the contractor to minimise disruption as much as we can. There will be a lot of decanting around the building as well as movement up and down to and from the first floor with the lift operational at all times for disabled access.

Minor surgery

This is back and the outstanding list is being worked through.

Access and appointments

The practice continues to develop skill mix in light of the current shortage of doctors and all the other daily challenges for general practice in order to release clinical time for clinical need with nursing and admin back up where it will do the job and provide what is required which is often simply communication.

The idea of operating an open surgery – without appointments – was mooted as, apparently, it works for patients at a large practice in Cheam of a similar size to MHMC.

Bus access

The PPG would like to continue to lobby for buses to stop outside on the MHMC side of the road.

Young people's web page

We have worked hard – led by Dr Gibbs – to make a young people's web page available for all young people especially services eg for young people's sexual health.

The iteration of blood tests and results

Blood tests can be done anywhere and the results will go back to the surgery either for the doctor who requested them or one of the doctors at the surgery – the system is often problematic at the hospital end which can result in extra work for doctors who have to look at a result before they can work out whether or not it is for them (in which case they either have to comment on it or pass it on to the person it should have been sent to if they are working that day or the next in order to make sure the result is looked at, reported on and appropriate action happens and is not overlooked).

DNAs

The current issue is with appointments for booking on the day – we need to do an update audit to see what is really happening.

St Helier Hospital

There is a public meeting on 19 March at 10am in the lecture theatre. St Helier Hospital is under threat again.

Continuing priorities

These were agreed as:

- DNAs/prevention of wasted appointments
- Best use of available appointments by patients
- The building – in particular the heating

With the new boiler being commissioned and installed as part of the refurbishment by the partners the issue of heating should be resolved by the introduction of thermostatic control – currently the boiler has only two options – on or off.

Advance notice

David John sends his apologies for the next meeting.

Date and time of next three meetings:

Tuesday 19 July 2016 at 1730

Tuesday 22 November 2016 at 1730

Tuesday 21 February 2017 at 1730