**Brook Lane Surgery**

**Patient Participation Group (PPG)**

Minutes of the meeting 12 September 2012

**Those present:-**

Michele Sharpe (MS) - Chair

Carolyn Hill (CH) - Practice Manager

Tracey Plumridge (TP),

Pauline Elliott (PE)

Lawrence Jackson(LJ)

**Apologies received from**

Adam Prebble

Jill Durnell

David Woodley

Joan Baker

**Meeting Opened**

MS welcomed everyone and opened the meeting at 18:30.

**Minutes from previous meeting**

Approved

**Findings from the ‘Appointments on Line’ Survey**

The meeting thanked JD (via the minutes) for her skill, time and effort in creating the survey, analysing the results and producing an excellent PowerPoint presentation which clearly showed the findings of the survey that took place at the beginning of August.

Certain conclusions were drawn from the Group’s experience of this survey that will impact on the annual *Patient Satisfaction Survey*, which will take place later in the year. These conclusions appear later in the minutes under that survey’s heading.

The presentation appears below. Many of the slides are self explanatory. The Group’s comments on the survey have been added in some cases where they can add value.

***Objectives of the survey***



MS was encouraged by the number of people who immediately went to the counter to ask for the details they required to make future appointments on-line.



When members of the PPG were able to be present at the surgery, patients were asked to complete the short survey about the method they employed to make their current appointment.



It is worth noting that the results were slightly skewed in that no one with an evening appointment completed the survey. Also, approximately 50% of the respondents were from the Monday afternoon *Open Access* surgery which, by definition, does not require an appointment to be made.





MS said that 77.3% of respondents had made their appointment that day by telephone. Their reason for using the telephone was because it was either ‘convenient’ or ‘easy’ (see next slide).



CH admitted that the best way to making an appointment for later that day was to go on-line at either 7:00 or 8:00 (depending on time of opening) because the office’s first job is to make the day’s urgent appointments available on-line. New software driving the on-line appointments system can release additional appointments as the day progresses. Fortunately, the appearance of the appointment booking screens will not change so patients will not have to learn a new method of making bookings.



MS pointed out from question 4 that, whilst 20.4% of patients questioned knew about on-line appointments and had used them, only 3.6% (see question 2) used it to make that day’s appointment.



In the survey, the overriding reason for not booking on-line was because the respondent had no computer. MS commented that one of the reasons for so many people not having a computer could be because most of the people questioned were in the older age bracket. (This was an observation from being at the surgery when questionnaires were completed; there was no age question in the survey.) Older respondents can be somewhat wary of modern technology.

MS also commented that, when the people who ‘have no computer’ (34.8%) are added to the ones who ‘don’t know how to do it’ (22.3%), more than half of all respondents (57.1%) are taken out of the equation. It is possible that the people who ‘prefer to phone’ could be just following a habit.

Respondents who ‘have lost [their] registration details’ are possibly people who initially thought using the on-line facility was a good idea but never got round to actually using it. Also, when something is not used the thought of it can seem increasingly difficult the longer it is not used.

CH said that, currently, people who find they have lost their registration details when they come to use them have to come into the surgery and a member of staff has to remove their details from the system and then reinstate them. Many patients are not prepared to jump through all those hoops. Fortunately, the next system upgrade will have a *Change Password* facility, which will overcome that problem. LJ said that, when someone reports that they have lost their password, the surgery should really be issuing a new password, which is then sent to the patient. When the patient first uses this password, it should be changed immediately so that only the patient knows the password in use. CH was certain that confidentiality would be maintained whichever method is employed.

CH also mentioned that patients with a Smartphone can get an app that enables them to book appointments etc. using their mobile phone.

LJ mentioned at this point that software is available that will store passwords and then insert the appropriate user name and password on any given site. The software he uses is called *RoboForm* and it can be downloaded from the Internet. Using this software, each site visited by a user can utilise a different password but for *RoboForm* to insert the relevant password, only one password need be remembered by the user. Another, similar piece of software is *Steganos Password Manager 2012*, which is less expensive than *RoboForm* but is, as yet, untried.

Currently, a patient who wishes to start using the on-line facility must come to the surgery for registration details and cannot telephone for them because of potential confidentiality problems. However, CH thinks that this may be changed so that registration details will be posted to a patient who makes a telephone request as the envelope will be addressed to the patient personally. It is thought that a bogus user could achieve little by using someone else’s details! MS commented that anyone with concerns about who might see their details could still make the journey to the surgery while anyone who is not concerned could receive details by post.



CH explained that many appointments are made at 07:00 or 08:00 (depending on the surgery’s opening time) because the urgent appointments for the day are released onto the web site at that time. PE asked if the appointments that are available on the Internet are also available to telephone callers. CH confirmed that they are. CH added that the surgery is moving to a new computer system on 19 October and it may take a while for everyone at the surgery to get used to it. Interestingly, the new system will make it possible for certain appointments to be available only on the Internet. Whether this facility will be employed is still under discussion.



It was suggested that the patients included in the question 6b figures (just over half of all respondents) lack confidence where computers are concerned. MS believes that, as younger people who are computer literate gradually join the older age group, they will retain their computer skills and increasing numbers of patients will book on-line.



The statistics here are interesting. 27.9% of respondents said they *won’t* use the system to book their next appointment while the same number said they *would*! However, it must be remembered that 69% of the patients who said they will use it are already using it. Therefore, the remaining 8.6% who will use it next time are new to on-line appointments.

MS said that, as 16.3% of respondents said they will use the system if they have more information, they are the ones to encourage. She believes that the patients who are undecided (‘I may not use the system’) are probably using this as a euphemism for ‘I will not use it’.



CH commented that, although some of the 27 who said they are unlikely to use the on-line system felt that ‘it takes too long’, people who have used the system think that it is quicker!

LJ asked what we had learned from the survey. MS replied that it has confirmed what we thought, i.e. that a lot of people are not using the on-line booking system but there is some hope that more people will use it in the future, especially as a number of people registered for the on-line facility as soon as they had completed the survey. CH felt that, as more people started using it, even more would use it, encouraged by word-of-mouth experiences.

MS asked for any additional ideas that would advertise the facility. She said that it is already advertised on the PPG board in the waiting room but this could be made even bigger. PE put forward the idea that a poster could be placed on each doctor’s door in large letters stating ‘You could have made this appointment on-line. Ask at the desk for details.’

**Action**

* PE - Design a user friendly poster for affixing to doctors’ doors. [Now done]

MS also felt that the message could be repeated (without the need for questions) when future letters or newsletters are produced.

CH said that some patients order repeat prescriptions on-line but not appointments. She added that, in the near future, the surgery is anticipating a large influx of new patients and, as they come to the surgery for the first time, they will be given a Practice Booklet and it would be explained that it contains details of the facility. Unfortunately, patients could not be registered at that time as they would not yet be on the system.

A joint idea for another poster would be ‘Keep calm and book on-line [from the comfort of your own home]!’ and it had the advantage of being quite memorable.

**The Hampshire Health Record**

MS thanked CH for the communication about the Hampshire Health Record in a recent letter as it will have reached a large number of patients. CH confirmed that it had reached 3,642 patients. She confirmed that, so far, only 20 patients (0.005% of those who received the letter) have said that they do not want their health details to be included in the database. She has also received 5 letters from sons or daughters of elderly people saying what a wonderful idea it is.

CH said that, if patients change their mind, they can have their details removed from the record at any time.

MS has designed a notice to be placed in the library, the community centre, Tesco’s and anywhere else we can think of (probably in local pharmacies as well) stating the same basic information as the letter. For further details of the notice, please look in the Appendix on page 10.

TP asked if the notice could be included in *The Informer* and *Solent Life* and MS agreed to look into that.

**Action**

* MS - Look into the possibility of including the Hampshire Health Record message in The Informer and Solent Life.

PE suggested including a handout with repeat prescriptions but MS and CH didn’t think it would help.

In connection with mass communication, LJ suggested collecting email addresses from patients as it costs very little to send out thousands of emails. However, patients who do not have a computer, including half of the people surveyed (see above), do present a problem. CH said that the new software that the surgery is getting in October has the ability to store mobile phone numbers and send text messages to them at no cost to the surgery. It could, for example, be used to remind patients of appointments. However, no decision has yet been reached on how the facility will be used.

**Patient Satisfaction Survey**

MS said that the annual survey should be held in October but CH felt that patient satisfaction might be rather low in that month as everyone at the surgery came to terms with the new software. She thought it would be better to hold it in November and this was agreed.

It was also agreed that the survey would be carried out over two weeks, starting on Monday, 12 November, and over a variety of times so as to include, for example, business people who, for the most part, can only attend surgery in the evening. This stipulation was a result of experience with the survey carried out in August where coverage of certain surgery times was somewhat sparse and possibly skewed the results.

MS said that she would contact everyone not present at the meeting by email to ascertain the days they will be available during the two weeks of the survey. Where possible, group members who were present provided days and times when they would be available to be in the surgery.

LJ asked if the survey was already prepared and CH confirmed that the questions would be the same as those used in previous Patient Satisfaction surveys as it gives us the ability to compare year on year. She also pointed out that survey is effectively in two parts, the second part being completed when the patient returns to the waiting room after seeing the doctor.

**The speaker system in the waiting room**

There have been comments that the speaker system used in the waiting room for doctors to request their next patient is not of very good quality and can be difficult to understand. LJ said that the microphones in the telephone handsets are the starting point of the problems because they are not of adequate quality. One way of possibly improving the sound quality (in terms of being able to understand what the doctors and nurses are saying) would be to adjust the tone control(s) on the amplifier, if there are any to adjust. Less bass and more treble would make the voices clearer. MS said that we shall revisit the subject briefly in the next (i.e. December) meeting.

**Locks Road Update**

CH said that, at the moment, the content of the letter that is to be sent to the Locks Road patients is being discussed. The start date of 8 October may be delayed because a ‘Memorandum of Understanding’ must be written to clarify everyone’s understanding of the way the changes are to be introduced. One piece of good news is that the IT problems have been solved. Some other documentation must be changed to say that primary care services are to be included.

**Parking update**

The surgery’s problems are ongoing but would be at least partially solved if the Post Office would take the signs off their gates. When the gates are open members of the public are free to park within the Post Office grounds. However, the sign on the gate gives the impression that parking is forbidden at all times. CH feels she has done all she can, having written to the Post Office a number of times and our Member of Parliament, amongst others.

**Any Other Business**

CH announced that, sadly, Dr. Ryan has resigned and is leaving at the end of October. She is going to work in Romsey. Members of the group were in total agreement that Dr. Ryan has done some excellent work at the surgery and will be missed. Dr. Justine Hall will be replacing Dr. Ryan in November as a locum. A new (female) partner should be starting in May 2013.

PE said that the answerphone messages are difficult to understand and should be changed. CH responded, saying that there is a problem with the system. The modern digital systems allow only two or three different messages whereas we need at least six! We are, therefore, relying on an older system that uses tapes to store the messages and these machines are no longer available. Even the one in use now was purchased second hand! New tapes have been tried but did not really help. LJ suggested purchasing several digital machines and plugging in the machine that stored the relevant message. CH said she would look into it but all the messages will have to be changed shortly as the surgery will be obliged to incorporate details of a new NHS service that is being made available in the Fareham area.

PE asked how many doctors’ doors there are as she is going to create a poster to be placed on each door.

MS has spoken to Carol Shires who has been unable to attend several meetings and she, Carol, regrets that she is no longer able to be part of the Group. MS stressed the importance of Group members attending meetings. CH said she would look further into the possibility of non-patients being members of the group if they are in a position to support patients.

**Date of next meeting: 12th December 2012 at 18.30**

**Appendix**

**Content of Notice advertising the intention of the surgery to upload patient  
health records to the Hampshire Health Record database.**

“It is the intention of Brook Lane Surgery to include all patients on the Hampshire Health Record by December 2012.

“Why? It should ensure that, in the event of an accident or emergency in Hampshire, essential information about your health can be accessed by health professionals, i.e. doctors, paramedics, nurses. This could speed up treatment which should in turn save lives or, perhaps, severe trauma.”

[The ‘where’ and ‘when’ included in the letter at this point have been omitted.]

“Information about your health will be stored centrally. The Patient Representatives and the staff have considered this carefully and hope you will want your name to be on the record: it may save your life.”