**The Charnwood Practice PPG Meeting – Agenda**

**Merlyn Vaz Health Centre**

**Saturday 23rd April 2016 11am**

**Attendees**

**Present:** Michael Maxwell chair (MAX), Howard Kendall (HK), Sue Kendall (SK), Pradip Modi (PM), Minaxi Modi (MM), Percyfene Thomas (PT), Juliana Hector (JH), Angela Macklin (AMM), Dr. Alison Mawby (AM), Paul Houseman (PH).

**Agenda**

1. Apologies.
	* 1. Pat Davies (PD), Kathryn Brain – Practice Nurse (KB).
2. Previous meeting minutes agreed. (MAX)
3. Matters arising from the previous meeting minutes. (MAX)
	* 1. No matters arising.
		2. Review of action log – Communicating delays. Ideas were put forward by HK & SK of having a board that reception updated. AMM confirmed that the practice were still looking at options for this and would update the PPG once decided.
4. Update from the Leicester City Patient Group Forum Meeting.
	* 1. No update presented at this meeting as no one present had attended. MAX to request copy of minutes from Gill to distribute to all.
5. Practice update (AMM)
	1. **Staffing**
		1. No changes to discuss.
	2. **Services / Projects Updates**
		1. CQC Visit – PH advised those in attendance that the practice had received the draft report for the CQC visit that took place on 10.02.16. Firstly, PH thanked all PPG members who had spoken to the inspectors on the day for their time and the positive comments they had made with regard to the practice. PH explained that the overall headline of the report was ‘needs improvement’ and then moved on to the detail of the report and what they found we were not compliant with as felt it was important to be open about what had been found.

(1)The need for emergency medicines had not been assessed – PH explained that the practice keeps a range of medicines at the practice in an emergency medicines box and have done this for years. What the report is saying is that the practice has no “formal assessment” of all possible medicines that may be required with justifications for not having them. PH commented this is OK as we can do this.

(2) In a Dr’s bag used for home visits they found a few out of date items and a blood pressure machine that had not been calibrated since 2008. PH explained that we have equipment calibrated annually and processes in place to ensure items are available on the given date each year. The practice just needs to make sure that GP bags are included in our process. AMM commented that this is what they found and is factual but felt it was important to put this into perspective. The practice has thousands of dated items on site and nothing was found by the inspection team on the actual premise. AMM also thought it was worth sharing with all PPG members how impressed the inspectors had been by our stock room itself and processes we have in place with regard to stock management. The management team were viewing what they found as positive as it highlighted an area where could improve and we have added Dr’s bags to our general stock check process that works really well.

(3) The decision not to have a defibrillator had not been assessed formally and documented – PH explained that historically, in an emergency situation we would have gone to the walk-in centre opposite our reception and borrow theirs. However what the inspectors said was this had not been formalised in a legal document. Therefore they questioned what assurance we would have if we had to borrow their equipment that it would work and that it had been maintained to an appropriate standard. MAX asked if we had reviewed this and made a decision and AMM confirmed that we have re assessed the situation and decided to go ahead and purchase our own defibrillator. HK queried that surely there was a defibrillator belonging to the building that would be available for use if required. AMM confirmed that this was not the case and that the building itself did not have a defibrillator. PH commented that again the practice appreciated a fresh independent view on this and we can move forward quickly with this one.

(4) Ensuring clinical audits are completed and repeated – PH explained what this meant. GP’s demonstrating that they are identifying, analysing, reporting, making adjustments to improvement patient outcomes. This is one cycle – 12 months later do the same audit again. The inspectors said that we evidenced audits with 1 cycle but not second cycles. Reality is that the doctors all do them. This one was simply a process issue. Again PH emphasised the GP’s all currently do these.

(5) Ensuring all significant events are recorded – MAX expressed his surprise at this one as he is aware of the term and knows we record them and discuss openly with the team and PPG for learning. PH explained that a clinical case was mentioned by a GP to one of the inspectors and they thought that the case should have been recorded as a significant event. HK commented that surely it is down to opinion. AMM confirmed it was to some extent but we were still taking the feedback as a positive. We know that are procedure for recording significant events works well and since the visit we have re visited our Significant Events Protocol and broadened the criteria for what we consider to be a significant event.

(6) We did not have systems in place demonstrate (prove) that Safety alerts were being assessed and disseminated to the relevant persons – HK asked exactly what these were. PH explained they were information the practice received with regard to missing person and other police alerts, equipment alerts & drug alerts. PH explained how the practice currently does this but emphasised the key word her being ‘prove’ – we did not have evidence proving the individuals the information is sent to had actually read the alert. AMM confirmed that again this was a simple fix that has been addressed immediately and safety alerts has been added as a regular agenda item to staff meetings so that we can confirm with staff that they have read the information they have been sent.

(7) Having systems in place to check that GP’s have been revalidated – PH explained that the process we currently have in place monitors that the GP’s GMC registration is up to date but the key word here in the CQC’s feedback is “re-validation”. PH continued to explain that GP’s go through this every 5 years and dependant on the outcome this is reflected in their GMC status which is what we monitor. AMM confirmed that our current process would identify if a document had not been re-validated but we have taken the CQC’s feedback on board and have added a column onto our staff training matrix to incorporate the revalidation dates in addition to the information we already held and also included nurse re-validation dates.

(8) The inspectors found no evidence that we identify any trends from complaints received or recorded and any lessons learnt as a result of these to improve the quality of care – PH explained that all ‘Formal’ Complaints are recorded as you all know because they are discussed at these meetings as a regular agenda item. We also compile this information and produce figures for the year. What the inspectors said was that we were not able to demonstrate that we have looked at the overall themes and trends and look collectively at the lessons learnt. Since the inspection we have added to our complaints process that trends and themes will be discussed with the team on an annual basis.

Having explained the specific areas of concern highlighted by the inspectors, PH explained the ratings the surgery had been given on five high level domains:

Are you Safe? – Inadequate – Red

Are you Effective? – Requires Improvement – Amber

Are you Caring? – Good – Green

Are services Responsive to patients’ needs? – Green

Are you Well-led? – Requires improvement – Amber

PH explained that these individual ratings had led to an overall rating of ‘Needs Improvement’ for the practice.

PPG members were visibly shocked by the rating. HK commented that he couldn’t understand this rating as he and SK felt it was a great surgery and looks after patients really well. MAX asked has a surgery ever got everything correct. PH commented that there are different teams of inspectors but yes there were practices who had had an inspection and got a positive rating in all five areas. AMM commented that we have to see the report findings as a positive. We have been given the opportunity for independent eyes to review how we do things and they have made recommendations that can only improve our service. Yes a different day, a different team of inspectors and we may have been rated differently but we have this rating and we are going to go ahead with implementing their recommendations which will improve our service.

PH went on to explain that we have been given a deadline of 20th May 2016 to demonstrate to the CQC that we have done what they have asked and that the report will shortly be published on their website for the public to view but wanted the PPG to know in advance which was why we had discussed the findings and ratings today.

* 1. **Complaints / Significant Events / Friends & Family Test (FFT)**
		1. Complaints – No complaints to discuss at the meeting.
		2. Significant Events – No significant events to discuss at the meeting.
		3. FFT updates – 91% of patients would recommend the surgery to a friend or family member. This month follows general trend of a mixture of extremely likely and likely ratings. Specific feedback complimentary to both the reception team and clinical team.
1. AOB(MAX)

HK – Wanted to bring to our attention the bubble that had appeared under the flooring in the back waiting area. AMM confirmed that the practice was aware of it and that it had been reported to those in charge of the building to organise repair.

JH asked AM & AMM if the practice was taking on new patients as she knew someone who wanted to move to us. AM confirmed that the practice has an open list and patients are welcome to register provided they live within the practice boundary.

AMM – Proposed that we schedule future meeting every 3 months rather than 2. All PPG members and practice representatives were happy with this proposal but agreed if there was anything urgent that needed to be discussed before the next scheduled meeting an emergency meeting would be called.

1. Agree Date of Next Meeting
	* 1. Next meeting Saturday 6th August ’16 11am – 1pm Merlyn Vaz.

**Meeting Closed**

**Action Log**

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| Ref. | Date | Action | Owner | Update | Status |
| 16/08/14-1 | 16 Aug 2014 | Name badges for staff. | AMM | Issued to staff. | Complete |
| 16/08/14-2 | 16 Aug 2014 | Options for PPG marketing. | PH | New website to aid the promotion of the PPG | Complete |
| 16/08/14-3 | 16 Aug 2014 | PPG photographs. | PH | New website with capability to display photographs as an initial step.  | Complete |
| 07/02/15-1 | 07 Feb 2015 | Link to the Better Care Together to be added to the Practice website. | PH | Link added. | Complete |
| 07/02/15-2 | 07 Feb 2015 | Draft questions for the Leicester City Patient Group Forum to be email to PPG members for review. | PH | Questions noted and sent to the city-wide PGF. | Complete |
| 07/02/15-3 | 07 Feb 2015 | Remind all admin team members to offer patients access to discuss matters of a sensitive nature in private. | AMM | Staff updated and posters available in reception for patient information. | Complete |
| 07/02/15-4 | 07 Feb 2015 | Update missing members photographs onto the Practice website. | PH | Photographs updated. | Complete |
| 18/04/15-1 | 18 April 2015 | Update Carer and Safeguarding registers. | PH | Safeguarding register now in place. Carer list is work in progress – a project for 2016. | Ongoing |
| 18/04/15-2 | 18 April 2015 | Diabetes Service Review – copies of the review to be made available to Patients. | AMM |  | Complete |
| 18/04/15-3 | 18 April 2015 | Staff biography detailing background and training. | PH / AMM |  | Ongoing |
| 20/06/15-1 | 20 June 2015 | Delayed appointment time – communication method to patients. | AMM |  | Ongoing |