The Charnwood Practice

**PPG MEETING MINUTES**

**Date:** Saturday 3rd August 2018 **Time:** 11.00am **Venue:** Section E, The Charnwood Practice – Internal Waiting Area

**Attendees:** Michael Maxwell (MAX) Chair, Angela Macklin (AMM) – Practice Manager, Dr Choudhury (MC) GP Partner, Patricia Davies (PD), Pradip Modi (PM), Minaxi Modi (MM), Juliana Hector (JH), Charity Paige (CP) & Samuel Paige (SP).

**Agenda**

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|  | **ITEM** | **DETAIL** | **ACTION REQUIRED** |
| **1.** | **Apologies received (MAX)** | Sue Kendal & Howard Kendal, Dr Mawby, Percyfene Thomas, Jagoda Kiesznowska. |  |
| **2.** | **Agree previous meeting minutes and review action updates (MAX)** | Minutes from PPG meeting Saturday 11th August 2018 were agreed. |  |
| **3.** | **Matters arising from previous meeting minutes (MAX)** | PM wanted to update all on supply issues at pharmacies discussed at the last meeting. The situation has got worse and the government has intervened. Pharmacies have now been authorised do dispense insulin up to 3 months after its expiry date. He advised that the government are also looking at other medications that are in short supply. MAX commented that he was finding this difficult to comprehend. MC explained the logic behind it being that it was better than not having insulin at all. PM also informed PPG members that the shortages were expected to continue to get worse until around February and March time. AMM asked if this was due to stock damages with the intense heat in the summer. PM confirmed this had been one issue but the main reason was that some medications come from Europe and Brexit was having an impact on this.  AMM went through the action points from the last meeting recorded on the minutes and confirmed that some of the action points had been completed.   * CP’s email send to MAX * AMM to review and update The Charnwood Practice PPG Constitution and agree with memebers – ready to email to MAX and agree at AGM. * PPG patient phone numbers ready to confirmed and verified today before emailing to MAX to distribute to all to improve general communication and arrange attending PPG events together between meetings.   AMM reminded all that it was agreed at the last meeting that all members upon receiving an email communication from MAX would send an acknowledgement back so Max knows it has been received. Please remember to do this as not all members have been. |  |
| **4.** | **AGM** | MAX explained that the AGM was due but proposed postponing until the next meeting as key members where not in attendance today including Sue Kendal who is the current treasurer. All agreed to this proposal. Date to be confirmed at the end of this PPG meeting. |  |
| **5.** | **Practice Update (AMM)** | 1. **Staffing**  * **GP Team** – Actively recruiting. Shared with all the challenges in the current healthcare environment to recruit GP’s which all were aware of with the publicity currently around this. Not overly concerned expecting to take a while to find someone, important that we get the right person to join the team. AMM also said she wanted to reassure PPG members that there is currently no impact on the level and quality of service to the patients and is confident this will remain the case. Have the support of good regular locums who patients even ask to see assuming they are our GP’s. They know our systems and have been set up on our clinical system to be able to refer via ICE just the same as our own GP’s. * **Nursing Team** – Denise Prendergast has joined the team as a part-time practice nurse. * **Patient Services Team** – No changes.  1. **Services –** None to discuss. 2. **Project Updates –** Just wanted you all to be aware of some of the work that we have chosen as a team to focus us over the last 12 months or so. Not inclusive list but some of the bigger projects that we have been working on to continuously improve the service offered to our patients.  * **Quality Referrals –** AMM explained that the practice was looking at different ways to measure the quality of referrals and by this we mean that patients are referred correctly first time and other helpful options such as advice & guidance are utilised as other speedier options. Also have Referrals as an agenda item at the fortnightly GP Meeting so that best route of referral for complex cases or usual cases can be discussed with peers. * **Carer Awareness** (including young carers) – AMM explained why this was important. This group of people often neglect their own health when caring for others. Young carers schooling can suffer as well as mental health and general development. Can be a difficult population to identify. Seems to be some stigma attached to the label ‘carer’. The practice are looking for ways to improve identification of carers and signposting for help. Promoting importance of carer well-being with poster campaign throughout the practice. A noticeboard dedicated to ‘People who look after somewhere that otherwise would not manage’. * **Sepsis Awareness** – Poster campaign promoting awareness, signs and immediate action to take. * **Promoting awareness of PPG & to encourage new membership** – Showed all in attendance the frame that would be attaching to a notice board to display photos of all PPG Members. Also would be allocating a noticeboard in one of the waiting areas to information on the PPG to try and attract new membership and raise awareness. * **Compliance** – AMM explained that this is one area the practice are always working on ensuring we keep up to date with changing legislation and mandatory healthcare requirements and recommendations. Continuing improving – learning from other practices who have been inspected since our last inspection. At the heart of everything we do is about our practice being as Safe, as Effective, as Caring, as Responsive and as well led as we can - principles that we will be measured on at our next CQC visit. We have introduced new equipment, invested in the Charnwood Team, reviewed our processes and procedures. We have a continuous cycle of review and reflection on other CQC inspections to be the best we can. Our last inspection was 3 years ago in February so in theory could be due another inspection anytime. Will be given 2 weeks’ notice.  1. **Formal Complaints –** In previous meetings have given an anonymised overview of all cases. Intend to share trends & themes instead going forward. Also want to focus on year on year comparisons as this reflects to some extent how the practice is improving. So far this year have dealt with 4 formal complaints which is very low and a significant decrease in numbers the Practice has had in previous years. Also in comparison to some other city practices this figure is incredibly low. AMM commented she knew of other practices that would often have 4 complaints a week. 2. **Significant Events –** AMM explained to all the purpose of recording significant events – to reflect, learn & take positive action. AMM also explained that the practice has also started recording situations that the practice team have encountered that turned out very positively and were important to share with the whole team and gave the example of when a patient collapsed on the floor in front of the reception desk and was unresponsive. The team managed this situation extremely well in a calm manner with a good positive outcome for the patient. Again analysis would be shared at future PPG meetings in terms of themes. AMM explained that we also record clinically significant events and discuss at fortnightly GP meetings again for clinical reflection and learning amongst the team. AMM gave the examples of unexpected deaths, Mental Health act Admissions, Unusual presentation and newly diagnosed cancers. 3. **Practice Feedback –** AMM thanked all members for their continued support to attending meetings and providing feedback and support to the practice. Not all PPG committees work in this way and want to acknowledge appreciation on behalf of the whole Charnwood Practice Team. |  |
| **6.** | **PPG Patient Members Update (ALL patient representatives)** | 1. **City-Wide PPG Meetings attended –** None to discuss as no members present had attended. 2. **Any other feedback from PPG Members –** No other feedback. |  |
| **7.** | **AOB** | * JH wanted to say that she was pleased that the practice was doing work around carers as can be very hard and support can be needed. Hard to know as a carer where to go for advice, help and support. * JH asked about Flu Vaccinations. She has not received an invite letter this year and had attended the surgery in September and was told by the nurse that we were waiting for them to come into stock. Is there something we are doing differently this year? AMM confirmed this year we have altered our approach to delivering flu vaccinations due to the well-publicised stock shortage due to 2 separate vaccinations for Under 65 and the over 65 and only one company supplying the over 65 vaccination. This has resulted in split deliveries a month apart. So the practice has been forced to stagger delivering of vaccinations whereas in previous years the practice has been able to call all patients in as soon as possible and also vaccination opportunistically when patients eligible for the vaccination have presented at the surgery for other issues. AMM also confirmed that for the last few years the practice has moved away from sending out letters in bulk – MAX agreed that this was not the most effective way to invite in. AMM explained that the practice has moved in the last 2 years to sending SMS invites to patient mobiles initially with the message to ignore if already have an appointment booked and to contact us if they do not want the vaccination so that the practice can record a decline so that we do not re-invite. CP asked what was the difference between the 2 different flu vaccinations this year. MC explained that the over 65 had one ingredient taken out as research had shown that the Quadrivalent vaccine was not as effective as the alternative being given to over 65’s. NHS England provide guidelines for practices to follow. MC also confirmed that patients cannot choose which one to have. For instance, eligible children are given a nasal flu vaccination. Some parents do not want their children to have this as it contains traces of gelatine. The practice is not allowed to give the injection instead due to the parents’ personal preference. CP also commented that the flu vaccination has in the past made her and SP ill but has found in recent years that taking paracetamol for 48 hours stops this. MC explained that the flu vaccination can give you some of the symptoms but does not actually make you ill. What it actually does is boosts a patients’ immune system but this can take a few weeks so more likely that have picked up a common cold which the flu vaccination does not protect you from. * JH also asked about prescribing cannabis oil which she had heard was legal from 1st November 2018. MC confirmed would only be available for certain medical conditions and would be initiated by hospital specialists. Would not be initiated by GP’s at the moment. |  |
| **8.** | **Next Meeting Date** | Dates for 2019 were agreed as 9th February ‘ 19 (to include the AGM), 11th May ‘19, 10th August ’19 and 2nd November ‘19. | **AMM to send a list of these dates to MAX to circulate to all PPG Members.** |