**Dr Aru and Partners**

**PPG Meeting 2nd October 2018.**

**Attendance/Invites**

KS – Patient Chairperson

Dr WO

DMC - PM

Dr A

DC - Patient (note taker)

LM - Practice Nurse

**Absent**

JL - Patient

SL - Patient

SM - Patient

OM - Patient

CC - Patient

2 Minutes of last meeting (7th August)

The practice failed to circulate previous notes/papers prior to today’s meeting. Minutes were agreed in retrospect.

3 Matters arising from previous meeting/pending log

3.1 Practice to provide written briefing regarding formal outcome of CQC Inspection (Date of inspection 10/5/18 and report published 16/7/18).Copy of Inspection report on the practice website.

Dr A advised that he could not recall all details of the Inspection, but copy on website. However the Practice had queried some of the figures included in the initial report with CQC. This was now the subject of an ‘appeal’ by the practice regarding the final rating by CQC. However the latter had published the report, irrespective of the pending outcome of their ‘appeal’.

DC referring to the CQC report stated that while the Practice was no longer under ‘Special Measures’ they were rated as overall  ‘Requiring Improvement’;

Are services safe- rated - Good

Are services effective- rated - Requires Improvement

Are Services caring- rated - Requires Improvement

Are Services responsive- Rated - Good

Are services well led - rated Requires Improvement

DC Stated that the section on ‘Well led, includes the Practice’s support and development of its PPG (Engagement with patients et al). He also asked what progress had been made in drafting an action plan to implement the recommendations from the Inspection, so progress could be monitored by the PPG over the coming year?

Dr A stated that due to the demands of pursuing the ‘appeal’ (to the Inspection report) with CQC and other work commitments, the Practice had not yet prepared an action plan. But this would be forthcoming.

Action- Dr a to provide written Action Plan at the next PPG meeting.

3.2 Update on providing better location of display stands in reception area.

KS reminded everyone of the background to this issue. He suggested that the Practice should utilise info point stand like that used at Kings College Hospital. This would involve moving the existing stand.

Action- DMC to discuss relocation of stand with the Practice’s buildings contractors, and advise KS of the outcome; subject to this KS and DMC will support plans to install Info point stand in reception area - To review progress at the next PPG meeting.

3.3 The Practice to ensure the PPG page on the Practice website is fully updated, including dates of meetings, minutes and related documents.

DMC confirmed that the PPG webpage was still in process of being uploaded, and as of today, did not include all minutes of meetings and relevant documents.

DC commented on disappointment at continued delay in uploading the documents onto the PPG page. It was difficult to expect patients to participate in the PPG if the web page was not informative of the current work of the Group. Interestingly the recently published report on the National Patients Survey 2018 for Southwark, had rated the Practice’s website as the lowest performing across all Southwark GP practices.

Dr WO queried if the PPG patient reps would be interested in reviewing the response to the National Patients Survey and make suggestions for improvements to the Practice.

Action- DMC will ensure all minutes and documents are uploaded onto the PPG page of the website before the next PPG meeting (December).

KS agreed to review the recent National Patients Survey as it relates to the (Practice, and forward suggestions for improvement).

3.4 Progress in installing digital screen and upgrading the Tannoy.

Dr A confirmed that the Tannoy is working in all rooms, but one. The Practice is exploring improvements to its IT system; including the patient’s appointments screen in reception area. Discussion took place possible solutions.

Dr A was unable to clarify timescale for completing work, but was requested to provide update at the next PPG meeting.

Action- Dr A to provide progress report on updating IT at next PPG meeting in October.

3.5 Practice to provide update on outcome of local patient’s survey.

DMC stated that the survey had not been circulated, as the Practice is making further amendments to the questions, in the light of the recently published National Patients Survey (see above).

In response to a question, DMC stated that she could not confirm a date for circulation of the revised survey; but hoped this would be soon.

Action- DMC to provide update on progress of local patient’s survey at the next PPG meeting (December).

3.5 Practice to confirm that the DNA policy and publicity has been prominently displayed’

DMC confirmed that the policy has been widely distributed, and would be logged onto the PPG webpage (see 3.3).

Discussion took place querying if policy had been implemented, and was making any difference to DNA’s?

Action- Practice to provide performance report on DNA’s to the December or February PPG meeting’s (dependent on other agenda items).

3.6 Practice to ensure PPG constitution and terms of reference are uploaded onto the PPG webpage (see 3.3).

DMC confirmed that she is in process of uploading the Constitution and TOR onto the PPG webpage.

DC commented that at some point thought needs to be given to the layout of the webpage, as documents appeared to be spread across a number of pages/locations; it would assist patients if all PPG related documents were held in one place, for ease of reference.

Action-DMC to ensure all PPG documents are uploaded onto the PPG page of the Practice website, before the next PPG meeting (December).

4 Meeting with Dr A on the 6th September.

DC stated that at the last PPG meeting patient reps had expressed their frustration at the apparent lack of support provided by the Practice, to the work of the development of the PPG. That significant work was being undertaken by patient reps, with apparently little interest from the Practice. Patient reps were therefore losing motivation, and it would be difficult to attract new patient reps.

He also outlined the details of the meeting held with Dr A, which was also attended by DMC, on the 6th September. In particular the need to provide a named person from within the practice who would have capacity to support the development of the PPG; failing this to seek external temporary support for the PPG.

DC stated that he had confirmed the details of the discussion with Dr A in a subsequent email forwarded, as agreed, via DMC; with request Dr A respond in writing to KS as chairperson.

DC stated that as of today no response had been received from DA despite repeated prompts (via DMC) - Hence the discussion today.

Dr A stated that it was difficult for him to comment, as he had not had sight of the email from DC

DMC offered her apologies, stating that she had, inadvertently, not forwarded the email to Dr A.

DC stated he was dismayed to hear that DMC had not forwarded his email to Dr A as requested, particularly as he had followed this matter up in writing and verbally to her on a number of occasions. There had been no indication that the email had not been forwarded to DrA.

KS suggested that she now forward the email today to Dr A, and asked the latter how long he required to consider the email and be in a position to provide a written response?

Dr A agreed to provide a written response to KS cc DC, in 2 weeks ie by the 16th October.

DMC also requested that any future correspondence regarding the PPG be forwarded via the Practice website email address, for ease of reference.

DC asked DMC to forward the Practice Email address, so that there would be no confusion. At the time of writing no email address has been forthcoming.

Action-

1/. DMC to forward DC’s email to Dr A today.

2/. Dr A to forward written response to KS cc DC, by 16th October.

3/. Further discussion at the next PPG meeting (December).

4/. DMC to forward Practice email address for PPG correspondence, to KS and DC by close of business today. (NB No response from DMC, until DC called at surgery today to confirm email address on 8th October).

5 PPG leaflet for patient’s

KS provided initial draft of the patient leaflet. There was a brief discussion, and some suggestions for amendment.

KS raised idea of trying to get sponsorship from local businesses, to print the leaflet.

DR WO supported KS’s proposal to seek sponsorship from local businesses, and asked if the patient reps would lead on this. This was agreed by KS, subject to support from DMC (agreed).

Action- Further comments and amendments to the leaflet to be forwarded to KS by the 16th October. He will then make final changes and present final draft to the next PPG meeting for agreement.

KS and DMC to contact local businesses regarding possible financial sponsorship of the patient group leaflet.

6 Draft PPG Action/Business Plan 2018/19

1/. DC briefly outlined the purpose of the Plan, which was to provide the PPG with a structure for its work over the coming year, and to share responsibility for taking these actions forward amongst all the Group members; not just the Patient reps.

2/. DC stated that he had broken the actions down into a series of 6 key themes, with PPG members leading on each theme, and reporting back via the bi-monthly PPG meetings.

The Plan was part of the process of strengthening the governance of the PPG, and making its activities transparent ie, a copy would be available to all patients via the Practice website (PPG page).

He recommended as there was little time to discuss the plan today, given time constraints, that PPG members take a time to read the Plan, make any necessary amendments, and express an interest in leading on one of the key Themes.

Once the Plan is finalised and leads agreed for each theme, he will then finalise the plan, for sign-off at a future PPG.

Action- All Group members to review the Plan and indicate which thematic area they would lead on, and confirm this in writing to DC by the 31st October.

7 Briefings on meetings attended on behalf of the PPG (since August)

\* Southwark PPG event 26th September-‘Skills for effective PPG Meetings’- DC drew attention to written briefing he had circulated via DMC regarding meeting which he and KS had attended. KS outlined some of the issues raised. Many of the challenges facing other

\* PPG’s, were similar to those which we are facing. RW (Southwark CCG) has been invited to our next PPG meeting (December).

All members reminded to provide written briefings for meetings or activities relating to the PPG. As there is limited time for verbal briefings.

8 AOB

\* 1/- KS requested that mobile telephone held by previous Group member be returned, so it can be used by current members.

Action- Dr A agreed to follow this up with ex-Group member, before next PPG meeting (December).

\* 2/- KS suggested changing the name of the PPG to another not so formal name, after discussion with DC the idea of just the name being “Patient Group” would be okay, confirmation of the group name change to be agreed at the next meeting.

\* 3/- KS raised proposal to invite a clinician relating to a particular medical condition to a future meeting or specially convened patients event. DC supported proposal but indicated that was one of the actions contained in the Action/Business plan discussed previously on the agenda (see item 6) and it would helpful to consider this proposal as part of the wider planning for the Group over the coming year. This was agreed.

Action- Group to confirm holding of patient Health events, as part of PPG Action/Business Plan.

\* 4/- KS suggested issues around printing of leaflets and other information for the PPG, Dr A then advised that he has contacts that can be used re printing.

\* 5/- KS to create a Word format of the PPG Patient information booklet for web page use. (Update:- this has been done, and I am just waiting for approval to Continue)

9 Next Meeting:  4th December 5-6.30pm.

Circulation:  All in attendance/invited.