**Notes of Patients Participation Group**

**5th June 2018**

**Dr Aru and Partners, Lister Primary Care Centre.**

**Attendance/invites**

KS- Chairperson

SL

JL

DC – note taker

YB (cover for DMC - Practice Manager)

Dr WO – from 11.30am

**Apologies** - DC (Practice Manager)

**Absent:**

SM

OM

CC

**1 notes of last meeting (1st May 2018)**

Amendment-DC stated that he had not suggested a merger with Lister or other local Primary Care Groups, but that we should explore ways of working with other groups to share ideas and resources. The first step was to get details of local groups, so that we could discuss this with them.

Subject to these changes, the minutes were agreed.

**2 Matters arising from previous meeting**

2.1 Look into how leaflet display units could be controlled so children cannot misuse them **–YB to discuss progress with DMC.**

2.2 Dr WO briefed group on planned CQC inspection taking place on the 10th May and asked if PPG members would be available to speak to the CQC Inspectors- DC confirmed that he and SM had spoken to the Lay Member of the CQC inspection team. KS stated that despite previous offer to speak to CQC on the telephone (as he was away at the time), he had not been contacted. **See briefing on CQC inspection later in the agenda (item 7)**

**3 Surgery and Web address**

Brief discussion of the surgery website and how the PPG would have a ‘page’ on this etc.

General support from the Group to PPG web page, which would initially advertise dates of Group meetings, notes of previous meetings and current membership; would ‘grow’ page as PPG develops.

**4 Do Not Attend**

Brief discussion - about the financial and practical consequences, of patients who “do not attend” their appointments and fail to inform the surgery (DNA).

Evidently this is a big challenge for the surgery.

General view of the Group that the Practice should explore ways of publicising this issue within the surgery, on the lines of the approach taken by Acute trusts re this problem ie, it costs the NHS money and has a knock on effect for other patients access to appointments at the surgery etc.

**Action – Dr A and partners to explore ways of publicising DNA challenges.**

**5 Frequency of future meetings**

DC suggested that we should change frequency of meetings to Bi-monthly (rather than monthly) to reflect the current position of the Group, and to allow more time for work to strengthen the Group.

KS supported the proposal, but felt we should also alternate the timing of meetings, as day time meetings might prove difficult for future Group members who were working.

This was endorsed by SL and JL.

**Agreed that future PPG meetings would be held bi- monthly, also alternative am and pm slots.**

**Next meeting: - 7th August 5-6 pm.**

**Action –KS to discuss with DMC.**

**6 Brief Additional items**

6.1 Guidance for Starting a Patient Participation Group- KS shared paper produced by the Patients Association which we might use for the Group.

There was agreement that this was helpful.

**Action: DC will review document on behalf of the group and present paper to the next meeting.**

6.2 KS briefed the Group on some physical activities (swimming) he was undertaking through Southwark Health Hub, which he felt would be helpful to other patients with similar Health conditions supported by the surgery.

**Action: KS to discuss with DMC.**

**6.3 Digital Board and Tannoy**

The digital board in reception is not accessible, and tannoy to Nurses room not working.

**Action: agenda item for next meeting.**

**7 Briefing on CQC Inspection of surgery, held on 10th May.**

Dr WO joined meeting at 11.30 to provide briefing on initial verbal feedback from CCQ. Important to remember that the surgery was still awaiting formal written inspection report, and provisional rating from CQC;

* This was a ‘Comprehensive’ inspection (CQC category) and covered the 5 key domains
* **Safe –** Incident reporting was fine and safeguarding of no concern. Management of medicines etc,
* **Effective-** process for dealing with ‘Alerts’ in place, Quality framework in place, but diabetes still an outlier, staff well trained and knowledgeable etc,
* **Caring-** as no patient survey since last year difficult to assess progress, patients spoken to are positive about care but were only a small number, but staff observed to help patients etc,
* **Responsive,** have worked with local groups to improve support to patients, building is accessible and appointments available, and good complaints system in place,
* **Well-led-** clear improvement since last inspection, however diabetes still a problem, Governance in place, but not linked to areas where performance is not being delivered, staff happy, PPG relaunched, and patients spoken to were happy.

Dr WO felt inspection had gone well. But is dependent on formal written report from CQC, which will arrive in due course. The Practice can then respond to any points of ‘fact’, but not ‘opinion’. The final report can then take a long time to be published.

**Action: Practice awaiting written response from CQC. Dr WO to provide progress report at next PPG meeting in August.**

**7 OAB**

Dr WO raised some issues arising from the CQC inspection.

7.1 Patients Survey- Dr WO sought views of the Group regarding a patient’s survey that the practice will be circulating in the next few weeks.

Initial comments from the Group were;

* The lay-out of the survey including 20 questions could be rather off putting for patients. It might be helpful to break the questions down into 4 or 5 key themes/sections, with sub questions below,
* How will the survey be distributed to patients to get a reasonable response (what would be a reasonable response?). The Group suggested that as well as a general distribution of the survey, the practice should set aside a number of days, and ensure that hard copies are given to patients to complete when they attend for an appointment. Prompted by reception staff and GP’s on that day.
* Had the Practice considered offering access to the survey in differing languages, given diverse nature of the patient’s served by the Practice?

**Action: PPG members to forward any further comments regarding the survey to DMC in writing in the next 2 weeks.**

**Feed-back from the patient survey to be shared with the PPG in due course.**

7.2 Diabetes support.

Dr Onyeka stated that as the CQC inspection highlighted the Practice remains an outlier on its diabetes performance.

Although there were many contributory factors for this, the Practice was looking to improve attendance at the weekly diabetes clinic by 5%, and are exploring best practice examples elsewhere.

The PPG members acknowledged this was a challenging issue for the practice, and agreed this would be a useful topic for a future meeting.

**Action: Dr WO to provide the PPG with a copy of the Practices QOF plan for diabetes and how it intends to improve performance, in preparation for discussion of this topic at a future PPG meeting.**

**8 Date of next Meeting: 7th August 5-6pm**

**Circulation- all in attendance/invited**

**Cc Dr A**