PPG MEETING
18 July 2017

PPG Members Present:-
John Skitt (JS)
Helen Rouse (HR)
Jean Gillespie (JG)
Liz Trew (LT)
Barry Cressey (BC)
Aks Patel (AP)

Staff Present:-
Dr Navina Sullivan (NS)
Dr Femi Idowu (FI)
Sherine Sallion (SS)
Reni Rozbicka (RR)

1) Apologies for Absence
Apologies received from Riksha Moore, Mo Al Jabban and Lea Ewing.

2) Minutes of last meeting held on 20th June 2017
Minutes from the last meeting were approved by all.

3) Matters Arising
Nothing to be discussed, although BC did mention about the carpet in the entrance of the surgery, which SS will discuss in point 7).

4) CQC Report
NS had a copy of the draft report with her at the meeting. We did send a few responses back to the CQC following the summary, but they had dismissed them and only re-approved one of the points.

The CQC are waiting for a detailed response back from SLMC in regard to any inaccuracies. NS advised that we were holding a meeting at the surgery this Thursday (20th July) with Alison and Richard from the CCG and members of the LMC to discuss this and seek some advice, prior to us sending a response back.
NS confirmed that the CQC would be re-inspecting SLMC in February – and we must all do our utmost to make significant improvements.

The report had marked SLMC as Inadequate in services being safe, caring, responsive to people’s needs and well-led, but for effectiveness we were marked as Requires Improvement, which doesn’t make sense.

NS then read out the Overall Summary from the report to the PPG members and highlighted points that the CQC had raised i.e.:-

Patients at risk of harm re: monitoring of medicines – as had been mentioned in the previous meeting, this mainly related to Methotrexate issuing on checking on bloods prior to issuing of medication. We did explain to the CQC that we were able to look at blood results on our system and check recent hospital letters, but they weren’t happy with that and didn’t seem to understand shared care. In future SLMC will make sure we have “down-loaded” copies of results prior to issuing of medication.

Condition of the practice poor and not maintained / cleanliness concerns in regard to infection control – we had advised the CQC that prior to their visit we had things put in place with regard to carpet replacement and other jobs in place to tidy up the surgery, but they didn’t pass us on this as there was no documented evidence available at the time of inspection. With regard to infection control, they were not happy with this either as the Nurse leading this at the time was a Locum – she is now employed by SLMC. A CQC Inspector came down to the surgery 2wks ago to review this, and was happy with the infection control, and Bhimla (our Nurse).

No significant reporting and recording of significant events – this was true. Significant events are discussed and documented, but no meeting notes were available to show at time of inspection. This is now being rectified.

Child and Adult Safeguarding and gaps in training – the majority of clinical staff have the relevant qualifications in this regard, with training being looked at for our HCA’s to be qualified to Level I and Level II standards.

Results from QOF showed comparable results – SLMC are not clear on what the CQC want here, but we are working on our QOF and Audits.

National GP patient survey data published in July 2016 scored SLMC very low – we are all aware of this and that the survey results were not good.

Patients experiencing difficulty in getting appointments and the look of the surgery - NS told the PPG that we actively working on this and improvements should be seen soon. NS advised that she was focusing her attention on the Reception area, as this was the 1st port of call for patients and that she was working closely with RR to ensure that this area of the business runs more smoothly, so we can avoid complaints. NS is now chairing weekly meetings with the staff so there is more communication, and we can see where any problems lie.
Lack of adequate formal governance arrangements where staff could access protocols/procedures – NS advised that following our recent Practice Meeting, all staff were now fully aware that we use Inradoc and how to find any policies/procedures that they may need.

Query with non-clinical staff having DBS checks – this point was not true. Staff did have these checks or Risk Assessments, and on the day of inspection the CQC looked at files of new members of staff who were currently doing administration training and no contact whatsoever with patients.

The following areas need improving on:-

- Ensure care and treatment to patients.
- Establish effective systems.
- Ensure specified information is available on all members of staff – including non-clinical members.
- Ensure improvements are made following GP survey i.e. patient experience and appointments.
- Ensure all staff are aware of the appointment system.
- Ensure the baby changing unit is safe to use and hygienic.

All of the above points are being looked at, with all staff needing to know everything.

The Chief Inspector has put SLMC into Special Measures, and we will be reviewed in 6months time. Special Measures gives the patients assurance that following this report, the surgery as a whole is trying to improve.

JS asked SLMC members when did we receive the report, and it came in on 28th June. JS asked why this was not circulated to the PPG members so they had time to read and analyse this, so we can think of ways to move forward. NS did apologise for this, and thought that we would all discuss it together in today’s meeting. JS reiterated that he found it quite distressing that it was not communicated immediately to the PPG, and that it seems we are not working together and keep jumping from crisis to crisis.

FI took the opportunity to inform the Group that we had recently sent an e-mail to all members informing them of our future change in the appointment system, and that from his recollection the report came in the Thursday prior to this email going out. He said that there were alot of points throughout the report that SLMC disagreed on, and with so many queries – we didn’t know how to respond, and we were going to discuss this today. FI also apologised to the Group.

JS told SLMC that if we want a proper PPG that will help us, we need to have more confidence in them and allow them to be more involved. There needs to be more leadership within SLMC where everybody works together as a team. The SLMC Partners need to show an active approach to convincing external parties/patients that we are trying our best to improve things, and to hide things from the PPG. The latest PPG survey shows that things are much better than what is being shown on the MORI poll.
HR commented that we really need to concentrate on complaints and reducing them, and that the Group need to be made aware of them. The Group are all there to help SLMC. HR reiterated how upset she felt and how soul-destroying it was to read the recent Herts Mercury Report which showed SLMC as the worst surgery nationally.

AP mentioned that the main issue to work on was customer service – he has many of our patients go into Lex very upset and angry with the surgery – we need to look at how we can improve Reception’s treatment of patients, and not turn them away for appointments i.e. if not today, then tomorrow or next week etc., etc.

NS totally agreed with everything that was being said and confirmed that a culture change would have to take place between the doctors within the surgery, with all Partners being involved and doing the same thing – it wouldn’t work only 1 or 2 doctors making changes. NS reiterated that she was concentrating on Reception first and we would try and pacify patients in the future, before any problems arise. NS is always available for any help or support that RR or Reception members need. At this point, NS asked HR if she would help her tackle the Reception issues – this was agreed by HR and she would pop in and see NS when she was back from holiday.

FI mentioned that within the surgery there was a team of equals which makes it very difficult to work together as they are too alike. He agreed that all Partners are working to try and improve the way they work, so there is a united front.

FI did agree that there was a problem with Reception and we were all doing our best to move forward and rectify this. He admitted that there are struggles where we all need to work together to iron out problems, but it doesn’t seem like anything changes. We need to stop turning patients away when they are late, and it has been agreed that all Reception staff are to notify the doctor in these instances, and it is up to them if they will still see them or if another appointment has to be made. FI and NS always see their patients that are late, they may have to wait a while, but will be seen. There needs to be more leadership in Reception, all staff need to go the extra mile – and this is what NS is assisting with.

AP suggested that all staff look at the patient, as an elderly member of their own family and think of how we would want them to be treated. He also confirmed the Lex Pharmacy would help us in any way that they can to improve our services.

JS mentioned to SLMC that it would be good to draw up a Corporate Strategic Plan on what needs to be done and how to do it. It can be quite succinct. This needs to be made available so all staff are aware of it, and are involved in, and what they need to be working towards – this was agreed by SLMC.

FI said that it would be a good idea if some PPG members attended our staff meetings so they could see what was going on and what we discussed. Following on from this, it was agreed that JS, JG and AP would attend the next Partners Meeting being held on Tuesday 1st August at 1pm. It was also agreed that HR, BC and LT would attend the next Practice Meeting being held on Wednesday 2nd August.
FI then spoke about patient experience, and mentioned that the current appointment triage system is very complex and not everybody understands it. The patients, doctors and staff do not like it, and after much discussion, SLMC have decided to revert back to majority face-to-face appointments, leaving a few telephone consultations available each day. We are looking to employ a full-time salaried GP, and to up-skill our current Nurses and Pharmacists to be able to deal with minor illnesses.

SS explained to the group (and showed them on the computer) how a typical day would look, once we had moved over to our new system:-

- 20% of appointments will be available to book in advance.
- 80% of appointments are to be booked on the day.
- There would be some allocation for Preferred GP on the day and once full, patient to see any other doctor.
- A small amount of phone calls per GP, per day – these would benefit housebound patients or people working out of the area who can’t always get to the surgery quickly, and also triage slots for GPs to refer patients to the Acute In-House Visiting Service.
- A few recall slots per GP, per day – once full, the patient would be booked into a “red slot” for GP to see in their own time.
- Extended Hours offered, both in the morning and afternoon.

SS had worked out that across the board, with all GPs in – we would be able to offer 900 appointments per month.

Emergency on the day appointments would depend on capacity and what was available. When clinic is full for that day, patients still requesting appointments would have their details and symptoms taken, and told that somebody would call them back. The majority of these messages are passed to RR/SS who would inform the GP for them to triage. A decision would then be made on whether the patient needs to be seen urgently that day, tomorrow or a routine appointment (usually within 2 weeks).

FI confirmed that this should simply the appointment system a great deal, and as always will take a little time to work. We will need to inform NHS England, CCG and the Borough of Broxbourne that we reverting back to face-to-face appointments. We would also put a notice up in the surgery giving 4 weeks notice that these changes were taking place. It was also agreed that we produce a leaflet to have in Reception for information for patients. A supply would also be passed to Lex Chemist, so they could enclose it with any dispensed prescriptions for SLMC patients.

FI also mentioned that currently our patients have a very low tolerance level, and can be very nasty and argumentative – he gave an example of a patient last week who we did our utmost best to help, who still wasn’t happy, sitting down to other patients in the waiting room completely slating us. When then person left, she then went and sat next to somebody else and started slating us again. This is not good and obviously gives a very bad impression, and it was agreed that if somebody wasn’t happy we should talk to them out of the Reception area so nobody else can hear.
The PPG were asked if they were ok with the new appointment system and if they were happy to go ahead - all members agreed, and said that it was a good move and a step in the right direction to try and improve the system.

FI closed this subject by saying that SLMC would include in their response back to the CQC, that we had full support of the PPG and Lex Pharmacy, and that we are going to work more closely together to fix things.

5) Mercury Newspaper Report – MORI Poll

JS asked if SLMC are going to respond to the Herts Mercury report that showed SLMC as the worst surgery in East & North Herts.

FI commented that as we were at the bottom, for SLMC to make any kind of comment on this would look like we were being defensive and we could open up a can of worms. SLMC are more than happy if the PPG wanted to make some sort of response to this, and show them a copy of our latest PPG survey results – that would be very helpful. JS said that he would come up with a letter to send on to them.

NS also mentioned that a locality, we are also waiting for a response to this article from the CCG.

6) Get Active

HR mentioned that she attended the recent Borough of Broxbourne open day and met up with a company who look at patients who have any type of problems that need more exercise, who they can help. SLMC would just need to do a referral. SS confirmed that Debbie was currently our lead on these type of things, and we already do something similar – but it may be beneficial to advertise this.

7) Image of SLMC

SS confirmed the following items to the group:-

Our new website had gone live, and briefly showed everyone what it looked like and where you could find things.
Maintenance was currently being done every Saturday i.e. testing, tidying up etc.
The deep clean on the carpets is due to start this weekend.
We are currently looking into getting pictures for the Reception area/waiting room.

8) Staffing issues

This was not discussed.
Prior to the meeting ending, FI just wanted to reiterate to the Group how SLMC appreciated all of the PPG’s help and time (even though we may not always show it), and to please forgive us all if we lapse, things will start to improve.

JS just gently reminded SLMC to get together with Strategic Plan (as discussed in point 4).

(Meeting closed at 2.50pm)

The next meeting is to be held on Tuesday 5th September at 1pm.