PPG Meeting

Date

Fri 27 Oct 13:00 - 14:00

Location

Large Meeting Room

Confirmed attendees

Amy Hood, Sarah Buckley

Other Attendees

TF,AH,SB,MH,RW,RH,SD,FMS,PB Apologies - PW,GC,DW,HW not present - MP



Details/Agenda

Apologies - PW,GC

Agenda

- 1. Practice update (standing agenda item)
- 2. CQC report
- 3. Boundary change update
- 4. Patient record access update
- 5. Patient Feedback (Friends and family Test)
- 6. Building remediation work
- 7. Posters update
- 8. DNA's
- 9. Mental Health Worker talk cancelled Rotherham Healthwave coming in instead

All other items

Actions From last meeting

- 1. What would the patient service advisors want for patients to say when they ring up? What would be the ideal way for patients to express themselves? SB to ask our patient service advisors and feedback
- 2. Who is also on the parish council asks who came to meeting was it council estates do you have names? SB to query.

AOB

Date for Next PPG meeting

Close

Minutes

Agenda

Welcome by TF

1. Practice update by SB

Staff - We will be interviewing for nurse role next week unfortunately no one has as yet been short listed for Nurse lead role. New Physician Associate to start next week. GP SN on maternity leave in January, TW will cover one days shift and the rest is being covered by one regular locum GP. Dr Baker joined us as our new Partner from 01/10/2023.

1. CQC report

We were re-inspected in June, the report came out September 27th. We have improved by 40% (2 out of 5 sections we rated good) but still retain the overall result of requires improvement. There were some factual inaccuracies which have been accepted and addressed however these have unfortunately not changed the outcome.



The 3 sections that need improvement are Safe, Effective and Well-led.

Main issues flagged were:

Monitoring of High risk meds - This is being challenged by Rotherham Medicines Management as CQC have used national policies to mark us on this. However Rotherham policy requires us to add on hospital monitored medications to our repeat templates which has caused inaccurate reports. These were ironically added for patient safety to prevent prescribing contraindications. We will keep the PPG updated.

Audit plans - Our auditing process was deemed unsuitable and requiring revision as we did not have a central annual plan although audits were done and documented. We are actively altering our process now.

Telephone access - Data used was from January 2023 taken from national survey. In January we had x5 members of reception leave close together and also had the strep A outbreak which increased calls. Although this should not be an excuse it is something we would like to make clear.

Building Health and Safety issues - see further down

Analysis of patient feedback - we were lacking in comprehensive analysis and actions resulting from surveys - to discuss

Leadership - RH has looked into the definition of this and its is very complex, different inspectors will have different opinions/values on this.

Areas we have been marked as Good in are - Caring and Responsive.

The CQC are undergoing an extensive reworking of their inspection process so we are unsure when our next inspection will be or what it may look like next time. SB to keep us updated.

1. Boundary change update

Boundary change is going to committee in November, SB fielded two queries regarding figures and these have been answered.

1. Patient Full Clinical Record Online Access update

Last time this was slated to happen was Nov 2022, we did did a lot of work at this time however it was pushed back due to GDPR and safeguarding concerns.

TF - will this happen this time? SB - It does appear likely that this will happen on 01/11/2023 unless BMA make a challenge to put a stop to it, we will keep everyone updated should it not. SB has spoken to our Data Protection officer for guidance and we feel we are ready.

We will be operating on an OPT IN basis as per BMA guidance rather than the opt out basis that NHS England had proposed. AH has been keeping a record of all the requests for prospective full clinical record online access which have been coming through since last November last year. Patients have access to request it in NHS & RHA Apps. Our list currently stands at 105 patients. As soon as switch on occurs we will add information onto the website and posters in reception with information on how to request. RH suggests we could set up a voice mail line like the cancellation line for this - SB to inquire with phone company, good suggestion for inclusivity. AH has created and will send out via sms/email or paper a questionnaire/declaration to all who have already requested access to gain consent and essentially for patients to acknowledge terms and conditions. See attached draft document.

When this is back the patients will have access set up from this date moving forwards as long as there are no safeguarding concerns. TF - Will patients be able to contest if we have refused access for safeguarding concerns? - SB - Yes but to be discussed with our partners on a process for this should it occur. Retrospective access will eventually come in where patients will be able to request access to their older records, we have software ready for redacting historic 3rd party and safeguarding entries as and when this comes in.

All of our staff have had training to make sure 3rd party or sensitive information isn't shared/added to record going forwards.

1. Patient Feedback (Friends and family Test)



Part of our CQC inspection requests that we analyse patient feedback from surveys regularly and document this accordingly. We have the data including textual responses which now needs reviewing. We already discuss these responses in a meeting along side our complaints and Significant events once a week but would like to do this twice a year with the PPG. PPG agreed to do this at next meeting.

The main theme we have noted over the last 6 months has been patients wishing to have normal test results confirmed by message. In regards to this as the clinical online access is coming in next week we hope that these responses should dwindle as patients will be able to see GP entries regarding their results online. GP partners have declined to send messages out in the past due to such high volume of results but we are going to mention this to them again.

In preparation for next meeting AH to redact any personal/3rd party information that may be showing on the survey results and then share with the group. Agreed we should do this at least twice a year. Also to consider doing our own survey which we have discussed last year but put on hold due to boundary work. Table discussion for next meeting.

Actions

Building remediation work

Building issues surrounding fire safety and health and safety showed up again on CQC report.

TF reached out to councillors Taylor and Pitchley they are meeting today to discuss.

TF emailed building compliance manger at Roth Council and has received an email back which he has been instructed to share. This is regarding various issues they are on with such as tap replacement and the glass to the front of the building (SB confirms this should be replaced next week). They recognised that the building is 15 years old and is in need of some work. They have said they will look into the fire doors. TF to keep in contact as the fire doors really should have been a priority due to safety aspect. Overall the PPG feel the response was somewhat inadequate. SB informs she has a walk round with the fire service last week who will be making a report and contacting the council also.

JA - would a vote of full support from the group and a letter be appropriate? All agreed this could be something to look into.

RH - to liaise with TF about appropriate wording.

MH - Isn't there a traffic light system for reporting work needed? surely fire door issues should have taken precedence to new taps?

SB - yes there is not sure where this has gone wrong as for instance they are quite fast if there is a lift issue which flags as red and must sorted in 4 hrs.

SB comments that the Air conditioning units have been broken for nearly 2 years and only patch jobs have been done but she knows from experience that they only have a 7 year life span so now the building is 15 years old it isn't surprising the building is in need of major maintenance.

RH cites premises law and enquires if the practice should consider taking quotes for work needed and claiming back for work done? SB - cant do this as our contact doesn't allow it for anything to do with the fabric of the building. However we are considering doing this for the building risk assessments which have not been upkept or made available to us as this is very important to have in place.

Additional Space - ICB have informed the council that they will not fund any additional space without all building safety concerns addressing prior. Additional space is very much in our minds as we are wanting more clinical rooms and the building is large and massively underused. Hopefully this may push things in the right direction.

RH - could we consider withholding a portion of rent (20%) until works done - SB its a possibility.

JA - can we invite them to one of our meetings? TF - we can certainly ask. MH - we know what the response will be but agrees to ask in any case. TF - will ask and invite to next meeting.

Posters update/ PPG Notice Board



TF big thankyou to Jill for taking this on and passes to her for update.

Last weeks meeting was cancelled due to storm Babet.

Jill has taken images of PPG boards from other practices such as Bassetlaw, Stag and Anston and created a draft contents which she shares with the group, simply and clearly stylised in a grid pattern.

TF shares an image of one at Thurcroft which is done as a Tree branching out

FMS requests that it be done colourfully and with large type facing for good visibility.

Style can be further considered after contents have been decided.

Aims of PPG needs looking into by TF and RH.

TF will send out email for submitting ideas.

AH to sort separate meeting with Jill when HW back in a few weeks.

- 1. DNA's table to next meeting
- 2. Mental Health Worker talk cancelled Rotherham Healthwave coming in instead

AOB

- TF informs us he has seen an infographic at another surgery regarding hospital referrals and wait times, he and SB will liaise to try and obtain this for our use.
- SD Enquires regarding covid jab and if they will be coming to the village in the future as there is much frustration surrounding this due to poor bus route links. SB informs that the partners do not wish to take it on in surgery, our staff are not trained and we don't currently have capacity to take this on. There have been 3 different vaccines used this season that require additional training for each. SB informs even for flu you have to order a year in advance.
- . Mental Health Worker DM and JR link worker could not make this meeting but we will invite them next time

Date for Next PPG meeting

Friday 8th December

SD gives apologies as this is her birthday so she will not be present.

Close

- 1. AH send survey results out to PPG
- 2. TF To invite council (landlords) to next meeting.
- 3. TF/RH To word a PPG support letter/email
- 4. AH to collate information and arrange meeting with Jill re noticeboard
- 5. TF send out email re notice board ideas
- 6. From last meeting What would the patient service advisors want for patients to say when they ring up? What would be the ideal way for



patients to express themselves? - SB to ask our patient service advisors and feedback - table to next meeting

Associated documents:

• Opt into Full Clinical record online access Declaration form.(1).docx

