**PATIENT PARTICIPATION GROUP MEETING**

**FRIDAY, 20th NOVEMBER, 2015**

**10:30 A.M.**

**Bawtry Health Centre**

**Present:**

Sir Andrew Buchanan (Chairman) (AB)

Mr Daniel Blakey (Secretary) (DJB)

Mrs Susie Uprichard (SU)

Mr Geoff Griffiths (GG)

Mrs Linda Merryweather (LM)

Mr Pierre Sagnia (PS)

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| **1 Apologies for Absence**  Mrs Astrea Smith    **2 Minutes of the Meeting of Wednesday, 5th August, 2015**  The minutes were agreed as a full and accurate account of the meeting.    **3 Matters Arising**  None  4 **New Member**    DJB introduced a new member to the PRG; Mrs Susie Uprichard. SU is a practice manager at a practice in Sheffield. AB welcomed SU on behalf of the PRG.  5 **Mock Care Quality Commission Inspection**  DJB reported on the recent mock Care Quality Commission (CQC) inspection of the practice carried out by the Nottinghamshire Local Medical Committee (LMC), Ltd which took place on Tuesday, 1st September, 2015. Both the Bawtry and Blyth sites were inspected. The inspection lasted for approximately four hours, during which time, the LMC reviewed the practice’s presentation, interviewed members of staff, carried out a visual inspection of the premises and reviewed policies, procedures and personnel files with DJB. From this a report was compiled which contained a number of recommendations. These recommendations are in the process of being implemented by the practice, and are attached below. DJB enumerated the most important of these and explained the steps taken thus far to implement them.  DJB also explained that the practice had received a negative review on NHS Choices similar in tone to the one we discussed at the last meeting. DJB explained that the practice believed that the patient who wrote the review had the wrong practice, as the comments are very far removed from what we believe to be the general level of service we provide. DJB has composed a response now available to view on the NHS Choices stating this.  6 **New Work**  On the basis of the report given above, the PRG identified possibilities for future work. These included reviewing the website and patient information leaflet to ensure that all information in them was up-to-date and presented in as patient friendly a manner as possible.  SU suggested that the PRG consider the results of the National Patient Survey in respect of the practice as an additional means of gathering information on patient views.  PS suggested the possibility of a coffee morning. DJB is to make contact with the Bassetlaw Community Voluntary Service with a view to seeing if they would be willing to run such a thing.  GG suggested that in light of the current pressure on appointments with practice nurses, it might be as well to ensure that receptionists have a consistent response when patients contact the surgery requesting an appointment for a blood test. As many of those as possible who are capable of doing so should be directed to the hospital. SU suggested the possibility of looking into retaining the services of a phlebotomist or health care assistant to assist with nursing duties.  7 **Any Other Business**  GG asked that an update on flu vaccine uptake be included in the agenda for next time.  GG also suggested that we should review the situation with regards to the Jayex boards and the possibility of replacing them with televisions.  LM requested that an audio alert be made available when clinicians call patients through from the waiting room. In addition, that the possibility of alerting patients that a clinician is running late be implemented.  8 **Date and Time of Next Meeting**  Friday, 12th February, 2016 at 10:30 - Bawtry Health Centre | **Actions**  **Action - DJB to contact BCVS.**  **Action - DJB to discuss with the partners.**  **Action - DJB to include in agenda.** |

**LMC Recommendations**

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| This visit is not a pass or fail judgement, the recommendations that follow should be viewed only as suggested actions.  Some recommendations may only be examples of good practice observed elsewhere but not subject to CQC standards. | |
| 1 | Maintain log of patient survey actions (e.g. PPG representation) and be prepared to update CQC. |
| 2 | Ensure that you provide an adequate and fair response to the negative reviews on NHS Choices |
| 3 | Waiting rooms (Bawtry and Blyth) – Require generic posters for non-NHS fees, translation, DPA and general information on practice complaints policy and PPG. |
| 4 | Staff need to revise whistleblowing policy, including who to go to outside the practice (e.g. CQC) |
| 5 | Staff need to revise information governance, who the Caldicott Guardian is, the practice of obtaining consent from patients, Mental Capacity Act, Children Acts and Deprivation of Liberty Act (basic awareness of implications for practice beneficial) |
| 6 | Staff need to know who the Safeguarding/Child Protection Lead is in the practice |
| 7 | A refresh on use and location of the spillage kit would be beneficial |
| 8 | Revision of practice policies, such as complaints, in more detail would be useful |
| 9 | Staff might benefit from researching the PPG and what they have done to improve the practice. |
| 10 | Address confidentiality concerns in Bawtry reception (adjust blinds on back window) |
| 11 | Suggest contacting cleaning company about displaying cleaning audits on toilets and consulting room doors |
| 12 | Review maintenance of records for emergency equipment, including defib pads |
| 13 | Check practice leaflet is up-to-date using guidance supplied. |
| 14 | Update recruitment procedures and induction paperwork |
| 15 | Put reminders in place for DBS checks/Nurse professional registration |
| 16 | Fix staff notes cabinet to make it lockable |
| 17 | Include pre-employment paperwork for locums |
| 18 | Consider mid-year one-to-one reviews |
| 19 | Make clear handbook and policies and risk assessments to make them clear for all to follow |
| 20 | Record training on a log and capture all training activities to make it easy to be seen and understood |
| 21 | Publicise practice mission statement, vision and values |
| 22 | Look at succession planning/business development and plan ahead |
| 23 | Use visitor book for visitors with confidentiality/health and safety agreements |
| 24 | Ensure that the Caldicott Guardian is a GP and raise awareness among staff of the role |
| 25 | Take down passwords in the conference room |
| 26 | Ensure patient notes are in lockable cabinets (Blyth) |
| 27 | Ensure no foodstuffs are left in the vaccine fridge (Blyth) |
| 28 | Consider using data logger in fridge (Blyth) |
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