

Garway Medical Practice Patient Participation Group



Minutes of Meeting on Wednesday, 27 October 2017 in Pickering House

PRESENT: Deirdre Cordwell(Chair), Angela Reeves (Practice Manager), Diana Landymore, Christopher Penfold, Judy Loncraine, Marian Kirsner, Genie Stuart-Ranchev, Dr Phornnarit.

APOLOGIES: Lucy Arnold, Andrew Boichat, Rose Doyle, Odete Pakalnyte.

INTRODUCTIONS: Deirdre Cordwell welcomed everyone.

MINUTES of the previous meeting (27 May 2017) were agreed.

REPORT BACK FROM PRACTICE

- Anxieties prevalent at the previous meeting about the implications of an imminent spending review possibly leading to a reduction of about one third of our budget have proved unfounded. Angela explained that GP contracts were of two kinds: General Medical Services and Personal Medical Services. In the proposed reorganisation some services that some practices (not ours) were not offering would now be offered at the St Charles Hub. Dr. Phornnarit confirmed that the re-jig would not affect Garway in any adverse way and that the outcome of the re-jig did not pose the threat that was originally anticipated.
- This led to discussion of services now available at the St Charles Hub (including such services as podiatry) and patients who had made use of the hub expressed appreciation for the way in which it was now being run.
- One of those services was the availability of appointments with a GP at weekends. Dr. Phornnarit pointed out that this valuable service was little known and that steps should be taken to advertise it more widely to patients.
- There was some discussion about the difficulty for less able or less mobile patients to access the Hub and there were calls for specialist transportation services to be improved.

CARE QUALITY COMMISSION INSPECTION

- A third CQC inspection of the Practice took place on 14th September and both Deirdre Cordwell and Christopher Penfold met with the inspector, Jill Taylor, to answer questions about the functioning of the Patients' Group and about our experience as patients of the services the Practice provides. We mentioned the perennial difficulty of recruiting more

and younger members and the inspector had some useful advice to offer from her own experience. She suggested we should look into the possibility of creating a virtual wing of our patients' group which would enable younger and/or busier patients to participate in the activities of the group online — a process which might lead eventually to better attendance at meetings. To be discussed.

- Angela and Dr. Phornnarit expressed satisfaction with the way in which the inspection was carried out and, although written responses from the CQC are not expected for some time, the verbal feedback was mostly positive. Angela produced a feedback summary as follows:

During the visit most staff members were interviewed

- They were asked about their knowledge on chaperoning and safeguarding amongst other questions. The inspectors were very happy that the staff are trained and competent in these elements.
- The feedback from staff was very positive with regards to the direction of the practice and that they feel supported and that they work in an ethos of openness and honesty from everyone in the practice.
- Inspectors were impressed that since February the whole team have undertaken a total of 159 training courses (this is now 163)
- Staff appraisals are now underway (this is a mandatory requirement)
- We have recognised that we need more hours to clean our premises and that we want to increase our standards of cleanliness. Actions are being taken.
- Lucy Ratnatunga has recently taken on the lead role of infection control. Lucy and Angela undertook an infection control premises audit recently and changes have been implemented as a result of this.
- Inspectors liked the safeguarding and mental health posters (i.e. where to find help for issues such as self-harming, suicide or domestic violence) in the toilets. *NB* These are going to have Quick Response Codes added so that patients can take snapshots of them on their phones for even more anonymity. These codes will then take them straight to the websites where they can find help.
- Lucy Arnold and Angela are soon to start putting our practice produced posters on the Health Promotion Screens in the waiting room.
- Inspectors liked the template letters and the messages on prescriptions that have been created by Dr. Phornnarit for patient safety.
- Our outcome and actions on our patient feedback and complaints were covered with them and action that we are currently concentrating on is seeing patients as close to their appointment times as possible.
- Inspectors were satisfied with our Significant Events Process — Incident Reporting

- We now have oxygen on the premises and safety measures are in place for monitoring this.

Inspectors recognised the hard work that has gone into:

- making the practice half of the West London CCG average for Non-Elective Admissions (i.e. patients that are admitted to hospital through A&E. This is recognised as a strong marker of good clinical care in the practice — better diagnosis leading to fewer patients taking themselves to A&E.
- Consistently scoring amongst the top 3 practices on diabetes care for our patients.
- Identifying the barriers that have prevented us from performing well with our cervical cytology targets and childhood immunisations and finding solutions.

Inspectors recognised that all items that had been identified by the practice as requiring improvement had either now been improved or are being worked on.

WRITTEN FEEDBACK:

The notes from the CQC assessor go through 2 more processes before a draft version is sent to us for comments/feedback/challenges to factual information.

We do not know at this point what our scoring will be with regard to the areas that we identified as gaps but had not completed work on. They could still be scored as "Requires improvement".

- If two or more elements of the inspection are coded as "Requires improvement" we are scored overall as "Requires Improvement".
- If only one element is scored as "Requires Improvement" our score will be good.

We would expect our draft report to come to the practice 7-8 weeks from inspection.

ITEMS THAT SHOULD NOT BE ROUTINELY PRESCRIBED IN PRIMARY CARE

- Dr. Phornnarit explained that the vast majority of medications listed in the NHS Consultation document were almost never prescribed in our practice. On the very rare occasions when a listed item might be prescribed for sound clinical reasons, ways and means would be found to enable this to happen.
- With regard to listed medications which can be purchased cheaply over the counter, members expressed concern that the most vulnerable patients with extremely limited means might not be able to continue with medications to which they had become accustomed. But again, Dr Phornnarit assured members that ways and means would be found and that no needy patient would go without medication that would be clinically beneficial.

- However, Marian Kirsner raised the very good point that if patients were encouraged or forced to buy medications over the counter they might forget to inform their clinician when other medications were being prescribed. Dr. Phornnarit assured members that all doctors at the practice would be aware of the necessity of asking patients what medications they were already taking before prescribing anything else.
- Christopher Penfold said that, in response to the NHAS Consultation document, we had been invited to take a survey by the NAPP who would then co-ordinate responses from member groups into a joint NAPP response. He undertook to complete the NAPP survey in the light of the discussion amongst members.

ANY OTHER BUSINESS

Diana Landymore reported back from the West London Clinical Commissioning Group on the final results of the Grants programme for 2017-18. In all 31 applications were received, totalling £395,241 in grant requests. Of these, ten organisations were selected according to the funding criteria and £100,000 in grants will be allocated pending contract signature. A leaflet listing the successful applicant organisations is available for members.

**DATE OF NEXT MEETING:
WEDNESDAY 29 NOVEMBER AT 6.30PM**

ALL WELCOME