

<b>Circuit Lane Surgery – Patient Participation Group (PPG) Minutes</b>	
Meeting no.	2018-03
Meeting date:	Wednesday 6 <sup>th</sup> June 2018
Attendees:	Circuit Lane surgery PPG members – GR (chair), LH, CG, PD, JR, JG, DR, PC Surgery staff – Lisa Trimble (Practice Manager), Jane Kellow (Deputy Practice Manager), Dr Marc Batista (Partner/doctor) Western Elms Surgery PPG members – BF, HMcC
Apologies:	PPG members – DE, LD (deputy chair), MD
Standard agenda:	<ul style="list-style-type: none"> <li>• Attendees and Apologies</li> <li>• Review Minutes of Previous Meetings</li> <li>• Practice Manager’s Report and Discussion</li> <li>• Any Other Business (AOB)</li> <li>• Details of next meeting</li> </ul> <p>Additional item suggestions can be submitted to the chair, prior to the meeting</p>
Purpose of minutes:	This document formally records the proceedings of the Patient Participation Group meeting dated above. When the contents are agreed by the Chair and the Practice Manager, it is to be displayed on the PPG noticeboard, and published on the Circuit Lane Surgery website.
<b>Meeting minutes</b>	
<b>Item ref</b>	<b>Item Outcome / Update</b>
<b>1</b>	<b>Attendees &amp; Apologies (GR)</b>
	See top of document. Gill noted that she would get in touch with the PPG members that she has not heard from.
<b>2</b>	<b>Actions from last meeting (GR/ all)</b>
	Many of the actions from previous meetings are no longer relevant as a result of the significant changes and improvements that have taken place in the running of the surgery, following the transfer to the Western Elms Surgery partnership, from 1 <sup>st</sup> April. Relevant actions will be re-raised, as new.
<b>3</b>	<b>Review minutes of previous meeting (GR / all)</b>
	As for Actions; it was decided that time would not be well spent reviewing old minutes. CG apologised for assuming that there would be minutes from the previous meeting as he would have liked a note of the positive messages and the problems. However, the decision at the previous meeting was not to take meeting notes as Western Elms Surgery had just taken over and the meeting was used as an introduction between the surgery team, lead by Lisa Trimble, and the PPG. Lisa advised that, when meeting minutes have been agreed by the PPG and herself, they will be published on the PPG board at the surgery.
<b>4</b>	<b>Circuit Lane Surgery (GR)</b>
	Circuit Lane Surgery is now managed by the Western Elms Surgery partnership. This follows due process, by the CCG, to find a replacement for One Medical Group, following a mutual decision to terminate their contract. The PPG noted that there had been significant improvements to the services provided by the surgery, in the 2 months since Western Elms took over, and that there was now excellent communication with the PPG. Appointments are available, referrals, blood

	tests/prescriptions are being dealt with within agreed timeframes, etc, and there is a general feeling of optimism.
<b>5</b>	<b>Practice report and staffing levels (Lisa)</b>
<b>5.1</b>	<b>Pre-meeting update</b>
	<div style="text-align: center;">   <b>PPG Notes for June meeting.pdf</b> </div> <p>Lisa provided an update prior to the meeting:</p>
<b>5.2</b>	<b>Initial takeover – staffing levels</b>
	<p>Additional staff have been provided in order to resolve some long-standing issues at Circuit Lane surgery.</p> <p>Referrals, prescriptions, blood test results are being turned around in agreed/acceptable times.</p> <p>Doctors &amp; clinicians have been working through a “back log” of patients that have not had reviews that they should have had. This back-log dates back many years. It is assumed that there is another month’s worth of work in order to complete this work.</p> <p>Currently there are 3 doctors every day working with the on the day demand and further GPs for pre-bookable/ “green” appointments.</p> <p>There is a nurse practitioner.</p> <p>There is a nurse, who is leaving at the end of the month, and will be replaced.</p> <p>There is an HCA carrying out health checks, etc.</p> <p>There are pharmacists managing all the prescribing and who carry out an afternoon clinic.</p> <p>There are 2 paramedics working across both surgeries. They carry out home visits, after triage by the GP; review people who have needed emergency ‘999’ treatment more than 10 times; and they will be part of a project, lead by Dr Marc Batista, starting in June, to review care planning (frailty scale, nursing home, end of life, patient discussions (including how to treated)).</p> <p>When the “back-log” has been dealt with they will also look at social prescribing. At Western Elms they already have this; Social prescribing has now joined up with an Age Concern pilot.</p> <p>One of the pharmacists is particularly interested in elderly care and will work with the paramedics to improve this service.</p> <p>Lisa is at the surgery 2.5 days/week, on average.</p>
<b>5.3</b>	<b>Prescriptions</b>
	<p>Repeat prescriptions are being dealt with within 48 hours. In April 42% of patients had not had an up to date medication review, this is down to 32% and is continuing to improve.</p> <p>Recalls are being carried out based on month of birth.</p>
<b>5.4</b>	<b>Fault / Telephone replacement</b>
	<p>Lisa has a new personal account manager, from the telephone company, assigned to her. On Monday the account manager will be on site to go through a long list of issues.</p> <p>The telephone system is more complex as it is now a VoIP. Lisa is training herself on it.</p>
<b>5.5</b>	<b>Maintenance</b>
	<p>Maintenance to the property is on-going.</p> <ul style="list-style-type: none"> <li>. Lights for the waiting room are coming at the weekend</li> <li>. New beds are being provided, where needed</li> <li>. Weighing scales have been provided</li> <li>. Gardeners have improved the outside of the surgery</li> <li>. There is daily litter picking</li> <li>. Outside decorations are due to take place the 1<sup>st</sup> weekend in July</li> </ul>

	<p>LH asked whether the video could be changed to be less gloomy as the repeated negative messages do not enhance well-being.</p> <p>Lisa advised that if it is switched off then the appointment announcements are switched off as well. To change the video requires licensing. However, she is aware that improvements could be made and will do so.</p>
<b>5.6</b>	<p><b>Friends and Family</b></p> <p>There were 381 responses to the Friends and Family questionnaire in May. 92% of the responders were extremely likely, or likely, to recommend the surgery. Previously this was at 42%.</p> <p>PC asked whether the figures could be presented as a pie chart, for attachment to the minutes.</p> <p>JR reviewed the comments on the Friends and Family questionnaires (NB: only those that did not have any personally identifying information were provided to the PPG). There were lots of positive comments, e.g. “team amazing”, “loads better”, “thank you for getting me better”. Reasons for “not so likely” included “telephones”, “prescriptions”, “more appointments”, “less waiting”, “time to book in”, “possibly louder voice for appointments”. There were no “extremely unlikely” responses.</p> <p>The PPG members expressed their desire to be able to see the same doctor, for continuity of care. Lisa is confident that as the reputation of the surgery improves, doctors will join.</p>
<b>6</b>	<p><b>Email etiquette (DR)</b></p> <p>DR pointed out that there had been challenging email exchanges and asked that, when sending an email:</p> <ul style="list-style-type: none"> <li>. take 10 minutes to review the content, especially if cross or angry</li> <li>. consider whether you would say the same thing face to face</li> <li>. consider how you would feel if you received an email like it</li> </ul>
<b>7</b>	<p><b>Any other business</b></p> <p><b>CQC inspection</b></p> <p>PC asked for the timescale to the next CQC inspection.</p> <p>Lisa advised that currently the surgery doesn’t have a CQC rating as they are a new provider.</p> <p>The CQC are concerned about risk and as there is no risk at present they are not pushing for a first visit.</p> <p>She talks to the CQC every 2 weeks. The Friends and Family feedback is good. Therefore, the CQC should not be concerned about a “risk”.</p> <p>Lisa doesn’t know when the CQC inspection will occur but hopes to have 6 months before the next inspection. She wants to ensure that the outcome rating is at least “good”. The staff who’ve stayed and worked so hard will then celebrate their achievements and the improvements (e.g. retention of doctors, return of patients) should start/escalate.</p> <p>Lisa pointed out that achieving more than “good” is extremely difficult. It is possible to be doing the right things but if the evidence is not there for the CQC inspection then it does not improve the rating. Also, for example, evidence is needed of references for staff, which might not exist if the staff member has been with the surgery for 20 years.</p> <p>GR asked whether the failure points from the last inspection, e.g. temperature checks, were now okay. Lisa advised that the key areas have been addressed and the risk of failure is low. No one can say that there is no risk that on any given day, including the day of inspection, there won’t be a failure somewhere.</p> <p>GR thanked Lisa and reiterated how grateful the PPG/patients are at the improvements in only 2 months.</p> <p><b>Fall out from closure of Priory Avenue surgery/ Increasing numbers at Circuit Lane:</b></p> <p>PD asked whether there was any fall out from the closure of Priory Avenue (the other</p>

	<p>surgery previously run by One .</p> <p>There was some discussion about the subject. Initially the news wrongly showed Circuit Lane surgery, instead of Priory Avenue, which may have concerned some patients. The Priory Avenue PPG lead is particularly worried about elderly patients. Lisa advised that Priory Avenue had 6000 patients. The CCG have sent a letter offering places at Balmore Park or Emmer Green, for those living north of the Thames. There are 3000 and 1500 places, respectively, at those surgeries. The first to reply to the letter will be allocated to their choice of surgery until those places are used and then the remaining patients will get help from the CCG with enrolment. Unfortunately, some patients have replied to the letter with insufficient information; sometimes only a name. There are 1400 ex-patients who live South of the Thames. They have been given the names of 8 surgeries. 130 have registered with Western Elms. There is capacity for them at Circuit Lane and, with the improved service/reputation, it is hoped that as many of the ex-patients as possible will want to register with Circuit Lane. Patient numbers at Circuit Lane are lower than desirable, at 8738 currently, and that needs to grow by 15 patients a week to, preferably, at least 10-11000. That would allow reinvestment in better services. Lisa pointed out that if the right services are offered, the patients will come, like at Western Elms. BF confirmed that due to the Western Elms Partnerships reputation, patients are “banging on the door”.</p>
	<p><b>Key Performance Factors (KPFs):</b> PC asked which KPFs the surgery worked to, and whether they could be shared with the PPG. Lisa agreed to look at what can be provided. (NB: This was also on the agenda with the previous provider).</p>
	<p><b>Previous management:</b> CG asked how the CCG made the decision to employ OMG. Lisa pointed out that on paper OMG looked good and that there were problems before OMG. There is a stringent process to recruit a new provider and that she knew this as they had gone through it. CG agreed that it was not necessary for the PPG or Western Elms to take this further.</p>
	<p><b>Walk in Clinic:</b> PC asked when the morning walk-in clinic would be terminated, as advised at the last meeting. Lisa advised that it has stopped, however the message had not been removed straight away from the automated telephone message. There is a “sit and wait” at 5pm where patients are allocated an appointment before arrival.</p>
	<p><b>Newsletter:</b> PC asked about an invitation to the newsletter. Lisa advised that GDPR has impacted this and the use of lists of names etc.</p>
	<p><b>HealthWatch invitation:</b> There is an interim review on the 21<sup>st</sup> June, with a meeting in the afternoon to feed back</p>
	<p><b>Organisation chart:</b> There will be pictures in the reception area</p>
	<p><b>Cross meetings with Western Elms:</b> The Western Elms surgery PPG meets every 4<sup>th</sup> Wednesday of the month, at 1:30pm (except for April and October which are evening meetings). They also have invited speakers at some meetings. The next speaker meeting will be in July at the Odd Fellows Hall. Anyone interested should let GR/Lisa know, so that they can ensure that there is sufficient tea and cake.</p>
	<p><b>Details of the next meeting</b></p>
	<p>The next meeting will be on Wednesday 1<sup>st</sup> August 2018, 18:15 to 19:30, Surgery Waiting Room.</p>

	NB: Anyone interested in attending the Western Elms surgery meeting in July, at which there will be a speaker, should let GR/Lisa know, so that they can ensure that there is sufficient tea and cake.
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### Meeting Protocol

The meeting is held on the first Wednesday of every other calendar month. The Chairman provides an agenda for the Practice Manager and PPG members in advance of the meeting, following circulation of a message requesting items for inclusion. Minutes contain a sufficient record of patient representative attendees to allow an adequate indication of the meeting provenance and quorum, but (in order to respect patient confidentiality and privacy) full names are not given. The Minutes are emailed to all members of the PPG and, following final review by the Chairman (and others, as considered appropriate by the Chair), are placed on the PPG noticeboard and practice website. Formal communication between the practice management and patient representatives would normally be via the Chairman, but the surgery may at times circulate recently-produced documents directly to PPG members. [Note: the terms “surgery” and “practice” are generally used interchangeably.]

<b>Abbreviations:</b>	
CCG	Clinic Commissioning Group
KPF	Key Performance Factor
CQC	Care Quality Commission
KPI	Key Performance Indicator
PPG	Patient Participation Group
VoIP	Voice over Internet Protocol
OMG	One Medical Group

<p><b>Note:</b> Patients should in the first instance discuss complaints with the Surgery, but they would be most welcome to discuss complaints and/or suggestions in confidence with the PPG and should contact the group’s Chairman via the surgery website (<a href="http://www.circuitlanesurgery.co.uk/contact/">http://www.circuitlanesurgery.co.uk/contact/</a>) or through office personnel.</p>
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<b>Current Actions from the Circuit Lane Surgery Patient Participation Group</b>					
<b>Ref</b>	<b>H/M/L</b>	<b>Lead</b>	<b>Detail</b>	<b>Status</b>	<b>Next Update</b>
<b>Attendees</b>					
A001		GR	Get in touch with PPG members that she hasn't heard from	New	1/08/2018
<b>Telephones</b>					
A002		Lisa	Review all issues with telephone company and agree way forward	New	1/8/2018
<b>Key Performance Factors</b>					
A003		Lisa	Review and advise the PPG of the KPFs that can be shared on a regular basis (e.g. pie chart of Friends & Family responses, CQC KPFs)	New	1/8/2018
<b>Western Elms Avenue PPG meeting, with Speaker</b>					
A004		All	Anyone interested in attending the Western Elms Avenue PPG meeting to let GR and/or Lisa know.	New	26/6/2018

