The Charnwood Practice

**PPG MEETING MINUTES**

**Date:** Saturday 12th May 2018 **Time:** 11.00am **Venue:** Section E, The Charnwood Practice, Sub Waiting area

**Attendees:** Michael Maxwell (MAX) Chair, Angela Macklin (AMM) – Practice Manager, Dr Mawby (AM) GP Partner& Dr Choudhury (MC) GP Partner, Jagoda Kiesznowska (JK) Nurse Manager, Juliana Hector (JH), Percyfene Thomas (PT), Pat Davies (PT), Charity Paige (CP) & Samuel Paige (SP), Howard Kendal (HK), Sue Kendal (SK) & Pershanna Ward (PW) Guest.

**Agenda**

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|  | **ITEM** | **DETAIL** | **ACTION REQUIRED** |
| **1.** | **Apologies received (MAX)** | Pradip Modi (PM), Minaxi Modi (MM) | MAX to ensure the MODI’s receive a reminder of the dates of the PPG’s in 2018 as they were not in attendance when arranged. |
| **2.** | **Agree previous meeting minutes and review action updates (MAX)** | Previous minutes agreed* One action point still on-going – other surgery appointment systems including Paisley Road.
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| **3.** | **Matters arising from previous meeting minutes (MAX)** | * Previous action point. Read code has been identified for recording Passive Smoking.
* No matters arising.
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| **4.** | **Practice Update (AMM)** | 1. **Staffing**
* **GP Team** – Stable team working well together. Dr Choudhury is enjoying his new role as partner.
* **Nursing Team** – AMM explained that since the departure of 2 nurses and Jenna (Healthcare Assistant) taking Maternity Leave, the practice had been working on a longer term strategy to grow skills from within. Jagoda, Nurse Manager is study for a qualification in mentorship to be able to train and support team members up skilling. AMM explained that it had been a tough few months with Jagoda and Kulsum both being unavoidably off at the same time but the practice had managed well with the support for a few months from a locum phlebotomist.
* **Patient Services Team** – Current patient services team are motivated and working really hard. All members were given the opportunity to train in phlebotomy and 4 have taken on the challenge, have completed the official training course and are continuing their development with the support of Jagoda as practical trainer and mentor.

 1. **Services**
* Long-Term Conditions Monitoring – AMM explained that she had been asked to add this as an agenda item by MAX due to his concern at the increasing levels of diabetes and Asthma in the UK – MAX had read in an article recently that the death rate for Asthma UK was amongst the worst in Europe. AMM confirmed that cases of long term chronic conditions were increasing, diabetes in particular, and that health care professionals were concerned how the NHS would cope in the future if cases continue to rise. Due to this longer term concern the NHS over recent years has introduced measures in an attempt to educate the population at risk of diabetes and work on trying to prevent the disease occurring.

AMM also explained that she thought it would be useful for the PPG to hear what the practice were doing specifically to try and cope with the rising prevalence of the disease. AMM commented that she felt the practice were really lucky to have Jagoda who was highly skill in the management of diabetes and highly motivated to work with patients and try to educate to gain good control iof their diabetes and reduce the risks of complications associated with the condition when uncontrolled. Jagoda had completed degree modules at Leicester University last year in advanced diabetes management, attended regular updates and represented the practice at Eden Updates. JK continued to explain the drive towards prevention introduced but gave figures to demonstrate that of those referred to prevention programme only 35% of patients actually attended or completed the 6 week course. The clinical team can advise and support but patients need to want to make the changes.SK mentioned how useful she had found the Desmond Programme. PT explained that diabetes ran in her family and she found the support she had from the hospital who monitor her annually very useful.HK asked about the people that have diabetes but don’t know they have it. AMM explained that patients over 40 are eligible for an NHS Check every 5 years and this has been an extremely useful tool in identifying new cases and highlighting patients that are at high risk of developing diabetes if they do not make the lifestyle changes required to prevent its onset.1. **Project Updates – The new GDPR** (General Data Protection Regulations

AMM explained to all that the new GDPR was very complex and certain areas are vague and open to interpretation. For example, the new legislation dictates that practices have 1 month to respond to a SAR (Subject Access Report). But what is 1 month – 28 days, 30 days or 31 days? AMM went on to explain that she had been researching the new legislation due to come in to force 25th May, in an attempt to put together basic information to pitch at various groups: (1) Management, (2) Staff/The Team; (3) Patients and PPG. AMM explained the basics of the legislation and what it related to personal data – how data comes to us, how we process it and where we send it to. AMM also covered the key actions the practice would be taking to be complaint:* Appointing a Data Protection Officer (DPO)
* Displaying a new privacy policy
* Completing GDPR awareness training with all staff
* Reviewing internal processes to ensure they are compliant with the new legislation in terms of how we process personal data.

Those in attendance were aware of the new legislation due to being sent numerous messages from companies holding their personal data. MAX confirmed that the legislation affected all organisations but in different ways.1. **Formal Complaints –** AMM gave a summary of the 1 complaint that the practice was currently dealing with – A patient who left the practice in 2015. Issues with not just The Charnwood but UHL. Complaint is that we failed to properly diagnose and follow up on a medical condition. The practice’s indemnity providers are liaising with his solicitors.
2. **General Significant Events –** None to discuss
3. **Practice Feedback –** None to discuss
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| **5.** | **PPG Patient Members Update** | * MAX asked PPG patient members if they had attended any of the larger PPG events or listening groups since the last meeting and had any information to share with the group but no members had attended. MAX shared his concern that in recent times patients members had not had the time to attend and that the practice is therefore not being represented in the larger PPG community. SK expressed that she felt these events were not very interactive, those holding have their own agenda and a lot of the decisions have already been made. MAX suggested that perhaps some of the newer PPG committee members could attend future events and feedback at PPG meeting if they did.
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| **6.** | **AOB** | * HK feedback to the practice that the news being shown on the TV screens in the waiting area was old and constantly on repeat and suggested that maybe this could be looked at. Perhaps a live feed.
* SK wanted to let the practice know how impressed she was with Zainab (Team Leader) by calmly sorting an issue out for her when she had contacted the surgery frustrated and a little angry.
* JH wanted to share with all her recent experience at the surgery. Had been waiting to be called in for an appointment and was watching the TV screen. She had a query and asked Georgia (Patient Services Team) on her way past to explain. JH had been really impressed as Georgia was unable to answer the query but offered to find out and call JH back with the information which she did. JH felt this was very good service.
* PT asked for more information on what PPG can do, their purpose, funding available and what was agreed in our constitution. AMM to look into this and provide more details at the next meeting in August.
* MAX wanted the surgery to be aware of what he felt was a growing trend in the Leicester Hospitals. He explained that he was finding that if a diagnosis was not obvious patients were not be referred on to any other speciality to investigate. Instead they were being fobbed off. MAX had heard that there had been numerous complaints from patients experiencing this. AM & MC confirmed that the GP team were not aware of this specifically but added that appropriate quality referrals were being monitored at practice level. AM also added that there is a new Primary Care Hospital Team who are looking into issues between primary care and the hospitals and reviewing consultant to consultant rules and the overall referral process to make improvements in communication between the two to ensure follow up action is taken.
 | **AMM to look into TV Screen content and feedback to PPG at next meeting.****AMM to research and provide more information on the purpose of PPG’s and the constitution they have to work by.** |
| **6.** | **Next Meeting Date** | * AMM reminded all that at the next meeting Saturday 11th August 2018.

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