PPG Meeting Minutes 15.5.24

Present: NJ, MP, JW, JC, HF, CG, SG, AT

---

1. CQC Pre-Inspection – The Integrated Care Board (ICB) provided funding so that surgeries could have a CQC "deep dive" pre-inspection day. Ours was carried out in February by a team of 5 clinical and non-clinical staff. The outcome on the day was that there are several areas that would most likely be deemed outstanding in the event of an inspection, which we think is an excellent reflection on the work that we do. The areas that needed some improvement were areas that we were already aware of and these centred around HR and coding as opposed to patient care.
2. Fire Safety Audit – this was carried out in March by a Fire Risk Assessor. We were found to have just 2 low priority action points (signage issues). We went on to discuss the fire evacuation procedures for the surgery as to conduct a test evacuation can be problematic for non-staff. All procedures were discussed, including whether or not a list of patients on site could be kept. We discussed potential hazards, muster points, and responsibilities of those on site.
3. Patient Access two factor authorisation/identification – this has recently become a requirement when using Patient Access, which is a third party platform that the practice has no control over. We hadn't been advised that the change was happening but we have been supporting patients who have called asking for validation of this process.
4. Website – JW has noticed that our phone number doesn't appear on the website. This is an oversight that NJ will take up with the web team and have rectified.
5. Blood Appointment Timings – we discussed the time it takes between being asked to have a blood test and being able to get an appointment – NJ said that the current 3-4 week wait was unacceptable, and explained how the varying demands on the service, and the early collection time of the couriers, are effecting this. She explained that a member of staff will be training as a phlebotomist later in the year, and the nursing team are now offering appointments outside our normal opening hours on some days to try and increase capacity (noting also that room availability is also an issue sometimes). HF informed the group that bloods can be done at the hospital, and we talked about the merits of having a choice.
6. Medical Travel Insurance – JW asked if patients returning from abroad who have had the misfortune of being unwell should provide the paperwork relating to the incident to the surgery. NJ explained that in the absence of the patient informing us of an incident, we would not know about it, so some information is always useful. We went on to discuss how reports for insurance policies are produced, and the use of software to pre-populate fields to avoid the human error that can come from clinicians filling in documents. We also talked about why some requests for forms/reports are rejected, for example Fitness to Dive, because of our lack of expertise (and crystal ball).
7. Pharmacy issues – SG said she had been experiencing some issues with Tesco Pharmacy. It was suggested that she should try an alternative pharmacy as it seems to be a local issue to that store. This led us to discuss ways of obtaining prescription items that may be out of stock from pharmacies, including contacting the surgery to explain, and asking for an additional prescription for the item to be sent to the Spine instead of to the nominated pharmacy.
8. Face masks to protect from whooping cough – SG asked if we had any plans to ask patients to wear masks to prevent the spread of whooping cough – NJ explained that there are no plans at present.

Date of next meeting: 18th September 2024