

1	<p>Welcome and Introduction In attendance: RW, SP, MS, AR, PR, JG, MS, PT, SA, JB, RP</p>	
2	<p>Apologies: SL, JD, PTa, GM</p>	
3	<p><u>Approval of minutes 02.07.24</u> It was agreed to keep the full names of members attending at the end of the minutes. Any new members will be identified with a star * The minutes were approved.</p>	
4	<p><u>Actions' Arising</u></p> <ul style="list-style-type: none"> • PPG comments box. Thanks to PTa for making this. Unfortunately, there were no comments in the box. SP to remind reception team to ensure label is front facing. To be front and centre during vax clinics. SP to add info to screens. • Online support dates. Re-starting next week on Tuesday. Going forward this will be monthly. • With reference to section 6 of previous minutes re 106 money. It is not known if we would receive any funds. ICB is made aware of all planning developments that are passed & the councils 5 year plan. Money does come forward at times to support surgeries. 	
5	<p><u>Treasurer's Report/Receipt</u> In JD's absence RW explained balance £81.83 no change</p>	
6	<p><u>CQC Update</u> RW shared an inspection matrix to show the areas we can be inspected on. Our last inspection was 9 and half years ago with a team of inspectors. We had 10 days' notice of this year's inspection which was classed as a focussed inspection and looked at 'safe', 'effective', 'responsive' and 'well-led'. It was a focussed inspection as a patient complaint had been escalated to CQC. They were looking at how we learned from events and disseminated that learning, not investigating the complaint itself.</p> <p><i>A member asked if we were aware of the complaint.</i> RW confirmed we were and had investigated and it was not upheld nor was it upheld by NHSE. CQC are still investigating (this is by a different team) The inspection focussed on at 2 areas in 'Safe', 1 in 'effective', 1 in 'responsive' and 2 in 'well-led.'</p> <p>Approximately 40 documents had to be sent to the inspector to be reviewed. We were told exactly what we had to send and had 5 days to prepare and send these across. The inspector then read through and had remote meetings with members of the Reception and nursing teams, RW/SP and finally Dr Miles, Dr Adcock and Samantha Smith our Senior Pharmacist.</p> <p>A GP advisor dialled into our clinical system and looked at reports to examine how we are doing clinically eg medicines, medicine reviews, medication monitoring.</p>	

	<p>The GP/Pharmacist interview then followed which was very intense and required a great deal of detail.</p> <p>The inspector came to the practice for approximately 3 hours and looked at various areas including the emergency bag, asked questions of staff eg medications alerts and how we assess and cascade the information. He also spoke to a selection of patients 2 of whom said, 'best GP practice ever been to.' 'wouldn't move out of the area because of my GP'</p> <p>In the feedback meeting he reported he had found nothing of concern. Once his report is written it is validated by another assessor before sent to us.</p> <p>As it was a focussed inspection it is very unlikely to impact our current 'good' rating as 2 or more areas in each section need to be inspected to change the rating.</p> <p><i>A member asked why he choose those areas.</i> We don't definitely know but do know he wanted to look at the learning culture due to complaint. For example, when looking at significant events, how do we record them? how do we pass learning on? did we investigate? did we tell patients?</p> <p>Site visit – We were very well prepared but as it was a focussed visit, he didn't look at many of the areas. The team felt slightly disappointed knowing that it could be another 3-5 years before we have another visit that could change our rating.</p> <p><i>A member asked how much more engagement can we have with patients?</i> We have a PPG which is good but perhaps not entirely representative of our patient population – men, young mums etc. The Chair acknowledges this but also feels that we are open to patients & will bring things forward on their behalf.</p> <p>A discussion was had regarding the Friends & Family Test and whether we can send out links to this after appts. RP found that CQC state we can do but will take this forward to check thoroughly. SP will add information to the call in screens.</p>	
7	<p><u>Surgery Update</u></p> <p>2 new salaried GP's. Dr Sunny Makan started yesterday. He was with us for work experience 10 years ago. Dr Sonal Mistry joins us next month.</p> <p>Dr Tobin is retiring at the end of October (members thought she was not old enough!)</p> <p>Dr Roopa Chauhan will be joining as a partner in April 2025.</p> <p><i>A member asked what happens to pts that were initially assigned to Dr Tobin – we can do a wholesale move across to Dr Chauhan and then make sure the patient numbers are more equal. When attending a hospital appointment, it is helpful to</i></p>	

	<p>give the name of the GP who referred you; it gives continuity of care when information is sent back to the surgery.</p> <p>2 Registrars have left and 2 have returned. Dr Aly is in her final year of training as a GP and Dr Netto is in her second and will move to her 3rd year with us. 2 GP Registrars have completed their training. Dr Gbidi will finish at the end of the month and Dr Ramakrishnan will complete in October. We also have two 3rd year students and one 5th year student currently.</p> <p>Registrars see patients on their own from start of their training and have a debrief with a qualified GP at the end of each session (Registrars are qualified Doctors) <i>A member asked what would the supervisor do if they felt care wasn't quite right.</i> RP explained that the Registrar would contact the patient to update them but this doesn't happen often they will ask supervisor/debrief GP. s. 70% of their training is clinical and 30% is learning.</p> <p><i>A member asked do we ask patients how they feel about trainees?</i> Registrars have to provide feedback from patients & colleagues as part of their sign off. Qualified GP's have to do the same – within every 5 years, they have to ask for feedback from 30 pts and 20 colleagues.</p>	
8	<p><u>O & W PCN Update</u> We held an RSV clinic on Saturday and the feedback was that it went very well. RSV is for those aged 75 – 79 by 31st Aug and pregnant women. The aim is to prevent respiratory infections and keeping them well. RSV catch up clinics will happen on weekdays. Flu and covid clinics are on 5th & 19 October and 2nd November.</p>	
9	<p><u>Meeting dates for 2025</u> We plan on creating a patient newsletter to send quarterly & will therefore schedule this around PPG meetings. These will reduce to 4 times yearly. The dates for next year are: 04.03.2025 03.06.2025 02.09.2025 02.12.2025</p>	
10	<p><u>AOB</u></p> <ul style="list-style-type: none"> • Any volunteers requested for Covid/Flu clinics. Please let SP know so she can pass information on. • JG attended the National PPG meeting – AGM 26.09 followed by another PPG meeting. JG noted that she hasn't seen anything advertised in the surgery regarding these. Request that we advertise these on the screen/website. Gluten free survey was sent specifically to those patients affected. • JG asked whether we could share an anacronyms sheet with new members. SP to source an up-to-date list 	

	<p><u>Meeting Dates for 2024:</u></p> <p>Tuesday 12th November 2024 -date changed due to it originally being Bonfire Night.</p>	
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Meeting closed at 19.11pm

DRAFT