

**PATIENT FORUM MEETING**  
**18:15 on April 20 2016**

**1 THOSE PRESENT**

PS, MH, BT, SO, LG, CM, JB, JG, ME, SJ, JC, PK.

**2 APOLOGIES**

JT, RG, MR, DS, SS, AD.

**3 MINUTES OF LAST MEETING**

These had been circulated and there were no matters arising.

**4 CONGRATULATIONS**

The Forum members would like to congratulate the practice on the splendid result of the recent CQC

**5. PRACTICE UPDATE FROM PRACTICE MANAGER**

**5.1 Message from Practice Manager**

*I would like to take the opportunity to thank you all for your contribution to the patient forum as it was clear from my conversation with the CQC Inspector that she was particularly impressed with organisation and proactive approach of the Forum. The outcome is clear to read on the report, and as summarised below. Without question the existence of the Forum was an contributory part of our CQC achievement. Thank you. Johan*

**5.2 CQC summary results summary**

**4.1 CQC Outstanding Rating.**

Positive experience, which recognised the many years of effort and commitment to try to provide the best service possible

Highlighted the Patient Forum contribution as important in demonstrating that the practice was responsive to patient needs

**4.1.1 Outcomes**

5 key areas reviewed against

- **Responsiveness = Outstanding**
- **Safety = Good**
- **Effectiveness = Outstanding**
- **Caring = Good**
- **Well-led = Outstanding**

**4.1.2 CQC achievement summary:**

**Outstanding for 'Are services responsive to people's needs?'**

- The practice monitored appointment availability to ensure there were sufficient appointments available to meet demand.
- The practice offered extended opening three evening per week,
- patients could email GPs directly with concerns and issues.
- The practice implemented initiatives to promote the health and wellbeing of patients, including visiting housebound patients regularly
- Practice offers in house counselling

➤ The practice works closely with the Patient Forum to provide information and education on health matters.

#### **‘Good’ for Are services safe?’**

- clear defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- SEAs and shared learning to ensure improvements made
- ‘Red Flag’ policy whereby specific health care symptoms were triggers for reception staff to take immediate action including interrupting GP consultations.
- The practice scored 100% across all areas for an infection control audit undertaken in December

#### **Outstanding for ‘Are services effective?’**

- all clinicians were up to date with both NICE guidelines and other locally agreed guidelines.
- clinical audit plan and clinical protocols
- practice performing highly when compared to practices nationally and in the Clinical Commissioning Group, consistently achieving 100% of the points available since 2010 in the Quality and Outcomes Framework (QOF).
- innovative and proactive methods used such as video consultations

#### **‘Good’ for Are services Caring?’**

- Strong patient-centred culture.
- Patients could email GPs directly with concerns or issues and patients and their carers nearing end of life were given GP contact telephone numbers.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. .
- National GP Patient Survey data showed
  - 98% patients said they had confidence and trust in the last GP they saw
  - 93% said the last nurse they spoke to was good at treating them with care and concern
  - 91% said they found the receptionists at the practice helpful

#### **Outstanding for ‘Are services well-led?’**

- clear vision with quality and safety as its top priority.
- High standards promoted & owned by practice staff
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement
- The practice gathered feedback from patients and it had a very active patient participation group which influenced practice development.
- There was a strong focus on continuous learning and improvement at all levels.
- Plans were in place to meet future challenges and implement projects and patient focused initiatives.

#### **4.1.3 Marketing**

We are obliged to publicise our rating on the practice website and via posters.

We have publicised as required, and have sent out a newsletter.

We have also contacted Marple Review to ask them to write article, as they did for Marple Bridge Surgery. They said they would speak to the Editor and confirm after Easter.

Awaiting feedback

#### **4.1.4 Recommended actions**

The only recommendation given of the CQC report was for the practice to have a Defibrillator onsite. The council have placed these in various places (swimming pools, libraries etc) but not in GP Surgeries in Stockport.

We thought that that this might be an appropriate thing to purchase with the Patient Forum funds, or for the Forum to set up some fund raising.

Linked to this we have received an offer from the son of a former patient who offered to make a contribution as a thank you for the care received over many years. To discuss if Forum would support this course of action

#### **4.2 GP Recruitment**

Dr Hatton left the practice on 14<sup>th</sup> April 2016 after 10 years. She was very touched by the number of patients who came to see her on wed 13<sup>th</sup> April to say farewell and share a cake (or two!). She will be missed and it will be difficult to replace someone of the same knowledge and experience.

We will be recruiting for a permanent replacement but in the interim we have secured some longer term cover until end of July with Dr Poon and Dr Ibrahim

#### **4.3 Video Consultations**

As previous discussed the practice has piloted the 'Vidyo' video consultation system for over 6months. At the end of March 2016 EMIS (our clinical supplier) informed the practice that they had stopped testing the system and were releasing the software to practices as an add-on chargeable service (c£1250 per annum).

We have been in liaison with stockport CCG re the possibility of Stockport funding practices to provide this alternative means of consultation, and there is a good chance that we will be able to continue it. To be confirmed.

#### **4.4 Neighbourhood working**

As part of the Stockport Together programme of work we have been meeting with local practices and social services and district nurse teams, to look into ideas to work more effectively together.

##### **4.4.3MDT**

Marple Cottage is one of the few practices in Stockport who have a Multi-disciplinary Team (MDT) meeting where each month the District nurse lead, social services and Macmillan nurse, pharmacist attend our clinical practice meeting to discuss patients care and coordination. We are continuing these meetings and the intention is that other local practices will do the same.

##### **4.4.4Integration of District Nurse team**

We have also been looking at ways to help integrate the District Nurse team into the GP practice, and what benefits would be made by enabling them to access patients' records whilst they are visiting the patient in their homes. Real time data, instead of handwritten paper notes, would enable the District nurse improve access to accurate data, and help them to send information to the GP at the same time as the visit (currently the GP practice does not receive any information after a patient has been seen by a District Nurse.

### **5.3 DISCUSSION RE UPDATE**

#### **5.3.1 CQC**

PS reiterated the view of JT that the Patient Forum support had been very helpful. All working members of the Practice had prepared very thoroughly for an intense day but there was an excellent spirit and an excellent result.

#### **5.3.2 Defibrillator.**

Those present wish to help raise money for a defibrillator. Having the equipment will be useful and the fund raising could be a positive experience. PS thinks that the sum involved is about £1000.

#### **5.3.3 GP recruitment**

PS gave more details of which doctors are at present in the Practice.

#### 5.3.4 Neighbourhood working

PS explained the desirability of tablets for District Nurses to make matters more speedy and efficient.

### **6. PATIENT FORUM HEALTH EDUCATION PRESENTATION**

Scheduled for 7pm on April 27 2016 at 7 pm. PS explained the actions to be taken by clinicians, reception etc to publicize this event.

### **7. PATIENT WALK**

There was much interest in this venture. PS explained that it was organised by Stockport MBC and possibly about 20 attended. Others are welcome to join in. Everyone felt it was an excellent idea both for physical health and general well being through social inter-action.

### **8. FUTURE TALKS**

It was agreed that a survey of subject matter for future talks should be undertaken by JT. There is much interest in what CM can arrange for us and this could go ahead in September. This talk would be about alcohol abuse and, although there was discussion about whether there might be a stigma about attending, the feeling was that it is a subject which affects so many and is so important that a talk should be planned.

### **9. AOB**

Initials should be used in minutes rather than names from now on.

There should be a meeting in July to discuss talks and future meetings, fund raising for a defibrillator etc. Then another meeting should take place in September.