

## **Apple Meeting**

**26<sup>th</sup> January 2021  
3pm**

### Attending:

Dr Saluja, Dr Ray, Elaine Robinson Practice Manager

David Gregory, Jackie Sparrowham, Brenda Marrow, Beryl Davies

Ann McNamara, Fiona Bunton

Apologies: Josephine Harman

### **AGENDA**

1. Minutes of last meeting 27.10.2020
2. Matters arising.
3. C.Q.C. Report.
4. Vaccine update.
5. New telephone system/queueing problems.
6. Appointments/D.N.A. in current conditions.
7. Appointment times for nurse prescriptions/reviews.
8. Prescription requests to surgery.
9. Oximeters.
10. How is the practice coping/managing with maintaining routine G.P. appointments.
11. Any other business.

1. Minutes of last meeting 27.10.2020

David chaired and welcomed everyone to the meeting.

2. Matters arising.

David had trailed the DoctorLink system and upon completing the online forms was told to contact the surgery – not a successful trail. Ear syringing had been raised by Ann not David.

3. C.Q.C. Report. Care Quality Commission

*from the website:*

**Overall**  
**Inadequate**  
[Read overall summary](#)

- [Safe](#) Requires improvement
- [Effective](#) Good
- [Caring](#) Inadequate
- [Responsive](#) Inadequate
- [Well-led](#) Requires improvement

*Our inspector's description of this service*

*Latest inspection: 12 November 2020*

*Report published: 13 January 2021*

- [Download CQC inspection report PDF](#) 126.11 KB (opens in a new tab)

In brief: There was a lengthy discussion on the latest CQC findings. The disparity was discussed between the overall rating of 'Inadequate' and the breakdown of each category where assessment criteria were met or surpassed in many instances but not reflected in the final ratings.

Dr. Saluja and Dr. Ray presented the findings.

The latest CQC inspection was on 12<sup>th</sup> November 2020, during the pandemic, the rating was overall 'Inadequate'. Staff naturally are unhappy with the outcome.

Patient wise: Patients have expressed dissatisfaction with GP appointments. The practice has worked on improving since last review in 2019, but there is still room for improvement. Discussion of recent improvements included the changed telephone system, working at improving the practice and, after telephone consultations patients can be texted as to how the service was? As to the report, the practice will make patients aware of the rating and fuller details, patients won't get to see the details of the full report the practice sees, it's a negative skew, to be formally challenged. The website will be updated with details of the CQC report, with further explanation. It will take time to change impressions, with more outreach to patients and care needs. Note surveys are sent randomly, not every patient.

Dr. Saluja shared the CQC report the practice receives in more detail, highlighting how ratings are harsh and do not always reflect the overall situation accurately. Exemplifying how some paperwork/administration and dates had been harshly assessed, especially during pandemic conditions when some services such as fire service reviews had been postponed and out of the practice's control. It was noted that 'box checking' seemed to be the CQC measure, if it wasn't in the system that day it was not noted and no explanations accepted. An illustration of unfair scoring was discussed using blood tests as an example; if patients refuse or delay going the responsibility falls to the surgery. Beryl noted this was unfair and where is the patient responsibility? As to why patients didn't go for blood tests it is not taken into account, although noted on file, inspectors do not look at patient's notes.

The report was discussed in further detail, including, successes in monitoring systems for prescribed medication, every 6 months etc. but here follow up was on blood tests. Effectiveness was rated good, including older people and follow up, families, children and young people was also rated good. There was room for some improvement on cancer screenings, slightly below national averages, however the calls for screening are not sent from the practice, how to improve? The surgery website now banners screening information and details.

Frustration was expressed at how the full picture isn't taken into account and a small percentage of surveys skewed overall results negatively. For example how the category of Responsive is inadequate, even when tick boxes are yes, with good examples and without negatives. Reviewed vulnerable patients (the practice has a dedicated nurse) and mental health categories. Dissatisfaction statistically is seen around appointments; getting slots, using the phone to book, times offered and satisfaction with those appointments, all less than 50%. Data is dated from July 2020 feedback and hopefully improvements in the phone booking system will improve appointments.

Overall patient satisfaction was inadequate despite good comments, highlighted how the patient survey is limited (none of us attending have ever seen a survey) Jackie noted how the Apple group were involved in CQC with phone calls from inspector. Their positive comments were given limited space.

Outcome: A complaint is being made addressing the way the CQC inspection was done, challenging the report. Speaking to doctors in other practices, disillusion with the CQC as an organisation noted by David, discussed how it seems to target AMC compared to other surgeries (not a local paper issue, need to review challenge with CQC first) Going forward need to see good examples of CQC reports, address how to improve patient satisfaction? How to use text follow up after appointments, AMC website, social media...are among ongoing ideas.

4. Vaccine update.

All over 80s and over 75s have been contacted and over 70s are currently being addressed. The practice is looking at those with shielding letters. Currently checking government issued shielding letters with those communicated to the practice. Those with shielding letters should call the surgery to book their vaccinations. Proactively the surgery will call from their list and keep their website updated with those whom they are currently vaccinating. Asked if the calls are made alphabetically it was noted that a call list is divided say between 4 members of staff who call simultaneously. The website now has a yellow banner and clear information on vaccines. The google link used to the expired AMC website is to be taken down so the new website and current details can be the site seen when searched for, the up to date, comprehensive website is [www.aveleymedicalcentre.co.uk](http://www.aveleymedicalcentre.co.uk)

Note the surgery is notified about 5 days in advance how many vaccines are released for the area/PCN so it is hard to plan too far in advance. Fiona asked if patients receiving the Oxford vaccine will be contacted by the surgery as they were not told of second appointment date at their first one, unlike Pfizer. It was explained the GPs are getting direction from the government, the current 12 weeks between vaccines is under review as may be too long, and patients will be contacted.

5. New telephone system/queueing problems.

Dr. Saluja and Dr. Ray detailed the new telephone system, having invested in a cloud based (not line based) system. Access to the surgery has merged the existing Aveley Medical Centre (AMC) and Bluebell surgery numbers into a one track system (where previously line issues would clash the queues). Using both AMC and Bluebell receptionists between 8-10am enables calls to be answered more quickly. The practice management has an App that details information, including showing how many calls have been made, how many patients are calling and how many are answering the calls, for example 336 calls so far today, it also shows how long the wait times are, how long calls last etc. The practice has asked more people to work from home. Data on calls can be stored, patterns observed, helping to monitor the success. It started last week Thursday and so far there has been a good response.

David asked when the next patient survey is, it's between January and March, at the moment, the government survey is randomly sent but the surgery also does its own daily survey.

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Agreed at 4:30pm with time pressing to table agenda. The remaining agenda items 6-11 will be discussed one month from today on 23<sup>rd</sup> February, 3pm time to be confirmed, with Zoom invitation.

This list does not include other agenda items that might be added.