

NEWSLETTER

FOR PATIENTS OF CROWN HEIGHTS MEDICAL CENTRE



FLU CLINICS

We will be holding three Saturday Flu Clinics this year for which you can book in advance from the beginning of September via Reception.

The three dates are:
 24 September @ Lychpit
 1 October @ Crown Heights
 8 October @ Crown Heights

All clinics will start at 08:30 and finish at 12:00

CONTENTS

- ❖ Care Quality Commission Patient Update
- ❖ Electronic Consultations
- ❖ Ear Syringing
- ❖ Extended Hours
- ❖ Flu Clinics



SPECIAL MEASURES

It is now approaching two months since our Care Quality Commission (CQC) Inspection Report was published. We have kept your Patient Participation Group up to date but wanted to share with you the progress we have made on the actions the CQC specifically referred to.

On the next two pages you can read the detailed outcomes and what we have been doing to address these.

EXTENDED OPENING HOURS

We have reviewed our latest GP Patient Survey and note that there were a number of requests for access to our GPs in the early evenings or on Saturdays. We are pleased to announce that from

1 October (subject to NHS England approval) the surgery will offer additional appointments between 18:30 and 19:00 Monday to Friday and will be open on Saturday mornings. We will review the success of these additional clinics over the ensuing six month period.



What the CQC said

What we are doing

<p>Not all staff were trained in infection control procedures.</p>	<p>All non-clinical staff completed infection control training by 31 July.</p>
<p>There was not a robust system in place to ensure cleaning checks were completed, including curtains and clinical equipment.</p>	<ul style="list-style-type: none">• Curtains in all rooms replaced with paper curtains that have the date on them.• Reusable instruments were removed from the practice on 4 May 2016.• Cleaning check sheets are now signed off weekly as part of the Management Meeting.
<p>The practice did not have a system in place to record the serial numbers of prescription paper upon allocation.</p>	<p>A prescription paper procedure was introduced on 11 July 2016.</p>
<p>Infection control procedures were not understood and followed for the use and maintenance of the Little Sister Vacuum Autoclave.</p>	<p>The autoclave was removed from service on 4 May 2016. It was subsequently serviced and passed all tests without the need of maintenance. However it was decided to stop using reusable cautery rods and therefore the machine is no longer used.</p>
<p>There was a lack of formal governance arrangements including systems for assessing and monitoring risks and the quality of service provision. There was not a suitable recording system for serious incidents documenting what action had been taken and lessons learnt as a result.</p>	<p>The practice had a system of recording significant events and complaints in place however, there was insufficient time set aside to discuss the details and ensure learning was communicated throughout the practice. There is now a meeting matrix which ensures information is discussed and learning cascaded.</p>
<p>Patient information was not in formats suitable for the patient group.</p>	<p>We are still awaiting clarity around this point, but have at this point in time:</p> <ul style="list-style-type: none">• Advertised translation services in the five most frequent non-English languages used at the Practice.• Updated our check in screen with those five languages.• Introduced an ipad so Receptionists can utilise Google Translate where a patient has difficulty with English.• Information in our waiting rooms as to where patients can access foreign language leaflets.

What the CQC said

What we are doing

Patient feedback was not encouraged.

The Practice actively promoted the Family and Friends Test and uses the IPSOS MORI poll to review patient feedback, however the Practice will run its own survey on a monthly basis to further support this feedback, commencing from October 2016.

The Practice did not have a clear timescale for when induction training should be completed by and inductions were not monitored.

The induction pack was also a training pack for new starters and therefore was only complete when both the staff member and the Practice were happy the staff member knew the component parts of the job, hence no clear timescale. We have now split the induction and training into two documents, with the induction pack scheduled for completion within two weeks of starting. The inductions are signed off by the Practice Manager.

There was no process in place to identify what training was mandatory for staff roles and if all training for all staff was completed.

The Practice has reviewed the mandatory training list and prepared a schedule for completion dates. The system the Practice uses to track dates has been updated.

Not all staff had a record of having completed safeguarding adult or children training.

There were 20 staff whose Safeguarding Training details were held on an old Training Record System. These have now been transferred and the remaining staff completed their Safeguarding Training by 31 July 2016.

Incomplete recruitment checks had been completed for staff members employed at the Practice

An updated new starter personnel file matrix has been established and implemented.

In summary we believe we have actioned all elements required by the CQC, with the exception of undertaking our own Patient Survey – which will commence in October.

We trust the foregoing gives you confidence that the Practice has moved quickly to address the areas of criticism, and is a safe environment for you and your families.

In closing we would like to thank the many of you who have written with positive feedback about your experience of the Practice – it has been of great support to all the Partners and staff.

MEET US



LYNN ALDRIDGE

Lynn is our Community Matron. She previously worked as a Community Matron For Southern NHS Trust.

Lynn is often the voice at the end of the phone triaging our Rapid Access Clinic. You may also see Lynn out at home visits too.



CHEZ OLIVER

Chez is our paramedic. Chez previously worked for the Ambulance Service. You are likely to see Chez making home visits to patients who cannot make it into the surgery.



ELECTRONIC CONSULTATIONS

We wrote to you earlier this year to acknowledge the difficulty that patients are having in booking a routine appointment in a reasonable time and what we were doing to improve the situation.

We explained the difficulties we are having in recruiting new GPs; how we had recruited a paramedic and community matron to take workload from our GPs thereby freeing them up to see patients. In addition we have reviewed our Rapid Access Clinic and made this a telephone triage led service.

This has all delivered small improvements in our ability to handle the volume of appointment requests we receive. The next step in looking for alternative ways to meet demand is the introduction of electronic consultations with effect from mid-September. If you follow this link <http://demo.webgp.com/> you will be able to try out the product. We think the opportunity for our patients to receive detailed information at all times of the day will greatly help with self-management whilst providing our GPs summarised information to help them promptly resolve your needs. We will circulate more information in the near future.

EAR SYRINGING

We have recently been reviewing the ear syringing service we offer following advice that it should only be offered by the surgery as a very last resort. We have decided to take that advice on board and, therefore, with effect from 1 October patients who request ear syringing will be provided with a leaflet which will advise them of the

self-help steps they should take before seeing a Practice Nurse. This leaflet will advise that the patient either uses oil and an ear bulb syringe (which can be purchased from your pharmacy). If this treatment is unsuccessful then our Practice Nurses will examine the patient which may result in a referral for micro suction at the hospital.