

**NHS Mid Essex / Prime Diagnostics Ltd**

**Bi Annual Quality Circle Meeting**

Minutes from the meeting held on the 28<sup>th</sup> October 2009

**Present:**

Marjorie Roberts, Nurse Endoscopist                      Jayne Peden, D. Head of Scheduled Care  
Dr Indu Tiwari, Endoscopist                                      Jenny Raven, Ops Manager, PDL  
Dr Rafal Radzioch, Endoscopist                                Debbie Beesley, Sister, Endoscopy  
Heather Pearce, Director of Ops, PDL Dr Tipu Naqvi

**Apologies:**    Glynis Wheeler, Nurse Endoscopist  
                     Steve Fox, Endoscopist  
                     Dr Patrick Ward Booth, Chairman PDL  
                     Liz Melleney, Nurse Endoscopist

**1. Introduction**

The meeting was introduced by Heather, who outlined the overall success of the previous 6 months.

**2. Actions from previous meeting**

All actions except one have been successfully completed

**Outstanding action from previous meeting**

- Development of new ways of establishing patient feedback – to be designed in conjunction with new BCH expectations.

It was acknowledged that this cannot be completed until the detail around the new hospital contract and the new providers is established.

**3. Satisfaction Surveys**

Jenny outlined the results of the most recent survey undertaken in July 2009 and copies were distributed. Once again, the overall the survey demonstrated consistently good results and high participation rates.

**Actions required as a result of the survey**

- Patients with nasal cannulae prefer to wait in consulting room rather than general waiting room – action already implemented, **Debbie**
- Communication with waiting patients, when lists run late – **Debbie**

- Improved information given to the patient at the GP practice when first being referred for endoscopy – **Jenny to develop & distribute new leaflet**

#### **4. Review of Guidelines & patient information**

All of the guidelines and patient information have recently been reviewed in line with the latest GRS submission.

The patient booklets have been revisited and the latest version implemented. These include the clarification changes relating to the anticoagulation guidance. (See 7)

#### **5. Adverse events**

Since May 2009, there have been 10 reported adverse incidents. These are summarised in the embedded document.

#### **6. Essence of Care**

Debbie fed back that the NHS Mid Essex is currently reviewing the use of the Essence of Care standards as the current versions are geared to inpatients and not specific enough for departments such as endoscopy. However Debbie is continuing to assess against the Privacy & Dignity standard and this was completed earlier in the year.

The assessment identified that not all endoscopists used the consulting rooms to provide patients with their post procedural information. Mechanisms of ensuring patients were given their results in private were discussed and agreed as

- Non sedated patients can be given their results in the procedure room prior to moving to recovery.
- Sedated patients can be given their results in the recovery room if they are the only patient in the room at the time
- In all other instances, patients must be taken to the consulting rooms

#### **7. Complaints**

There have been two complaints since May 2009, these related to;

- A GP who was unwilling to prescribe Clexane in the community for a patient on long term anticoagulants. The guidelines within the patient booklet have been clarified, the GP advised of the current procedure and how to prescribe in the community.
- A patient who insisted on an urgent GP appointment following his endoscopy as he believed this to be what the team had advised. On investigation this was incorrect and established as a communication error between the patient and the team.

#### **8. Individual Outcomes and Quality Indicators**

These were circulated to individual endoscopists and will be reviewed by Steve as the Medical Director. To ensure that performance does not fall outside of the expected parameters.

## **9. Decontamination**

The annual decontamination audit was completed in June in conjunction with the infection control CNS. This was considered to be positive; the actions from the audit are attached within the embedded document.

## **10. Activity**

Activity has been stable, with a reduction of referrals against the same time last year seen in the summer. It is thought that this may be associated with the Swine Flu pandemic. More recently in September, referrals are up on the same time last year. Waiting times are between 2-4 weeks depending on the procedure and in all cases the 6 week target has been met.

DNA and cancellation rates remain low.

## **11. GRS & JAG**

JAG accreditation was achieved in June, although the actual certificate is still awaited.

*Heather to chase.*

GRS has been submitted for October 2009, the results of which are attached. Debbie advised that there had been slight improvements in the Clinical Quality & Quality of Patient Experience domains.

### **Workforce domain**

With regard to workforce there are some specific issues relating to current PCT HR polices & procedures which prevent the scores improving.

*Heather to go through requirements with Jayne  
Jayne to discuss with HR*

### **Training domain**

Debbie advised that as part of the changes to the community endoscopy GRS submission, the training domain has been removed. However as we are training she has requested that we can access it again and work through the required standards.

*Debbie to feedback following discussions*

As part of the discussions relating to the training domain, Indu raised his concerns relating to the current processes in place for training and the number of trainees. These issues had been raised specifically at a recent training session with all the clinicians and trainees present. Decisions regarding the way forward are awaited and without Steve being present the discussion could not be moved on.

*Steve to urgently review the current training arrangements and agree solutions with the endoscopists.*

## **12. Cancer pathway**

The revised pathway was again discussed. This had been implemented the week before and so far only Debbie had had cause to use it and it had appeared to work well. Steve will present that patient to the MDT tomorrow. In addition he is further discussing all pathways to secondary care with the lead clinician at Broomfield.

**Steve to feedback**

### **13. New Braintree Community Hospital**

The contract for the prime contractor for BCH has been awarded to Arkanum who have created a limited company for the project. Working to this company is a number of sub contractors, PDL being one. However as of today no contracts have yet been signed. This delay in signing the contracts has pushed back the opening date until March 2010. The building itself is on schedule.

Until the contracts are finalised it is impossible for the work relating to mobilisation to progress significantly.

### **14. Start & finish times audit**

A snap shot audit into start, finish & turnaround times has been completed. The findings and agreed actions are attached.

**Debbie to implement changes  
Heather to repeat audit Feb 2010**

### **15. AOB**

- Debbie advised that she has completed the Entonox policy and it has been sent in draft to the chief pharmacist, prior to it being submitted to the policy board. As yet we have received no feedback.
- Tipu advised that link on PDL website to play Transnasal DVD is not working. This is problematic because he uses this to show patients in his surgery prior to referral.

**Phil to address website problem  
Heather to obtain hard copy of DVD for Tipu**

### **Supporting documents**

