



# GROVE HOUSE PRACTICE

## Patient Group Meeting: 20<sup>th</sup> February 2014

### Attendees:

|                        |                |
|------------------------|----------------|
| Tony Bamber (Chair)    | Deborah Kelly  |
| Ann Turner Culverhouse | Sydney Broxton |
| Ken Ramsden            | Joanne Hughes  |
| Edward Rawlinson       | Toni Johns     |
| John Lawrence          | Oli Gomersall  |
| Christine Owen         |                |

### 1. Apologies:

Earle Ryan      Jacky Slator      Mandy Devine      Tony Hayes

### 2. Matters arising from minutes/actions from the previous meeting.

- Stop Signs – Ken advised the group that the markings on the pathway in the rear car park have now been painted and it is very clear now, he is happy that Jacky had taken this up with the council.
- Resignation - The group brought a card to the meeting for Sharon Hearty for all the members to sign, Toni will send this card on to Sharon to wish her well for the future.
- Locums – Christine questioned Sydney's comment in the previous meetings minutes about locums making the same clinical decisions, Christine feels that they don't and has complained as she doesn't feel that she received the same quality as she would from a regular GP. Edward mentioned that when he saw a locum GP he felt they were more thorough. Joanne advised if it is a complaint that Christine should speak to Jacky to follow this up.

### 3. CQC Practice Visit.

Joanne informed the meeting that the CQC will visit the Practice anytime within the next 2 years, they will be speaking to patients and staff. The Practice suggested that one or more of the patient group members could volunteer to be present. Joanne advised that the CQC will give the Practice 48hrs notice before the visit would take place. Ann thinks maybe it would be better if two Patient Group members could speak to the CQC to represent the group as they may be more comfortable with more than 1 member there. The group feel that whoever is available on the day could do this. Edward advised that he would like to come in for this. Ken also suggested that a member of the CQC could attend one of the Patient Group meetings and Tony agrees with this as he feels they may find it beneficial to them if they would like to come and see them. Ken advised that if he were to attend on the day of the CQC visit he would then feed back the information to the rest of the patient group. Joanne advised that the CQC are an auditing body and they are interested in outcomes, Ken advised that the patient group are interested in improving services.

**Action – Toni to speak to Jacky regarding the CQC possibly attending one of the Patient Group meetings.**

### 4. Patient Survey: Action Plan Update

Toni handed out a copy of the Action Plan to each group member and Joanne updated the group on the progress. Joanne talked about Dr Meda's replacement and advised that we are trying to use regular locums to cover this vacancy and that the Practice is ideally waiting for the next batch of registrars to become available in August to recruit a permanent GP as they would rather wait for the right GP than just fill the vacancy. Joanne advised that Dr Kaufman may stay a little longer when Dr Forde returns to help with the new GP. Tony asked if there was any way Dr Kaufman could be pressed to stay on as lots of patients have spoken highly of him, Joanne advised that Dr Kaufman is making decisions.

## **5. Wellbeing Update**

- Patientpreneur - Oli informed the group that he would be meeting with Edward on Monday to discuss his suggestion of a Patientpreneur.
- Wellbeing - Oli is also to spend some time with Locums and nurses to give them more information on what it is he does.
- PPG Area Profiling - Oli informed the group of a new project that would be starting. This project has come directly from the CCG and it involves reports for different areas, Oli doesn't have the report for Grove House at the moment but informs the group that the report measures performance for things like Cancer screening, Flu immunisations and many others to see whether they are hitting targets. Oli explained how the report works and said that The Mersey Ward performance is worse for unemployment. Ann said that Mersey Ward is part of a bigger ward and that certain wards have a pocket of deprivation. Christine also added that she seen in the paper that Mersey Ward is one of the most poverty stricken areas. Oli informed the group that KPI for CCG who found Wellbeing have to run the project each quarter for example Appleton Village identified falls, so maybe they could have arranged falls prevention to go in and do a talk. Each Practice will set up a meeting to discuss what needs to be done in that area for issues from the report when this comes out. What the group may feel needs to be done ideas etc, for example if there was an issue with teenage pregnancies someone may suggest a support group for young mums. Another example Appleton Village identified falls, so maybe they could have arranged falls prevention to go in and do a talk. A project will be run for each quarter for each Practice in the area. Oli suggested when the Grove House report is ready he could set meeting dates, this can include members of the patient group, staff and clinicians. Oli will speak to Jacky about using the Practice for the location of these meetings. Tony feels we need more information before going ahead as he feels nothing changes and that we should be careful on the emphasis of the data received as this is always some what slurred. Sydney also agrees with Tony as he thinks there are millions of pounds spent on deprivation in Runcorn but nothing ever changes. Oli suggests an appreciative enquiry rather than just using the data supplied in the report, Oli is asking the question "What do patients think we can do?" Edward says that the politicians are aware of the deprivation in Runcorn but only Widnes is improving. Ann's experience is that a one off project won't work as she took part in a project in 1975 to do with deprivation. Tony feels that every time someone tries to set something up it falls apart and if you look around everywhere is closing. Sydney feels this discussion is going wider than what the Patient Group is about but others don't agree as they feel it is affecting the wellbeing of our patients. Deborah and Edward

have agreed that they would be happy to attend the meeting but this will depend on dates.

- **Action – Oli to speak to Jacky about using the premises for meetings.**
- **Action – Oli to arrange meeting dates.**

#### **5. Wellbeing Update (cont)**

- Purple Book Launch – Oli advised that the information regarding the Purple Book Launch has gone out in the Runcorn World this week. Christine advised Oli that not everybody in Runcorn receives the free papers. The Purple Book itself has been published and the launch will take place on the 29<sup>th</sup> March, invitations have been sent out to patients with memory problems but we may extend if needed. We are hoping for 30 patients for the pilot but if we don't receive enough we may ask Tower House to take part. Deborah thinks it would be a good idea to involve Tower House as it would be a good way to break the barriers between Practices.

**Action – Toni to speak to Jacky regarding Tower House taking part in the pilot.**

#### **6. Patient suggestion / comments box:**

There were no comments within the box.

#### **7. AOB:**

- Churches together – Edward informed the group of a new mission for teenagers, this will run for 5 Sundays in March at Hope Corner Community Church. Edward handed out flyers and posters with more information to the group.
- Friends and Family Test (FFT) - Joanne informed the group that the Practice (Jacky) successfully placed a bid to pilot the new "Friends and Family Test" (FFT) in primary care. In particular, we received over £70k of funding (which goes to the CCG not the Practice) to look at how we can introduce the FFT for our palliative patients, those patients over 18 years old who are being cared for in the community and who are in the last 6 months or so of their lives. Clearly a very sensitive area, the pilot phase will look at how we can best ask the FFT question, when is it best to ask it (and that may be more than once), who we ask it about (eg the Practice, DN service, Macmillan and/or overall?) and how we get sufficient information to make sure the service is improved as necessary (the FFT itself is just one question – along the lines of "would you recommend this service to family and friends if they needed it", this is a government-led initiative that we cant get away from and it is being introduced in all primary care settings later this year. We'll keep the group posted on progress, but currently it is very early days. Jacky is attending a meeting regarding (FFT) which is why she sends her apologies. Ann asked where does this stand with NHS direct? Joanne advised that NHS England directed the initiative. Deborah asked, was it just Jacky's bid? Joanne advised that Jacky did liaise with the CCG for advice but it was her bid. Joanne informed the group that today was all about passing the information on to them and that we should have a better update at the next meeting. Deborah thinks that some of the money should go to the Practice. Ann said very well done to Jacky for putting the bid together.

**8: Date of next meeting:**  
**Thursday 20<sup>th</sup> March 2014 at 5.30pm**