



GROVE HOUSE PRACTICE

Patient Group Meeting: 22nd May 2014

Attendees:

Tony Bamber (Chair)	Earle Ryan
Ann Turner Culverhouse	Jacky Slator
Ken Ramsden	Mandy Devine
Edward Rawlinson	Toni Johns
Tony Hayes	

1. Apologies:

Joanne Hughes	John Lawrence	Deborah Kelly
Sydney Broxton	Christine Owen	Oli Gomersall

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

- Dr Kaufman – Earle wanted to fully endorse Tony Bamber’s words in the last meeting regarding Dr Kaufman leaving.
- Friends and Family Test Pilot – A member of the patient group who is taking part in the pilot wanted to share with the group that Ann from Healthwatch came out to see him, he feels that they do appear to know what they are talking about and he felt the questions were suitable. He found it quite good and he hopes they continue to work on the pilot after it finishes. Jacky advised that an interim report has been created and the results have been very useful, and Jacky thanks those for taking part in the pilot.
- Purple Book – Oli has spoken to Jacky recently and he advised her that Wellbeing Enterprises are going to continue to fund the Purple Book as it has been very well received. Ken thinks that this is excellent and feels that the numbers will increase in time.
- GP ratio – The group discussed the National average of GP to Patient ratio. At the last meeting it was mentioned by Tony Bamber that an article was published in the local paper regarding GP to patient ratio and Runcorn was shown to have the highest. Jacky has looked into the figures and found that Runcorn is not the worst in the UK but Mersyside may be. Jacky advised that we aren’t hugely out of place with the national average. Tony Bamber feels that it is let’s bash Runcorn time. Jacky is worried that the wrong things are being measured as you could have 1000 patients per GP and the service is poor, or have 2000 patients per GP and the service is good. Ken asked Jacky how we fare with Tower House Practice regarding GP ratio/ waiting times etc, Jacky thinks that we are probably about the same but she is not sure. Jacky asked if any of the group have been watching the programme on Television called ‘GPs behind doors’ Jacky was astonished at the reasons patients were going to see GPs. Ken has also watched the programme and he agreed and did find the programme very interesting. Jacky feels that it highlights why it is difficult to get a GP appointment as they were clogged by

unnecessary appointments, she feels that patients don't have the 'ask your mum or dad' for advice mentality anymore.

3. Extended hours from July

Jacky shared with the group that they may recall the Practice stopping the extended hours for appointments due to the funding being stopped and the amount of DNAs. She advised the group that the funding will be continuing this year and that we would like to propose something new. Due to DNAs we will not be offering a Saturday clinic but we are proposing to open at 7am on a Wednesday, Thursday and Friday and open till 8pm on a Thursday. These extended clinics will hopefully include at least one GP everyday, and sometimes a nurse or HCA. The extended hours will be good for working people. Ann feels that any criticism that was received previously was about offering earlier appointments as this was an issue for working people so the proposal sounds sensible. Several members of the group think this is a great idea especially for people who work and for school children as they can attend an appointment and still go to work or school on time. Jacky explained that we are still working internally on this proposition as we need a minimum of two staff to cover reception. There will be no telephone availability during the extended hours and the appointments will be pre-bookable only and we may also consider some of these appointments being available to book on the web.

The group asked how we can advertise this service. Jacky advised that we would advertise through the website, newsletter and patient booklet. Tony Bamber suggested an advert in the paper and Ann suggested the Halton Booklet which is issued monthly to residents. The majority of the group also felt it would be a good idea to advertise through the local radio station.

Jacky advised that we could possibly start this service in July and perhaps after 3-4 months running we could bring it back to the patient group to discuss and see if we feel it is working. Jacky also advised that we cannot guarantee the extended appointments when a GP/Nurse is off sick or on holiday, however Tony Bamber feels that if we can offer the appointments most of the time that this has to be a good thing.

Action: Jacky to bring more details once confirmed.

4. Priorities for 2014/15

As discussed in the previous meeting (minutes dated 24th April 2014) Jacky had asked the group if they had thought of any ideas for the Practice to work on together with the group over the coming year. Jacky had thought of some ideas and wanted to share them with the group.

a. Patient education/support sessions

Jacky feels that the support sessions could involve patients coming in to chat with whoever we felt was relevant and also give them a chance to share experiences. A member of the group shared that he sometimes goes to see the Macmillan's and would speak to a couple of staff, he feels that this sort of thing can help with similar illnesses, meeting someone in a similar situation can also help. Ann feels that some diseases like crohns etc support groups do help manage your illness, there were resources available but these ended. Ann also shared that some GPs found it useful to have an expert patient come in to do training.

Edward feels that he would like to involve patient who are having falls, arthritis etc, he advised that he can't think of anything else we could do at the moment. Jacky suggested inviting the falls team etc.

It was agreed that this was a good area for the group to develop further with the Practice.

Wellbeing will also be involved in all of the above.

b. Access

Already agreed that this should be an area for the group to work on with the Practice.

c. Proactive care for over 75s

Jacky informed the group that we used to do health checks for patients over 75, but these stopped some years ago. Jacky advised that we want to reintroduce along with other services for the over 75's. Ken shared that patients are called in on an annual basis for reviews of illnesses such as copd, asthma etc and he thinks it would be a great idea doing something similar for the over 75s. The group feel that the review should be with the same GP to make sure they are being reviewed regularly. The group feel that some patients need some encouragement to come in and that sometimes a GP can be more persuasive than nurses to get the patients in. Jacky asked if maybe a named nurse and receptionist as well as a named GP would be helpful? The older generation tend to not want to be any trouble to the GP and some peer support may be needed. Tony Bamber suggested patients are allocated their GP for speciality so the GP can put their expert touch in to it as well. Jacky explained that some over 75s may have nothing wrong with them and Tony Bamber feels it is about the need to be seen rather than having to be seen. A lot of patients of this age are on their own a lot so it is difficult for them. Ken thinks if funding is available then yes it is an excellent idea. One member of the group advised that he is a well man however he thinks that an annual check would be good. Tony Bamber feels that some patients from the older generation feel that some doctors are too young.

Overall the group feel that inviting patients over 75 in for an annual health check is a good idea.

Action: Jacky to bring more information to the next meeting to work on.

5. Wellbeing Update

Action: Jacky and Oli to draft details for Education sessions and bring to next meeting.

6. Patient suggestion/comments box:

There were two suggestions/comments in the box.

1. Re offering extended hours for working patients.

Jacky advised that we are currently proposing extended hours.

2. Re repeat prescription text on the white side of the prescriptions to small to read.

Jacky advised that she is not sure if we can change this as this changed when we changed over to emis. Jacky will look in to this.

Action: Jacky to look in to whether we can change the text on the prescriptions.

Please see separate sheets for more information.

7. AOB:

Exit survey -Tony Bamber informed the group that he has received four replies from the Practice exit survey, unfortunately Tony did not bring them today. This will be carried over to the next meeting for discussion.

Action: Exit survey results to be discussed at next meeting.

Blood results via text message – Jacky advised that the blood results via text message is still a work in progress. Jacky attended a meeting in London and this was discussed. Jacky was advised that the problem is the same problem as our GPs have recognised. Patients could have several blood tests done at the same time and the results may come back at different times. Edward suggested that the patients could be told exactly what blood tests they are being tested for. Jacky advised that there is no quick solution but there is national recognition that there is an issue.

Sharon Hearty – Jacky advised the group that Sharon Hearty would like to come back to the group. The members are happy with this.

Next meeting – Edward advised that he will not be attending the next meeting.

8: Date of next meeting:
Thursday 19th June 2014 at 5.30pm