



GROVE HOUSE PRACTICE

Patient Group Meeting: 17th September 2015

Attendees:

Ann Turner-Culverhouse	Sharon Hearty
Tony Hayes	Terence Watkinson
Christine Owen	Jacky Slator
Edward Rawlinson	Toni Johns
Earle Ryan	

1. Apologies: Ken Ramsden John Lawrence Deborah Kelly
Sydney Broxton Mandy Devine Joanne Hughes Oli Gomersall

Earle Ryan attended today's meeting to inform the group that as of today he would be resigning from the Patient Group. Earle shared that he has enjoyed all his time with the group, but is very conscious that he is away out of the country for so many months of the year. He hopes that the group feels he has contributed to the cause and would like to thank everyone sincerely. Earle added that he thinks this is one of the best Patient Groups around.

Everyone present thanked Earle for his time spent on the Patient Group.

Earle left the meeting

The group agreed it would be nice to send Earle a card to say Thank You for his contribution.

Action: TJ to send a Thank You card to Earle on behalf of the patient group.

2. Matters arising from minutes/actions of previous meeting:

NHS Choices – Terence was pleased to make the group and Practice aware that our rating has gone up on the NHS Choices website. Jacky advised that the ratings are reviewed every 6 months and ours has improved. Terence feels that the Healthwatch website should also show this information so patients can view it.

3. CQC Visit

Jacky informed the group that the CQC would be assessing the Practice on Tuesday the 29th September.

Jacky passed around copies of the timetable for that day and advised that 3 assessors would be carrying out the assessment.

On the day of the assessment the Practice will present for half an hour, this is our golden hour. The Practice is still in the process of creating this presentation but she can show this at the next meeting.

Action: Jacky to bring CQC presentation to the next meeting.

After the presentation:

- The GP assessor will spend 90 minutes with Dr Forde

- The Practice Manager assessor will spend 90 minutes with our Business Manager (Jacky)
- 12.30 the assessors will meet for lunch and review evidence provided
- GP assessor will spend 45 minutes with a 1st GP of their choice
- GP assessor will spend 45 minutes with 2nd GP of their choice

Jacky asked the group if they would like to meet with the CQC assessors on the day of the visit? Jacky suggested that Syd (Chair of Patient Group) may want to and also Ken as he has a lot of involvement with the over 75s, however Syd and Ken are not present at today's meeting therefore Jacky will contact them. Jacky shared that the CQC may also contact patients and speak to patients who are in the waiting room.

Christine and Terence have also volunteered to come in if they are required.

Terence asked if this is the first time CQC have come to inspect us? Jacky advised that yes this is.

Jacky explained to the group what the CQC will be looking for on their visit.

The Practice will have to provide evidence for each of the following Key Lines Of Enquiry (KLOE).

- Safe
- Effective
- Responsive
- Well Led
- Caring

This will then be broken down into 6 groups of specific services:

- Older people
- Families and children
- Vulnerable people
- People experiencing poor Mental Health
- Working people
- People with long term conditions

Terence asked if the CQC will tell us the outcome on the day? Jacky advised that they will give us feedback at the end of the inspection, but we will not find out the outcome, the CQC will go away and write up the report, this can take up to 4 weeks. If the Practice is possibly going to be awarded *outstanding* it can take a further 4 weeks before we are informed of the outcome. The Practice can appeal the decision before it is published.

Jacky shared that we have a sealed box in the Practice waiting room for patients to place completed questionnaires and we are being encouraging to inform patients it is there.

Christine asked if the outcome is similar to school Ofsted inspections/reports. So if we were requiring improvement would we have another visit? Jacky advised that yes if the Practice was to receive an outcome of *requires improvement* the CQC would arrange another visit to make sure the required improvements were completed.

The group discussed how the visit would work.

Jacky brought up some information on the projector to show the group, we want to show how good we are at specific things, for example:

Communication – Some businesses work on gut instinct but we will have to evidence that we have good communication. Some of the examples we could use are as follows:

- Feel the Love Board. Jacky shared that she picked this idea up from Wellbeing. The Practice decided that this would be good in Reception to remind everyone that we are doing a good job.
- Working outside of the Practice with projects such as, LG Archive, FFT pilot, Purple Book pilot, Over 75s event, and we currently have 3 projects running through the Prime Ministers Fund.
- Patient Group running for the past 8/9 years.

Caring – Examples of going the extra mile:

- 1 staff member attended a Birthday party of a patient, at the patient's request.
- Staff member staying after her shift had finished to make sure a patient was ok.
- Dr Allen having involvement with a project for Women on their own which involved DIY etc, Christine was also involved in this.

Anne asked if we have anything in place for carers, Jacky advised that we don't have anything specific but we do have contact with the Cares' Centre.

Anne feels that we are good at responding and turning things around. Tony shared that when we had problems with the appointment system we did look at it. Ted mentioned that he attends other groups and feels that we have a better response.

Innovation –

- Jacky shared that we are looking at Clinical Risk and Safeguarding. We hold a meeting every 6 – 8 weeks which the Health Visitors attend. During this meeting we go through the children at risk register. This meeting also gives the Practice and the Health Visitors the opportunity to make sure our safeguarding registers contain the same information.
- Involvement with the project through the Prime Ministers Challenge. Grove House have taken the lead on the following 3 projects:
- E-consults – This pilot is now underway *further information below*
- Community Pharmacies– This will cover a number of topics around working better with local Pharmacists including Pharmacists going into schools to talk to children about inhaler techniques
- Patient Connect – Jacky feels that this project is very exciting and it is aimed around managing demand for GP appointments. Many other GPs are looking at extending the time to see GPs but we feel managing demand is a better solution. For example, at one surgery 15 patients asked for an appointment with a GP for problems with dandruff, this issue could have been dealt with by a Pharmacist. Sharon thinks that ideally you need someone to tell patients they don't need to see a GP for this type of issue. Anne asked if the project is working around triaging but Jacky advised not exactly, it is focusing on Children with issues, first time families and older people. Particularly anyone in those groups at risk of becoming isolated.

Jacky advised that there are 600+ voluntary groups in Halton. Some of these groups are working on Patient Connect projects, as are the Widnes Vikings, Wellbeing and Age UK.

4. Priorities for 2015/16:

a. Access

E-consults - Jacky went through the online consultation on the projector screen. She advised that group that if you choose the option for advice from a GP you will then be prompted to fill in an online form, once this has been submitted you will receive a response from the Practice by the next working day. The GP will look at the online form decide the action they want to take and inform reception staff to make contact with the patient.

Terence asked if an option can be added for priority issues, Jacky advised that we tried an urgent request on the demo and it informed the patient to contact the Practice or call 111 as it can't be dealt with through this service.

Jacky advised that the service may be modified if it continues to run after the pilot. This service would then be available across Halton.

As of today 20 patients have accessed the service, of those, 7 were appropriate for the GP and 2 of those resulted in a face to face appointment with a GP. Ted feels that this service eases pressure.

Christine feels that patients who ask for an appointment for something that sounds trivial may not be trivial to them, they could think it is something important.

b. Over 75s (older People?)

The next meeting will take place on the 28th October. Ken will be attending the meeting. Our Practice Nurse Simon is now doing Health reviews for all patients over 75. The meeting will look at older people generally and not just the over 75s.

c. Mental health

Mental Health – Ted shared that he thinks Advocacy is one important thing to focus on regarding Mental Health. Current advocates don't have the time they need because they are voluntary. Jacky suggested that we postpone working on Mental Health until after the CQC visit as we need more time on this.

Action: Jacky to add Mental Health Advocacy to next month's agenda.

d. Cancer screening/awareness

• Men's health

Jacky handed out a draft copy of the Men's Health Information Leaflet that has been created by the Practice.

Action: All members to review draft for discussion at the next meeting.

Terence left the meeting (It was his Birthday)

5. Wellbeing Practice Update:

No updates, Oli Gomersall not present at today's meeting.

To view all events and courses go to:

<http://www.wellbeingenterprises.org.uk/book-a-place/>

6. Patient suggestion/comments box:

No comments received.

7. AOB:

Facebook Page – Jacky informed the group that we now have a Facebook page, if patients want to view the page on an ongoing basis they must *like* it first.

Patient Group Recruitment – Jacky handed out a draft copy of the Patient Group Recruitment leaflet that the Practice has created. The group agreed that they are happy with this.

Anne thinks that some of the signs posters in the waiting room are a little difficult to make out, some are readable but others are too small. The group think that we should look at this. The group suggested we send out the recruitment leaflet with any outgoing mail, Jacky informed the group that outgoing letters from the Practice go out electronically so we are unable to do this, we can put them out in the waiting room though. Christine suggested making an A4 poster to go with the leaflet.

Flu drop in clinics – We have drop in flu clinics being held on Saturday 3rd and 17th October for 18s and over. We will be using the Tower House waiting room on the 3rd for market stalls, these will be for the Police, Wellbeing etc. We had asked for Age UK to attend but unfortunately they don't work weekends. A member of the Widnes Vikings will attend the clinic on the 3rd October. We have sent invites to patients who are under 65 and at risk. Over 65s usually receive an invite letter from the Health Authority but this won't be happening this year. We won't be sending out letters to the over 65s yet. We are also holding a child flu clinic on the 10th October, the Childrens Centre will be setting up a stall on this day.

Date of next meeting:

Thursday 15th October 2015 5:30pm to 6:30pm