



# GROVE HOUSE PRACTICE

## Patient Group Meeting: 21<sup>st</sup> January 2016

### Attendees:

Sydney Broxton (Chair)	Edward Rawlinson
Ann Turner-Culverhouse	Terence Watkinson
Tony Hayes	Jacky Slator
John Lawrence	Toni Johns
Christine Owen	Mandy Devine

**1. Apologies:** Ken Ramsden          Sharon Hearty          Oli Gomersall  
Deborah Kelly          Joanne Hughes

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

Jacky shared with the group that Tower has now been inspected by CQC and they had received an overall rating of 'Good'. They were rated as needs improvement for their warfarin clinic and Jacky will speak to Tower to find out what it was that the CQC inspectors felt needed improvement, in case we can learn from it too.

Texting results – Jacky shared that she has spoken to Joanne about texting results via the system Mjog. It will take the Practice a few months to get used to using Mjog so at the moment we will only be sending out appointment reminders. We can however revisit this in a few months.

**Action: Bring back to future meeting (April).**

### 3. Priorities for 2015/16:

#### **a. Access**

Toni circulated the appointment statistics sheet *see attached*.

Registrations - Toni will continue to send the exit survey out to patients who leave the Practice but do not change their address. Current trends show more people joining the Practice than leaving.

DNAd Appointments (patients who did not cancel their booked appointment but did not attend) – During 2015 there were 26,069 GP appointments of those 1,569 – 6% of patients DNAd their appointment. It appears that the amount of DNAs is coming down at the moment, but it was noticed that the DNAs are at the highest during the summer months. We have no evidence as to why people DNAd appointments. In the past the Practice did write to those patients that DNAd appointments but this created a backlash. We tried asking patients if they wanted to write out their own appointment cards but this didn't make an impact. Terence feels that we are already giving out the information regarding cancelling appointments on the plasma so this should have stopped people from not attending their appointments. Anne also feels that because people talk about it they should be more aware. Jacky feels there could be several reasons, eg patient does not have a mobile phone and may be stuck in traffic, may not have credit on phone to make calls etc.

**Action: Jacky asked the group if they could think of any reasons that a patient would not attend an appointment, and any ideas on preventing this could they bring it back to the next meeting.**

The group would be interested in finding out the DNA% from other Practices.

Terence suggested sending a text to those who DNA asking 'why didn't you attend' and offer options to which they can select and reply.

John shared that he received a confirmation text after he booked an appointment and received another reminder several days later.

Syd mentioned that when a patient doesn't turn up the GP is left waiting. Jacky advised that we do allow patients to arrive up to 9 minutes late, after that time the Receptionist will ask the patient to book another appointment, or in some cases the receptionist will ask the GP if they will still see the patient.

#### **b. Older People – Living well course**

Jacky advised that the survey for the older people has now been updated and is in the reception area and on the website. We will also post out the survey with the next batch of Over 75s Health Check invites.

Oli is not present at today's meeting but he updated Jacky before the meeting. Oli has reserved 10 places on the 'Living Well' course as part of their work with the over 75s. There are a total of 30 places on the course which are offered to any person that lives in Halton. The 'Living Well' course will take place at Holy Trinity Church starting Wednesday the 24<sup>th</sup> February and will run for 4 weeks. We are trying to aim this at patients with a long term condition such as diabetes, arthritis, mental health etc. Over the next few weeks the clinicians will give out the course information leaflet *see attached* to any patients who are over 75. Ted has advised that he will ring and book himself on the course so that he can feed back information to the patient group. Christine has shown interest in attending to observe the course.

**Action: Jacky has agreed to speak to Wellbeing about Christine attending the course and she will get back to Christine.**

#### **c. Mental health**

Ted spoke to Rob Foster at the CCG who is going to call him back to continue conversation. Dave Sweeney from the CCG is also making contact.

**Action: Ted will update us at the March meeting.**

#### **d. Men's Health - survey**

Jacky advised that we will bring the draft version of the survey to the next meeting.

**Action: Bring draft survey to next meeting.**

#### **(NB Website: "Focus on")**

Jacky shared that the Practice is thinking of working on an additional page for our website. A monthly page focusing on particular issues, highlighting contacts, relevant website's and key information. The page would change every month but we would keep the previous month. Jacky handed out a sheet with suggestions on for this new page *see attached* Jacky would like input from the group as she feels that they may have suggestions that are suitable. Jacky now knows about many voluntary organisations and it may also be helpful to include a list of local groups on the page. Syd advised that the Council Voluntary Action (CVA) has a list of registered charities, he will make some enquiries about this and whether it is up to date. Ted still feels that finding the different services is a problem for people who cannot or do not access the internet, he wants to know what we can do for them? Jacky advised that we will focus on the webpage project to start with but then we can look at this again once the website page is up and running.

Anne thinks this is something that people leaving hospital need to know, links between the different services. Syd shared that patients are supposed to be given a plan when they leave hospital but they don't always get one. Jacky advised that the hospital can sometimes tell the patient to expect something different to what we can actually do, which can make patients angry. Ted advised that he was given leaflets with information on that he will bring to the next meeting. Terence thinks that we should include links for cancer patients as patients often struggle to find the right services to help. The group suggested adding Discharge, Cancer and Carer information.

The group agreed that overall the page on the website is a good idea.

**Action: Group to review proposed list of subjects for the webpage and come back to next meeting with further suggestions.**

#### **4. Wellbeing Practice Update:**

Jacky advised that Oli is no longer Grove House Community Wellbeing Officer and he has now been replaced with Darren Shearer.

Until Darren is up and running, Oli has passed on information regarding a new project called 'Lead the Change'. Halton residents are leading the change with funding available through the lead the change programme. This is a project to help people to make their ideas into reality with grants of £500, £2,500 and £5,000. Ideas that have got up and running so far include: Veterans airlift model-making, a 'clean streets' project in Widnes and young people with disabilities going to schools to talk to other people about their experiences and begin conversations.

Jacky advised that she has recently met with "Hack Back" who work with a wide range of individuals, all of whom have significant barriers which prevent them from reaching their full potential in life – using birds of prey. Eg. at one school a child who wouldn't normally engage was very excited after he interacted with the birds and was very chatty afterwards for the first time. Jacky has put the lady who runs "Hack Back" in touch with Oli and hopes that we can also do work with her through the Challenge Fund.

(NB In order to be considered for funding through the Challenge Fund, people had to place a bid to show how they could reduce GP appointments for lonely and isolated people)

To view all Wellbeing events and courses go to:

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

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

One comment received regarding waiting times. Although the comment was abusive (and we therefore will not reply) the group discussed the comment and agreed that GPs can often run late due to urgent appointments or patients arriving late for appointments. Terence feels that it may be a good idea to create a poster with words along the lines of 'The GPs are trying to see you on time but next time it may be you'

**Action: Jacky and Toni to create a draft poster for the next meeting.**

#### **6. AOB – future meeting dates/times**

NHS Funding – Jacky advised that she has spoken to the CCG regarding someone coming in to speak to the group about NHS finances and they have advised Jacky that they are holding an event called 'Show me the Money' which is to inform members of the public how Halton's health budget is spent. Jacky passed around flyers *see attached* for

anyone that would be interested in attending. Jacky feels that it would be good if a member of the group attended so that they could pass information back to the group and discuss at the next meeting.

NHS Choices – Jacky shared with the group that we have received a positive comment from a patient on the NHS Choices website if they would like to go online and take a look.

<http://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=36434>

Nurse Team – Jacky shared with the group that we have ill health within the nurse team at the moment so we may hear complaints, the Practice is not cancelling appointments to be difficult, unfortunately it is unavoidable.

Phlebotomist (blood test) appointments – Christine wanted to discuss checking in for a phlebotomist appointment. Currently all patients who have booked an appointment can use the self-check-in screen when they arrive. This then advises them to take a seat in the waiting room. Christine advised that she waited half an hour before she was seen because she was sitting in the wrong waiting area. Christine would like to know if there is a way that we can prevent this from happening again as not all patients, know the correct waiting area they need to sit in. Jacky advised that the best way to check in is via Reception staff rather than using the self-check in, the Receptionist will then inform the patient of where they need to wait. Jacky is not currently aware of how we can stop the self-check in but will be looking in to this and will report back.

*Post meeting update: Self check-in for blood tests has been switched off.*

Future meeting dates/times – Jacky wanted to propose some changes to the current meeting dates/times. Jacky suggested that rather than have fixed days every 4 weeks maybe we could change the meeting dates to specific days (informing the group of those dates in advance). The reason for the suggestion is because the Practice is thinking of asking Sharon Williams to become involved again with the patient group meetings and she works variable days. Jacky also asked the group if they would consider having the meetings at an earlier time? It was suggested by the group that they could hold the meetings at 4.30pm rather than 5.30pm which is the current time. The group feel that most members would be happy with this. The group also agreed to a variable date for meetings – provided sufficient notice is given.

**Date of next meeting: Monday 22<sup>nd</sup> February**  
**4.30 – 5.30pm**