



Grove House Partnership

Patient Group Meeting: 3rd October 2018

Attendees:

Syd Broxton (PPG)
Tony Hayes (PPG)
John Martin (PPG)
Harry Howard (PPG)
John Timms (PPG)
Joanne Valade (BM)
Chris Jones (RM)

Ann Turner-Culverhouse (PPG)
Deb Kelly (PPG)
Stephen Dougherty (PPG)
Rita Gallagher (PPG)
Carolyn Linton
Edward Rawlinson (PPG)
Sharon Williams (BPS)

1: Apologies:

Michael Pickstock (PPG)
Roy Brown (PPG)
Sharon Hearty (PPG)

Beryl McWhan (PPG)
Terence Watkinson (PPG)

Syd wished to start the meeting by informing the Group that during past meetings we have gone over the set time due to lengthy debates, he explained that the meetings are only 1 hour long and we are limited to time. The meetings are not for people to air their personal issues, we want everyone to have their say, but if debates go on for too long he explained that he will call time on it and move back onto the agenda.

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

Minutes agreed to be a true and accurate record.

Care navigation: The Group had some concerns regarding the Optician option that will be given as part of Care navigation. They asked if patients would have to pay if they are directed to this service. Chris explained that no, that will not happen, patients will be given a phone number for the minor eye clinic, from there they will be triaged and their health issue dealt with for free.

Dr Wright – The Group asked if Dr Wright was now a permanent GP at the Practice. Joanne explained that yes she is now a salaried GP, doing 3 sessions a week some here and some at Heath Road.

3. Wellbeing:

The new Wellbeing Officer for the Practice, Shannon Smyth, came to the meeting to introduce herself. She apologised that she had not been to an earlier meeting, but she has a clinic within the Practice on a Wednesday afternoon and she has been booked up with patients at meeting times. She explained that Wellbeing are now working directly with IAPT so this has opened up a lot more mental health support where needed.

She informed the Group that the courses they run are doing really well, though personally she has not yet run any of them. The Group asked if there was an up to date list of courses,

Shannon explained that at this time they are half way though the current quarter and they do not have one available yet for the next quarter.

Shannon informed the Group that they are now encouraging people to stay for the full length of the 'Living Life' course as previously it did have a high dropout rate. Deb asked why there was such a high dropout rate for that course. Shannon explained that is it because the course is 8 weeks long, plus some people do not like the Group sessions and prefer one to ones. She explained that they are now also encouraging people to have a one to one prior to being booked onto courses so they can ensure it will be right for them. People can self-refer or via a GP.

The Group asked how they engage with those who are hard to reach for example the Housebound. Shannon explained that they are raising awareness within that area by talking to other services such as pharmacists, plus home visits are available to those who cannot go out.

4. Patient Communication:

The Group wished to mention the new Clinical Team board in the foyer, Joanne explained that the old board had been changed so much and we wanted something new and one that we could add Clinicians photos onto as well as their names. Whilst we are doing that we are revamping the notice boards within Reception area, we already have the one that displays the mental health services which the Group helped with and we are updating the Plasma to keep that fresh and current.

Joanne explained that whilst we are doing all this, we were wondering if the Group would like to have a board of its own as currently we do not have anything where the PPG can communicate directly. It could display items such as minutes, agenda's and possibly a Group photo, so that patients know who they are. We would also look to put up a new patient comments box on the wall next to it, Toni is currently revamping the old form and we will show this to the Group once it is completed. The Group felt like this was a good idea, maybe also we could add meeting dates, items for discussion, what they are currently dealing with to help the Practice and maybe some way patients could raise queries to the Group.

5. Care Navigation:

Joanne handed some information out to the Group explaining Care Navigation and informed them that all staff have completed their online training and passed. The main services that will be used to direct patients to will be:

Health and Wellbeing
MSK (Musculoskeletal)
Optician
Pharmacy
Sexual Health Clinics

Joanne explained that it will still be the patient's choice, but they will be asked some questions by the Care Navigator who will then advise them of the best option for them, in the end it is their choice, if they still see a GP. It is all about giving the patient the best option for them, such as, if it is an eye problem, the Optician would a better and faster option for them. The Optician, will see patients who have an urgent need within 24 hours and within 5 days for all non-urgent symptoms. We are presenting patients with the fastest port of call and the all

the options that are available to them. Eventually over time the services that are involved with care Navigation will become increase.

Reception will have a guidance sheet that they can follow that also explains which service is most suitable for the patient, along with the contact numbers for the services available. Syd asked if the Optician can also refer, Joanne explained that yes they can, to either Ophthalmology in the hospital or back to the GP if antibiotics are needed for instance.

Deb asked if by the Care Navigators asking all these new questions, will it not create more problems with patients being left on hold especially on a Monday morning. Joanne explained that we will launch it during an afternoon when the phone lines are quieter, this way it gives Reception time to learn the new skills they need. We would be looking to launch, officially, the week of the 12th November as this is Patient Self –Care Week. It will only be once reception is more confident in their skills that we would start Care Navigation on a Monday mornings. Chris explained that to some degree we already do this, it is just about reaffirming what they already know. We will also, only be using Care Navigation via the phones at first, not at the front desk at this time.

Deb asked if online appointments are excluded from this service. Joanne informed the Group that other Practices have switched on mandatory comments within the appointments system; this means that the patient has to give a reason for the appointment. If the patient puts something in there then it may be possible to offer them another choice of service therefore freeing up more GP appointments. The patient will still have the choice to put 'no comment' or 'personal'.

Rita wished to point out that she has already been offered the choice of going to MSK and she found it all worked very well. She has already been seen by them, had a consultation, letter and phone call and now MSK are working with her GP, so she found it excellent.

6. Flu Clinics:

Joanne informed the Group that we are currently advertising our 3 Saturday morning flu clinics and would like to ask if any of the Group would like to get involved as they did last year. She explained that due to different vaccinations it may make it hard for them to direct patients to rooms as they did last year, but we are trying to launch a new app that they could help to promote.

The app should make it a lot easier for patients to use and can easily be added to their phone, when they are asked a question by the Practice it is a simple X or Y answer, so there should be no confusion regarding answers. We want to encourage patients to use the app as it is a smarter way for us to send out messages to everyone we have mobile numbers for. We already have 500 patients signed up to it, but we would be grateful if any members could help to promote the app during the flu clinics. Ann asked if the app was free, Joanne explained that yes, it is. Ann felt that that does need to be emphasised.

If anyone interested could let Sharon know prior to the dates and give times and dates of when available.

7. AOB:

- a) GP Extra - Syd explained that he had been to the PPG Plus meeting and they discussed a lot about GP Extra, he passed some leaflets to the Group. Joanne

explained that we have also discussed a lot about this service in the Group meetings and that the service began when guidance suggested that all GP Practices should open 8am – 8pm. GP Extra was a way for all surgeries to come together to provide this cover, Heath Road is simply the location and it is there for all patients within Runcorn, there is also the same service within Widnes. All GPs from Runcorn Practices can volunteer to cover clinics at GP Extra.

- b) Urgent Care Centres – Harry wished to inform the Group that he had information that states the Urgent care Centres within Runcorn and Widnes will be changing their GP Provision to only 6 hours per day, which will be 12-6pm.
- c) Duty GP – Joanne explained to the Group that each day a GP covers a duty day where they triage any patients that say they need an appointment for that day. One of the GPs feels that Reception could be asking more questions prior to putting them on the duty list, so they have devised a question sheet that Reception could use. Reception would ask questions such as:
 - 1) Who is calling?
 - 2) What help is needed?
 - 3) Length of time they have had the symptoms?
 - 4) What have they already tried?
 - 5) Can it wait a few days or is it urgent?
 - 6) What help are they looking for?

Joanne asked the Group how they would feel, as patients, being asked those types of questions by Reception. The Group felt there were far too many questions and they would expect those questions from the GP, but not Reception.

Date of next meeting:
Wednesday 7th November 2018
4pm – 5pm