



# Grove House Partnership

## Patient Group Meeting: 12<sup>th</sup> January 2022 Via Zoom

### Attendees:

Syd Broxton (PPG)	Sharon Hearty (PPG)
Ann Turner-Culverhouse (PPG)	Joanne Cripps (BM)
Alan Smith (PPG)	Kirsty Kendrick (DOPM)
Nancy Alexandra (PPG)	Sharon Williams (Admin)
Beryl McWhan (PPG)	

### 1: Apologies:

Tony Hayes (PPG)	Deb Kelly (PPG)
Ted Rawlinson (PPG)	John Martin (PPG)
Terence Watkinson (PPG)	Lianne Wilson (Admin)
John Timms (PPG)	
Roy Brown (PPG)	

### 2: Actions from previous meeting:

**Suggestions on improving access** – Syd had a query regarding the paragraph from the previous meeting:

*Out of the 121 patients re-surveyed, 31 of those patients gave us comments and it shown that a high majority wished to have face to face consultations. Joanne explained that she feels they are trying to say that they wish to be able to book their appointments with a GP, as they did pre-covid, rather than it just being about a face-to-face appointment.*

Joanne explained that this was about a patient being able to book an appointment with their GP directly and not via our current triage system. At present the GP who is triaging decides the best course of action for the patient, but some patients would prefer to be able to directly book a GP appointment, as they did prior to covid, either via the Reception Team or the Patient Access app.

Syd explained that he thought it was the Care Navigators who triaged all calls and e-consults. Joanne explained that there are two stages, the first is where the Call Navigator will try to direct the patient to the best service for them, for instance, if they need to be seen by a Practice Nurse, then the patient would be booked in for an appointment with them. If the patient needs to see a GP, then they would be put on the triage list for the Duty GP, who would then decide on the most appropriate course of action for the patient.

Syd felt that the average wait time of 2.5 days, to see a GP, is better now than what it had been in previous years. Joanne explained that pre-covid, the average wait to see a GP for routine care was an average 8 days. Now that we have the triage system in place, the average wait time of 2.5 days which is a significant improvement. Sharon H agreed that this was a really big improvement. Joanne explained that the triage system is not for everyone as they cannot directly book their appointments, but it means a GP is looking at the detail and

making the best decision in the interest of the patient and the many requests. It about the right time and person as soon as possible. Many health care needs are handled on the same day.

Joanne informed the Group that there are Practices that want to move away from a triage system and the CCG have said that Practices may consider how they want to amend the way of working. Our Partners feel that the current system is working well, but we will review the access survey with PPG and work with the action plan to make continuous improvements.

**Call Data** – Joanne explained that we are still working on the data so we will discuss this at the next meeting. The Group asked, what is the average amount of daily e-consults we receive, Joanne informed them that on a Monday the average is 110-150 requests that will go through to the Duty GP.

**Action: to bring forward to next meeting.**

**Pharmacies** – The Group wished to discuss the local Pharmacies and that going to them is not working if you have more complex health needs. Joanne explained that NHSE are currently trying to engage Pharmacies more, mainly for one off health problems such as thrush in women. The directive from NHSE is that they are trying to step Pharmacies up as an upfront choice, prior to contacting the GP surgery. Syd felt that Pharmacies are good when it comes to explaining medications but trying to get advice can prove more difficult.

Sharon asked if there was possibly a list of issues that the Pharmacy can deal with, so that we are making people aware of what they can go to the Pharmacy for and maybe add onto social media. Joanne explained that we are waiting for communication regarding this, as soon as this becomes available, we will share on social media, our website and possibly an MJog message too. The Group asked what MJog is, Joanne explained that it is a piece of software that we use to send text messages out to patients. We currently have 70-72% of accuracy in mobile numbers, so we do still send letters out as well as the text messages.

**Grangeway Pharmacy** – Alan wished to discuss the issues that people are having with Grangeway Pharmacy and the problems Pharmacies seem to be having, especially since the closure of Lloyds Pharmacy. He feels that there is a very high turn around with staff at the Pharmacy and most days there is a queue of up to 30 people waiting outside to get their prescription. The Pharmacy has reduced their opening hours to 9am-12pm and 3pm – 5pm, there seems to be a lack of organisation, prescriptions are never ready, and you can be waiting for 2 hours outside, then another wait while your prescription is made up. Alan explained that he is concerned that if an urgent prescription is sent to the Pharmacy, the patient may not be able to get their prescription urgently.

Joanne explained that we have been made aware of the staffing issues at Grangeway and we have had patients ring us to complain about the Pharmacy. No prescriptions can be dispensed unless they have a Pharmacist is on site, they are using Locum Pharmacists at the moment. Patients can ask for a token and go to another Pharmacy or they can change their nominated Pharmacy.

Joanne explained that we have very little influence with the matter, our GPs are aware of the situation, so they will not use them where urgent medication is being issued. The LMC and Medicines Management are investigating the matter.

**Named GP** – Syd asked if the named GP is still in operation, as he has not actually seen his named GP once. Joanne explained that yes, it is, back in 2012/13 the Government wanted Practices to complete a programme where they contacted each patient to inform them who their named GP was, but they quickly realised that it was not working, and it was a big task

especially as it would be ongoing for all new patients. Sharon felt it was a very unrealistic programme.

Joanne explained that Reception will inform you who your named GP is, but your named GP does not have to deal with all your requests, what it means is that all your paperwork, such as hospital letters, will go to them. The named GP is accountable for the patient's records.

**Pre-arranged Phone Calls** – Syd expressed that he agreed with Ann about the waiting around all day for a GP to call and it is not the best system. Joanne explained that this has been added to the survey action plan, so we can discuss this more once the Group have read the action plan.

**Action: Sharon W to circulate the action plan to the Group, so it can be discussed at the next meeting.**

**Phlebotomist** – Beryl asked if the Phlebotomy service would be coming back to the Practice. Joanne explained that there has been a meeting to discuss this, but the service is under resourced and they are currently trying to recruit, and it will be discussed again at the next meeting that is scheduled for the end of March.

Joanne informed the Group we have managed to provide a Phlebotomist for half day per week, for some additional funding. Also, our GP Assistants, have completed a Phlebotomy course and they will be setting up a clinic too. There will not be as many appointments as we had when the hospital Phlebotomy service was within the Practice, but there will be some appointments slots most days starting in February.

**Staff** – Syd asked what determines how many GPs and staff the Practice has? Joanne explained that there is a formula on NHSE that allows you to calculate what the full time GP equivalent is for our patient list size and then we employ from those calculations. At current we have 3 full time GP's and the others are part time, but in total the full-time equivalent is 9.25 GPs for our Practice size. Along with Salaried GPs, Advanced Nurse Practitioners Practice Nurses, Health Care assistants, GP assistants, Admin, Reception etc, we currently have 57 members of staff.

### **3: Survey Action Plan:**

Kirsty shared the action plan on screen, but the Group would like more time to study it, so Sharon will send a copy of the action plan to the Group and then this will be discussed at the next meeting. If the Group wish to send any comments to Sharon prior to the meeting in February, we can then add them into the plan before the meeting.

**Action: to bring forward to next meeting.**

### **4: Meeting Dates for 2022**

With hospital admissions rising due to covid, it is felt that the February meeting should be via Zoom and then at that meeting we can discuss what do going forward. The Group all agreed and were happy with the meeting dates for 2022.

### **6: AOB**

**GPs** - Joanne informed the Group that Dr Sarah Hayes will be leaving the Practice to take up a new post. We are still looking to recruit another GP plus another Advanced Nurse Practitioner, but we do have locum cover during this time.

Dr Helen Bate has now joined the Practice and is settling in. Dr Clio Smyth is pregnant and will be going on maternity soon, but Dr Williams returns to us from maternity leave in February.

Dr Wilson has now reduced his sessions as part of semi-retirement and will be focusing more on minor surgery. He will still be a Partner at the Practice and will also work in other areas such as the Federation, he will be in the Practice one day per week and will officially retire in 3 years.

**Vaccinations** – Since the Government made changes in December all Practices have been pulled back in to do covid booster vaccinations and we are about to start 5-11 year old's with underlying health issues.

Our staffing levels are doing ok, considering we have had staff off with covid or staff are having to isolate with their children. All in all, we still have a good balance of services across all areas.

We are still doing flu vaccinations and especially aiming at over 65s who have not yet had their vaccination done. The uptake for this age group having their flu vaccination is lower than in previous years and they still need to have this to protect themselves, especially with hospital admissions being at their highest due to covid.

**Date of next meeting via Zoom:**  
**2<sup>nd</sup> February 2022**  
**4 – 5pm**