



Grove House Partnership

Patient Group Meeting: 13th April 2022 Via Zoom

Attendees:

Syd Broxton (PPG)	Joanne Cripps (BM)
Anne Turner-Culverhouse (PPG)	Dr Wilson (Senior Partner)
Beryl McWhan (PPG)	Toni Johns (Admin)

1: Apologies:

Alan Smith (PPG)	Nancy Alexandra (PPG)
Tony Hayes (PPG)	Deb Kelly (PPG)
Ted Rawlinson (PPG)	John Martin (PPG)
Terence Watkinson (PPG)	Kirsty Kendrick (DOPM)
Sharon Hearty (PPG)	Sharon Williams (Admin)
Roy Brown (PPG)	Lianne Wilson (Admin)
John Timms (PPG)	

2: Actions from previous meeting:

Covid Boosters – Following on from the discussion in the last meeting; Syd is still finding the information on the covid boosters confusing. He has received a letter from the National Health to book his booster, but when trying to book he found that the nearest vaccination site is at Manor Park. Joanne confirmed that the larger sites like Heath Park and Manor Park have been doing the bulk of vaccinations and we have been referring patients to them for quite some time. She explained that he has been unable to book with the Practice as we have been waiting for a delivery of the vaccines; but Joanne can confirm that we have now received stock.

Joanne explained that the guidance for patients is that 182 days must have passed since your last vaccination. We have approximately 1300 patients over the age of 75 who will be eligible, about 150 of those patients are becoming due and we have started to send letters and text to those patients to invite them in. The advice for our patients is to wait for a letter or text from the Practice if they don't want to attend one of the larger vaccination sites.

Beryl had some concerns as to why patients are receiving text invites from NHSE, when they haven't quite reached the 182 days since their last vaccination. If patients, then go on to book online before they are due, they will be turned away when they arrive at their appointment. Joanne explained that we as a Practice have no control over the texts sent from NHSE as they will be sent from a central line.

Goals for 2022

Anne raised a personal issue around GP communication regarding medical matters. Joanne will look in to this separate from the meeting and feedback her findings to Anne. She will also address any communication issues that arise from the investigation.

Brought Forward: Alan felt that the newsletter was good, not too over the top, but maybe produce a follow up in a month or so, to keep patients well informed of what restrictions still apply.

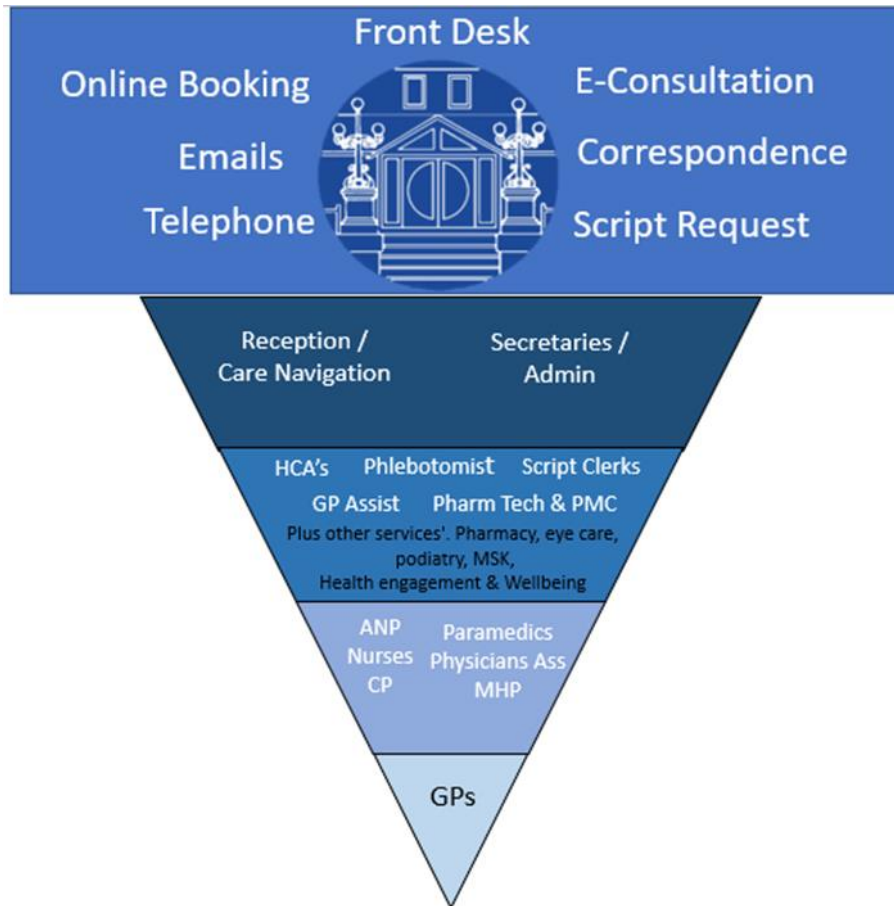
Action: Sharon to look at producing a further newsletter in April.

Brought Forward: Nancy felt that it might be useful to see a comparison list as to how we now work against how we worked prior to the covid pandemic.

Action: The Practice will look into providing this information.

3: Your Practice

Joanne shared the following 'Access GP Model' on screen.



Joanne talked through how the model works starting with the different forms of initial contact. The assumption is that a patient contacts Reception and it goes straight to the GP. What we are showing in the model is that we are a full Practice Team and the different team members that may deal with requests/conditions, before, or instead of being seen by, or dealt with by the GP.

As seen in the Practice over the last few years resource is shrinking and it has become impossible for a GP to deal with everything within the Practice. It was advised that Practices bring other roles in so that patients can access care and clinicians, and not depend on going straight to the GP.

The access model will mean that our GPs have the time to focus on patients who have more complex needs, such as long-term illnesses or chronic diseases that may need dedicated care. Dr Wilson did highlight that some conditions, such as breast lumps, may bypass other team members and go directly to a GP or ANP for examination.

Dr Wilson explained that one third of GPs in the UK are looking to retire in the next 3 years because they feel burnt out. We as a population/community must accept that healthcare will be different in the future.

Dr Wilson shared Scotland as an example, their GPs focus on 4 areas:

1. Complex chronic disease
2. EOL
3. Palliative care
4. Complex differentiated care

There is a lot for us to do before we get to this position, but in time, the model will make us more efficient.

Syd agrees that the model is good but does feel that there is a problem seeing any clinician within the model at the moment. Dr Wilson explained that we are still in the tail of covid which is causing staff shortages due to covid absences.

Following on from Syd's comment, Joanne went on to share some data on appointments during the month of February 2022:

- 3,498 GP appointments were utilised – with a DNA rate of 1%
- 3,000 ANP appointments were utilised – with a DNA rate of 2%

These figures do not include Nurse, HCA, or GPA appointments

Joanne explained that it is not a lack of appointments, but rather the demand for appointments is high. Covid rates are higher than ever at the moment, but self-care at a Pharmacy may increase as patients start to become more confident in going out. At the moment, it is just an instant call to the Practice on the day, so it is important that patients are not accessing the wrong services for their issue.

Anne also highlighted the cuts to the NHS. The population are beginning to lose faith in the NHS and especially GP Practices. She feels that it is important to share the above information with the patients.

Joanne advised that we do aim to share the model on social media, via the website and leaflets. We also need to decide how the Care Navigators can help patients understand the model when they call, and we would welcome any other suggestions from the Group to get the message out to patients. Anne suggested advertising that we are a Health Centre with a full Clinical team and no longer just Receptionist and GPs. She also thought we should consider changing the name to Grove House Health Centre.

Action: Group members to offer other suggestions on how we share the access model to patients.

Joanne also mentioned that due to phlebotomist shortages we have seen a reduction in hospital phlebotomy appointments available to our patients. Because of this we have provided our GP Assistants with phlebotomy training, and they are now holding clinics in Practice to reduce waiting times.

Syd asked what the role of the Script Clerk involves if prescription requests are sent electronically via patient access. JMC advised that those sent electronically will go straight to the GP, but requests received by another method are added to the system by the Script Clerk for the GP to authorise. They also deal with queries and rejected requests.

Syd asked why they need to go to a GP for authorisation? Joanne explained that all prescriptions must be authorised by a prescriber. GPs, along with some ANPs and Nurses can also prescribe.

Dr Wilson talked about repeat dispensing. Patients on repeat dispensing can have their medication authorised for up to 1 year. They would only need to have a medication review once a year and the request is automatically sent to their nominated pharmacy each month. The Group feel this is something we should publicise so patients can request to do this.

Action: Practice to look at advertising Repeat Dispensing.

Dr Wilson left the meeting - Syd thanked him for joining.

Syd read that Primary Care is changing and that GPs aren't always specialised in all areas of healthcare. Joanne explained that this is partially correct. For example, we now have a Mental Health Practitioner, who would be more suitable than a GP for mental health needs. Syd was happy to hear about this new role in the Practice as he feels mental health is being taken more seriously with this dedicated role.

Joanne also mentioned that a Practice Nurses have the experience and the time to review diabetic patients, the Nurse is more suited to look after those patient's needs.

3: AOB

Care Navigator Feedback – Both Anne and Syd said that the Care Navigators are lovely. Syd feels they are very helpful, and their knowledge is second to none.

Admin requests - Anne mentioned that she is able to leave a message when she contacts her hospital consultant. Is this something we can do at the Practice? Joanne advised that a patient can contact the Practice at any time and ask to speak with one of secretaries. They can also use econsults to for admin related issues; they are added to an admin template and picked up by the secretaries during the day. The Group think that we should advertise this as many patients may not be aware they can do this.

Action: Practice to look at advertising admin econsults.

Meetings – Joanne explained that the Practice is not comfortable moving back to face to face meetings just yet and recommends that the Group continue to hold the monthly meetings via Zoom. This is mainly due to the high rate of covid infections being reported at this time. Although rules have been lifted for the public elsewhere, the safety guidance within Health Care settings has not changed and we have to continue to be precautionous. The attendees of today's meeting agreed.

Date of next meeting
(Via Zoom)
4th May 2022
4 – 5pm