

Grove House Partnership

Patient Group Meeting: 15th June 2022 Via Zoom

Attendees: Syd Broxton (PPG)

Anne Turner-Culverhouse (PPG)

Alan Smith (PPG) Nancy Alexandra (PPG) John Timms (PPG) Joanne Cripps (BM) Kirsty Kendrick (DOPM) Sharon Williams (Admin)

Julie Knight (PPG)

1: Apologies:

Tony Hayes (PPG)
Ted Rawlinson (PPG)
Terence Watkinson (PPG)
Sharon Hearty (PPG)
Roy Brown (PPG)

Beryl McWhan (PPG) Deb Kelly (PPG) John Martin (PPG) Lianne Wilson (Admin)

2: Actions from previous meeting

Access Model – Joanne explained that we are working on this within the Practice, and we have a Practice away day next week, where it will be discussed. We can feedback any information to the Group at the next meeting. We will also be promoting Clinician roles via our social media to give patients some further information around what each role does within the Practice.

Paramedic Practitioner – We have called the role a Paramedic Practitioner, so as people do not assume he is a Paramedic with the ambulance service. Currently, he has been doing on the day Home Visits and then will liaise with GP to decide on a course of action. Marcelo has also been looking at our frailer patients to see where he can help and to prevent hospital admissions. Unfortunately, he has contracted covid, but should be back next week.

Blood Tests – We still have no Phlebotomist in the Practice from Warrington Hospital. We are being told that they are still recruiting for the role. Grove House has invested in training up staff to take blood tests and we have clinics on throughout the week, where every clinic is full to capacity. Ann explained that Halton Hospital is appointment only. John informed the Group that Warrington Hospital do have plenty on appointments that do need to be booked also.

Walks for Health – John informed the Group that numbers for the walks are going up and they had 9 last Friday. The Practice does promote the walk on a weekly basis via social media. The walks start at 1pm outside St Pauls Health Centre.

3: Access to Treatment Rooms

Alan and Nancy discussed the recent troubles they had trying to access the Treatment rooms, they explained that they could never get through to anyone via the phone and by the time they did her dressings were changed a day later than they should have been. Joanne explained that the Treatment rooms are run by Bridgewater and that this is a Community

service, we do not have access to their booking system. The service has recently had a change in Management, and everything is currently under review. If they wish to, they can contact them regarding the service they have received.

Post meeting note: To inform Bridgewater of the issues they have had with the service this is the link to use: https://bridgewater.nhs.uk/aboutus/patientservices/

4: Communication between Hospital and GP's

Alan and Nancy discussed their recent problems that arose when Nancy needed treatment. They had been told by their GP that they should attend the Urgent Care Centre for the treatment she needed. Once at the Urgent Care Centre, they waited 6 hours to be told that there was no treatment being offered, only advice, due to staffing and were advised to attend Warrington A&E where they had to wait another 6 hours to be seen. Alan felt the waiting times is due to people in the community, believing that it is a waste of time going to their GP, so they go straight to Warrington A&E, they are simply cutting out the GP now and it is affecting the patients at the Practice.

Joanne agreed that is does appear people are now attending A&E for whatever they want and not using the other services available to them. Ann felt that they were using the current chaos as an advantage and ignore where they should be attending. Joanne informed the Group that all the Practice's urgent on the day appointments are fully utilised and so is GP Extra. The demand is currently greater than ever at this time and the correct services need to be utilised.

Joanne explained the Urgent Care Centre and how it works is currently under review, as at the moment is very much Nurse led. They will be under the new One Halton, where Dr Wilson is part of the board, they will be looking at the centre and how it could be run more effectively and how it is staffed.

Action: Joanne will pass on the comments raised here to Dr Wilson, so they can be discussed at One Halton.

Syd wished to say that in meetings, the Group highlight these types of problems, but then they do not get a written explanation, or someone present at the next meeting to explain the answers to these issues. Joanne explained that these are bigger issues and need to be taken to a PPG Plus meeting, where things are discussed on a higher level, as the CCG is present. Joanne continued by informing the Group that the CCG will end on 03.06.2022 and become an Integrated Care Board across all of Cheshire and Merseyside. It will be made up of 9 Boroughs, one if which is One Halton. As previously explained, Dr Wilson is on that board, and they do want to improve services. Joanne explained that it is not always possible to bring someone to the meetings, but we do provide feedback within the minutes.

5: Podiatrist services

Alan asked if you can self-refer to the podiatry services or is it GP referral only. Kirsty explained that over 18s can self-refer, but not children. To self-refer to the services or for more information, this is the link to use: https://bridgewater.nhs.uk/haltonsthelens/podiatry/

6: Difficulty for patients with Self-referral services

Alan explained that very often, when you are self-referring to MSK, there is a 10 week wait before someone phones to make an appointment for you. He asked if the GP is able to speed

up this process. Joanne informed him that no, MSK treat a GP referral, or a self-referral like for like. She explained that though, that MSK are looking to temporarily remove the self-referral process, as the demand for the service is nearly double the capacity of appointments available.

They have said they will ask GPs to refer the patients who need the service the most and then the GP to manage anyone else, such as sending patients for x-rays. This means that this workload will end up back with the GP and there are limits as to what the GP can do for these patients. They looking to employ more staff and have asked for more funding, but we have said that if we provide the funding, then we need a physiotherapist within the Practice, who will see those patients first to assess them.

7: AOB

Health Improvement Team – Julie asked for some information on the Health Improvement Team and what their service provides. Joanne informed the Group that it is run by Public Health England, and they deal with general health checks for those with chronic health issues, along with services such as smoking cessation and IGR, which is pre-diabetic check. If they feel someone needs to see a GP, then they will send information to us.

Covid Boosters – The Group discussed the autumn covid boosters, which will be going ahead for over 65s and under 65s in a clinical at-risk group. Joanne explained that she is unsure if the Practice will administer them or it will be at a mass vaccination centre, she asked their Group on what their preference was. Most of the Group felt that the mass vaccination centres, and the Pharmacies did a good job last time, but Alan had a bad experience of having to wait a long time in the rain.

Joanne explained that the mass centres did get better over time and as soon as she has any updates on the vaccinations for autumn, she will inform the Group. Due to the demand being what it is, she feels it is better to be at a mass clinic or Pharmacy, so that the Practice can concentrate on all the other services and the flu vaccinations.

July Meeting – Joanne asked the Group how they felt about having a face-to-face meeting in July. The Group agreed to have a hybrid meeting, where some can come into the Practice if they wish to, and some can join through zoom.

Date of next meeting
(Hybrid meeting)

6th July 2022
4 – 5pm