



# Grove House Partnership

## Patient Group Meeting: 7<sup>th</sup> November 2022 Hybrid

### Attendees:

Syd Broxton (PPG)  
Alan Smith (PPG)  
Nancy Alexandra (PPG)  
John Timms (PPG)  
Sharon Hearty (PPG)

Julie Knight (PPG)  
Joanne Cripps (BM)  
Sharon Williams (Admin)

### 1: Apologies:

Tony Hayes (PPG)  
Ted Rawlinson (PPG)  
Terence Watkinson (PPG)  
Roy Brown (PPG)  
Deb Kelly (PPG)

John Martin (PPG)  
Roy Brown (PPG)  
Lianne Wilson (Admin)  
Kirsty Kendrick (DOPM)

### 2: Actions from previous meeting

Cancellations - Syd asked if there were any updates on how DNAs (did not attend) were going. Sharon explained that she had not yet prepared the figures for October, but as soon as she does, she will share with the Group, and they will go into the monthly newsletter. Joanne informed the Group that we had received some negative comments on Facebook regarding the DNA rate, so for posts such as these we will turn off the comments facility.

**Post Meeting Note:** During October 2022, **237** Appointments were lost as patients did not attend (DNAs). This took away **49 hours** of lost Clinician's time.

PATCHS – Syd explained that he is still unsure about PATCHS as he tried to view the video but could not. Joanne informed him that Sharon will be showing the video during the meeting and this will show how it works for patients. Joanne explained that we have more communications coming through and we will share it with the Group as we receive it. PATCHS will replace our current e-consult software. It will be released this month, but it is too soon for our Practice to begin using it, as we feel we need to prepare correctly, putting out the correct communications for patients and staff will need to be trained. Due to those factors, we feel it will be post-Christmas before we switch over, possibly around February time, after the winter pressures have eased.

### 3: PATCHS:

Sharon shared the PATCHS video with the Group.

[22 06 01 Lancashire and South Cumbria ICS demo video - YouTube](#)

Joanne explained that this new software should be easier for patients to complete, it is more interactive as it uses AI and there is less for a patient to fill in. Syd asked, how long will the process take once the form is submitted. Joanne explained that once the patient has submitted the form, it will go to the GP to be triaged the same day, the process for the Practice will be the same as it is now with e-consults. The software will pick up on any red flags, such as Chest pains, and inform the patient they need to call 999 or go to A&E.

If a patient mentions a symptom such as eye problem, then PATCHS will pick up on this and may inform a patient that they should go to Specsavers, or it may send them a leaflet giving advice. The whole aim of this is to save the Practice and the patient time, by the software receiving all requests and applying the correct action for that request, getting the patient to the right person / service from the start.

Sharon felt that the way things have been running using this type of technology has been quite successful, and it can only make things better, people need to accept now, that this is how it is, it is coming from higher powers and will work for a lot of people. Joanne explained that there are some that will never interact with it, but then they will come through to us on the phone and our reception team will help them. The Practice no longer has a choice about having e-consult in place, it is part of our contract and must be an option for patients.

Joanne explained that we do have e-consult feedback each month, last month 70% said that they are happy with to use it. 86% of those who used it, were contacted by the Practice within the 48 hours' time frame. For the working person it can be very useful, and we do now need to cater for the many.

Nancy asked if there was any way it could be set up on an iPad, so that the Group could help with giving people a demonstration of the new software in the waiting room. She felt that if a person is shown it, it may help them, rather than struggling on their own. Joanne agreed that we could look at this and it could be future project for the Group.

**Action: Look into using the iPads to show patients PATCHS and how to us it.**

Joanne felt that we need time to think about how it would work, plot things in and possibly look at having stands where patients could be shown, but it may need to be done somewhere more private than the waiting room. We could send text messages out inviting patients to come down and send a link to the video. Joanne explained that we will lose e-consult at the end of March, so we will need everything in place by then.

Joanne explained that we have had a few staff changes within our reception team, with some leaving for different career paths, and this is impacting the team due to shortage of staff. We are currently recruiting, but we do not want to be adding more pressure to staff with extra training for PATCHS. Once everyone is more settled, we can then focus on training. Sharon felt that the text message the Practice sent out regarding staff shortages was nice and sounded good.

#### **4: Group Size / Virtual Group / Format:**

Joanne explained that due to the loss of some Group members, along with other members not responding to our contact over the past several months, the Group needs to look at recruiting new members. The current members may come back now everything is settling down and we do have our regular members attending with the hybrid approach, but we need to have a good number of patients involved. We are looking to re-start the Virtual Patient Group (VPG), now we are over the pandemic, the VPG would expand numbers and give more patient views.

They would be able to read the minutes from meetings and send their comments in for the hybrid meetings. We could look to send text messages out, asking if anyone would be interested in joining the VPG or the Patient Group. The Group agreed it would be a good idea to resurrect the VPG, as some are not able to attend the hybrid / face-to-face meetings. It was felt that we could look to restart the VPG on the New Year.

**Action: Sharon to look at how we can restart the VPG.**

New Vice Chair role - It was agreed that Sharon will send out an email asking if any of the Group members are interested in putting their name forward for the role. Once this has happened, then we will send out an email so the Group can vote.

### **5: Ideas for Future Group Projects:**

It was felt that one project could be around the Group in assisting the Practice in helping patients to understand PATCHS. It was agreed that the Practice could provide them with badges, so that patients know the Group members are there to help and inform them of the benefits of PATCHS.

Joanne felt that the Patient Group board also needed a refresh, so Sharon will look at doing this, but we need the Group to look at what we could put on it. We want it to have the right information, that will be of use to patients. The Group photo may also now need redoing.

**Action: SW to look at refreshing the board and look at Group photo.**

Alan mentioned that maybe the Group could talk to friends about what they feel works at their own Practice and what does not, look to get ideas from a greater area than just Grove House. He felt that also we need to look at what people get out of the triaging service and then put it in a language that people will understand. Joanne agreed that if we could gather patient ideas rather than complaints that would be good, it may be something they have seen at another Practice and could work at Grove.

Alan felt that the Group all have individual strengths, and they could bring those to the table to help the Practice, but maybe we should also ask the staff if there is anything they feel the Group could help with. Joanne explained as a project we could look to put on a small event where we get other services coming in, we have done this previously and each service had a small stall. This is something the Group could help to organise, help us to make it happen. The Practice could send out messages and possibly target a list of patients.

The Group could look at putting together a list of businesses we could invite in, such as:

- Carer's centre
- Wellbeing
- Age UK.
- Halton Blind association
- Halton Watch

We could start preparing now and hold the event next Spring. If we build up a list of services now, then we can invite them in next year. If there are too many services to bring in at once, due to our lack of space, we could maybe hold an event every 3 months.

### **6: AOB**

Nancy wished to say that she had come down to the Practice to have her flu vaccination and it all went so well, it was well organised, and she thought it was fantastic.

**Date of next meeting**  
**(Hybrid)**  
**7<sup>th</sup> December 2022**  
**4 – 5pm**