



Grove House Partnership

Patient Group Meeting: 5th April 2023 Hybrid

Attendees:

Syd Broxton (PPG)
Alan Smith (PPG)
Nancy Alexandra (PPG)
Tony Hayes (PPG)
Anne Findlow
Diane Mercer
David Colleavly
Rae-Ann Roberts

Julie Knight (PPG)
Dan Benatan
David Jameson
Siobhan Chadwick
Stephen Lancashire
Joanne Cripps (BM)
Sharon Williams (Admin)

1: Apologies:

Ted Rawlinson (PPG)
Terence Watkinson (PPG)
Sharon Hearty (PPG)
Kirsty Kendrick (DOPM)

John Martin (PPG)
Roy Brown (PPG)
Deb Kelly (PPG)
Nic Comer (PPG)

Syd and Joanne welcomed new members, with everyone introducing themselves. Joanne explained that Kirsty Kendrick, our Practice Operational Manager, will also attend meetings and from time to time we invite GPs / Clinicians if they are needed. Joanne expressed that we are very happy by all the new members joining us, we understand that not everyone may be able to attend each meeting, but we hope that now we have hybrid meetings, this may enable some attend via zoom if not in the practice.

2: Actions from previous meeting

Syd explained that it was not himself who mentioned the signing in book, but it has now been replaced.

No further actions for discussion.

3: PATCHS:

Syd and Diane explained that they have had issues trying to log into PATCHS, since the Practice went live on 03.04.2023. Joanne informed the Group that we have been having some teething issues and at the moment we do not like it as much as e-consult, we feel there are not as many safety features in this software. We have had comments from patients, and they seem to like it, as there are not as many questions and it is a shorter format, but from clinical processing and safety side, we are unsure.

Joanne explained that we have slightly lowered the number of PATCHS requests we can receive in a day, as we are currently trying to adjust to the way we work with it, so it may go off once the quoter for the day had been reached. The patient can still then phone the Practice and even though there may not be any appointments for our receptionists to book, if the symptoms are urgent, then the request will go through to the duty GP. We have had patients saying that they are unable to get through on the phone, but this is because it is

taking the Receptionists a little longer due to the newness of the software. We want to emphasise that the Practice is not closed once PATCHS goes off for the day, but our phone lines are busy.

Joanne explained that, as the Group can see from all the planning in the common room, we have been working hard to make sure the changeover runs as smoothly as possible. The system does an audit by itself, and we plan to review how it is working after Easter, but we do discuss it each day at the GP meeting. We will then continue to review it every 4 weeks as the report will show us trends. The next stage will then be to have an audit sheet, we are currently using an issue log to show us any problems that may arising.

Queries by Group:

- Dan used PATCHS today and an observation he had, was that it may be good to highlight information about GP extra, such as their telephone number. Joanne explained that it is designed by PATCHS, and we cannot amend it, but we do have a yellow section at the top of the screen, which informs a patient when PATCHS is switched off, so we may be able to add something there.

Post meeting note: Joanne has now added this information to the yellow banner.

- Dan felt that it may be useful to let people know, that they will have the opportunity to edit their answers to questions at the end, before they submit their request. Dan explained that he would be willing to talk more to the people who designed PATCHS about issues if this helps, as any current patient feedback comes to the Practice, not a central location.

Action: Sharon will see if we can add some wording around this or promote this information.

- Syd asked what happens if a patient is not I.T, literate? Joanne explained that all methods are available. For patients who do like to submit an online request, this is switched on at 8am every day and is open until the slots for that day have been filled. For the patients who prefer to telephone to make a request, they can call Reception who will take their details, they can this from 8.30am and for those patients like to walk down and ask at the front desk, the building is open from 8am.
- Dan explained that he called the Practice on Tuesday afternoon, spoke to a receptionist, who informed him that there is nothing they can do that day and to try PATCHS again tomorrow. He felt that this is simply being referred back to PATCHS each day. Joanne explained that the Duty GP will try not to stop PATCHS requests and will do what they can until 6.30pm. If the GP does say no more, than the there is no more for Reception to offer. The GP will link in with Reception, as for example, on Monday morning we had 126 requests, so unless it anything came through as urgent, they felt they could not treat any more as it is then about safety.

If the patient explained that they are unable to use PATCHS then they would be asked to call back the next day. If the issue was minor, then the Receptionist may navigate them to the Pharmacy. If it was a possible infection or crisis, then the Duty GP would look at the request.

- Stephen felt that we need to consider that people who are not getting through to the Practice and are not getting their care. We need to find a way to ensure that people are getting through and to try and find out how are not. Joanne agreed and explained that we do not measure undealt with needs and that we can no longer meet demand as it is too extreme, along with a shortage of GPs. There has been a lobby from the BMA

around funding for more Clinicians, we probably have one of the largest teams and we still cannot meet demand.

We would assume that if a patient cannot be seen within the Practice, then they would go to the Urgent Care Centre or A&E, Joanne explained that we do not want this, but the capacity is too high. Syd felt that the people are now seeing GP Practice as a referral service, and that you are simply passed onto another service. Joanne informed the Group, that Reception has a pathway to follow, and you may be referred when you need a more expertise point of care such as a specialist, if a GP can care for a patient, then they will.

Joanne wanted to reassure the Group that the 2-week fast track system is still in place, is anything cancerous is suspected. This means that you have to be contacted within that 2-week period and offered an appointment.

Joanne explained that the Receptionists do not book appointments, the old-fashioned way, they will take the details and try to navigate to the best option for the patient. If the patient has an issue with their eyes for example, then they would be directed to Specsavers as they may be more able to deal with that issue. If the eye was showing infection, then it would go onto the list for the Duty GP. We do not have a booking system, it all goes through triage and a decision is made by the GP, who is the best person to determine what the best course of action is. This could be:

- 1) An on the day appointment
 - 2) A telephone call
 - 3) A text message for more information
 - 4) A routine / future appointment
- Stephen asked how we are supporting patients, especially educating the patient and giving out access information. Joanne explained that we have just put out a Q&A sheet explaining our appointments, consultations and care.
<https://www.grovehouse.co.uk/wp-content/uploads/pdfs/newsletters/practice-newsletter-information-on-appointments-march-2023.pdf>

This was sent out as a text message, put on social media, our website and we will look to send a letter out to those who we have no phone details for. We had a few responses via Facebook, so we will look to do a follow-up for these queries.

The way we currently work, those who need the more urgent attention are seen first, if we worked as we did before and open up all appointments, they would all be booked up straight away, meaning those who are more urgent attention may be missed. We have approx. a 50/50 split for pre-bookable and follow-up appointments, GPs can book in directly if a patient needs to be seen again. We are unsure if the proportion is split correctly, but we do not want to create an imbalance.

- Syd asked what is meant by AI. Joanne explained that both the Clinician and the Receptionist have tick boxes within PATCHS and each time these are used, the AI (artificial intelligence) is learning in the background. If it learns enough the request would bypass Reception and go straight to the GP. We have not switched this on yet, we wish to use the system for a few months then consider switching it on.
- Anne asked what training is given to the Receptionists for the triage system as it seems like a terrific responsibility. Joanne explained that Reception is the most important team, and all new staff have a 2-week induction plan. During this time, they

will not do anything on their own. For a further 4 weeks they will sit with a trained member of the team and have a someone shadow them once they actually start to do the job themselves. We have a structure that is there to support Reception, with the Operational Manager, Reception Manager and Senior Receptionists.

The receptionists have all completed training and information on how we direct patients to other services and if they are unsure or the patient says they still wish to see the GP, then reception would put this on the list for the Duty GP, so that they can decide what is needed.

Joanne informed the Group that we do have the ability to put development requests through for consideration with PATCHS developers.

Action: Sharon will resend PATCHS help that we have been producing to the Group.

Action: To follow-up this discussion and look to get Dr Manesso to come to the meeting.

4: Event Days:

Sharon explained that she has contacted services around mental health in Halton, with the aim to have our first open day May / June. So far, there has only been a response from Paula, who deals with health walls etc. Sharon will chase up the following services:

Wellbeing Enterprises
Dementia Connect Halton
MIND Halton
Veterans in Mind

Alan and Nancy would need it to take place before 20th June.

Paula Parle has availability in May, for 22nd, 23rd, 24th, 25th, 31st and most days in June, but not 13th, 16th, 30th.

Action: We will discuss again at the meeting in May, to decide on a date.

4: AOB

- 1) New NHS GP Contracts (AS) – Bring forward to May meeting.
- 2) Pre-bookable GP appointments (NC) – The Access Working Group, discussed whether we should go back to how we used to work pre-covid, but we believe that the GP triaging is the best and safest way to work. That is not to say, that we would not look to change this in the future. If a routine appointment is needed, then this request can be put through PATCHS and will be dealt with by the GP and Reception Team.
- 3) GPs Shown in Foyer – Syd mentioned that it looks like Dr Forde has left as her photo has been removed from the foyer. Joanne explained that we have not lost Dr Forde, she has just taken time off, but will return to us. Dr Helen Bate, did have a period of absence, then felt that she needs to take some time out for personal reasons, so she has left the Practice. We are finding that Practitioners are burning out because the current pressures are too high, and it is a trend that a lot of GPs want to work part-time rather than full-time.

Gill Thistlewood has now retired, but we still have two Advanced Nurse Practitioners, as Petra has now completed her training, so she joins Amy Catterall in the role, and our Paramedic, Marcelo, is still in place.

Tony asked if the GPs are covering the clinics of the ones on leave. Joanne explained that we are trying to do this, we do want to cover all, and we have put an ad out to recruit a new GP. We are also using Locum cover.

- Siobhan asked about the ARRS (Additional Roles Reimbursement Scheme) Role within the Practice. Joanne explained that we get these services through Mersey Care, and we currently have a Mental Health Practitioner, who we share with Tower House, who does 15 hours per week at the Practice, we have asked for more hours with this service. Physiotherapists are being recruited and should hopefully be in place soon and our Clinical Pharmacist is due to start in May.
- 4) Patient Record availability - Dan wished to discuss the availability of documents in Patient Access as he believes this could save GP and Reception time.
Action: To add to May agenda due to shortage of time.

Date of next meeting
(Hybrid)
3rd May 2023
4 – 5pm