



Grove House Partnership

Patient Group Meeting: 3rd May 2023 Hybrid

Attendees:

Sharon Hearty (PPG)
Tony Hayes (PPG)
Anne Findlow (PPG)
Dave Colleavy (PPG)
Norma Sherwin
Kirsty Kendrick (DOPM)
Joanne Cripps (BM)

Julie Knight (PPG)
Dan Benatan (PPG)
David Jameson (PPG)
Stephen Lancashire (PPG)
John Timms (PPG)
John Pitt
Sharon Williams (Admin)

1: Apologies:

Syd Broxton (PPG)
Nancy Alexandra (PPG)
Ted Rawlinson (PPG)
Terence Watkinson (PPG)
Anne Findlow (PPG)
Siobhan Chadwick (PPG)
Rae-Ann Roberts (PPG)

Alan Smith (PPG)
Diane Mercer (PPG)
John Martin (PPG)
Roy Brown (PPG)
Deb Kelly (PPG)
Nic Comer (PPG)

Joanne informed the Group that both Syd and Alan were unable to attend the meeting today, Sharon Hearty has offered to step in as Chairperson. Joanne welcomed the new members to the Group.

2: Actions from previous meeting

No actions were discussed, due to being on the agenda.

3: Event / Open days – Confirm Date and Services

Sharon explained that it may be ideal to hold our open day during mental health awareness and dementia awareness week, which is 15th – 19th May. After discussion, the Group agreed to hold the open day on Tuesday 16th May, covering from 9.30am to 3pm. Sharon will go back to all the services with the confirmed date to see who are able to attend.

The Practice will put out communications on social media, via text and letter, to those who may not have access to online communications or texts. John Timms agreed that he would come in and give out information on the walks for health, in Paula Parles absence.

Stephen asked about the Practice doing some outreach events, that may help some patients who do not engage as well with GP Practices. Joanne explained that most services do their own outreach events. There may be reasons, such as insurance, that may cause issues for us to be able to do outreach events, but it is something she would be happy to discuss with the Partners.

Action: Joanne to discuss outreach event with the Partners.

Stephen asked if we are part of a PCN (Primary Care Network). Joanne explained that we are a part of a PCN, with it consists of 6 Practices. Stephen put it forward that perhaps the PCN

could do an event together. Joanne will take this to the next PCN meeting for discussion and feedback at the next meeting.

Action: Joanne to discuss event day with the PCN.

4: Q&A Information and NHS leaflet

Joanne explained that we had produced a further Q&A information sheet, which answered comments that came in from our social media, regarding our previous communications around information on appointments, care and consultations.

<https://www.grovehouse.co.uk/wp-content/uploads/pdfs/newsletters/practice-newsletter-information-on-appointments-march-2023.pdf>

Sharon had sent the new Q&A sheet to the Group, so that they could read over it prior to the meeting. Joanne passed around paper copies for the Group to review, before we put it out to patients. The Group were happy with the information.

<https://www.grovehouse.co.uk/wp-content/uploads/pdfs/newsletters/questions-and-answers-sheet-april-2023.pdf>

Joanne passed the Group a copy of the new NHS leaflet regarding ways to get in touch with your GP Practice. For those who were attending via zoom, the leaflet is available by clicking on this link: [There are three ways gp leaflet 202112.pdf](#)

Joanne explained that the leaflet is simple and straightforward, but it seems over simplified. Dan felt that the leaflet is unrealistic, and we need communications that set out real expectations. He felt that we will never satisfy patients with unrealistic expectations. Julie explained that a lot of patients are reluctant to even contact their practice as they feel that they will not get anywhere. David agreed that a lot of people are getting frustrated, and the leaflet may be conditioning them to get stuck in the loop. Joanne asked that the Group take it away with them and if they have any feedback we can discuss at the next meeting. She explained that we are one of the best Practices at the moment for communication, with lots of avenues to share information, but still the message is not clear.

Joanne explained that over the next 12 months, we need to look at capacity and demand, and access in general to try and reduce the need for patients to call back. We do still want to keep the triage system in place as we feel we need to have that assessment, but we need to look at improving patient experience. Joanne expressed her concerns around the outcomes of our national survey results, which randomly chooses 400 patients. We will need to show that we are improving services for patients especially with the new contract, so we may look to the Group for help looking at those areas.

5: NEW NHS Contracts

Joanne explained that the new NHS contract is around improving access, which we have been working on for quite some time. The new contract states that patients should be offered an assessment of need, or signposted to an appropriate service, at first contact. It wants the 'call back tomorrow' to be removed and we should not tell people to call back later. We use the triaging model, so we assess any requests up until 6.30pm, unless the GP feels it is unsafe to do so.

We have 3 ways for patients to access the Practice, PATCHS, Call or walk in, currently phone lines are taking a lot of calls which are lasting longer due to the time our receptionist takes with the patient, especially if they complete a PATCHS Lite request for them.

Dan felt that, as patients they need to reduce the number of things which they call the Practice for, such as finding out if blood tests have come back. Joanne explained that at this time anyone can apply to view their records via Patient Access or the NHS app, both have a reasonable amount of patient data in them. To access this data, patients do need to bring ID into the Practice, this was supposed to change last October, and it would simply open up for everyone to access. There were a lot of concerns around this, so it was paused. The new contract states that this must be in place by 31st October 2023, as they say it is better for the patient. We are discussing when we will actually switch this on for our patients.

In 2016, when people were given access to records there was a lot of guidance, but the new contract says that all patients can have access to their whole record from the end of October. At this point, you can only see a medical problem you have, such as asthma, but soon you will be able to see free text information inputted by the Clinician, but only from the date we switch it on, not from past entries.

[NHS England » Changes to the GP Contract in 2023/24](#)

6: Patient Records

At the previous meeting, Dan wished to discuss the availability of documents in Patient Access as he believes this could save GP and Reception time, but due to shortage of time we brought the action forward to this meeting. He explained that he had wanted to follow up on some blood tests which he had done. He felt that using PATCHS was not appropriate use for this query, so called to speak with a member of the Reception Team. When he called, following our instructions to call after 2pm, he was told to put it through the next day as a PATCHS request.

Joanne explained that we are still learning PATCHS, but if he spoke to Reception to ask for the results and they can find the details of them, then they should do this for the patient. If the patient has called about the results and there is a query regarding them, then it should be sent to a GP as an action. There may be reasons why the reception cannot see blood results in a patient's records, for instance, they have gone straight to the GP for reviewing. If they are in the patients records and a GP has given a comment such as: happy with result, then they should let the patient know this information.

7: PATCHS - follow on discussion and queries

Dan explained he is comfortable using PATCHS, it is just the cut off time that seems to be the issue, he asked if this would get better over time. Joanne explained that we hope so, we are currently looking at capacity and what we are able to do each day. We should be able to share some figures at the June meeting.

Action: Joanne to share figures.

We are currently recruiting Clinicians to replace those we have lost to give a range of appointments. We still receive negative comments regarding patients seeing someone else rather than a GP, so we have other staff members who will start the process, such as a GPA doing bloods etc. As a Practice, we employ more Clinicians than most, but we are only paid a certain amount, at the moment it all balances out, but with 2% rise in the overall contract payment, it does not give us much room to add anyone in. Dan felt that in a world where most things are rising by 10%, 2% is not the best.

Dave asked if there was any possibility, that when a patient calls, instead of being left in a queue, could there be a facility to leave your phone number, and someone could then call that

patient back. Dan felt that even though that would take the stress out of it for patients, taking peoples phone numbers then requires a person being available to do that. Joanne explained that our system currently does not have the mechanics to allow this and if it did it would mean that we take a member of staff away from taking calls. It has been discussed by the PCN, but we have limitations due to the company, Digital Optimization Group, who control our phones.

In between calls our Reception Team, will complete tasks sent to them by Clinicians, which on average can be 200 to 300 per week. Joanne explained that we do not have the capacity nor the funds to employ extra staff to do a task as big as calling patients back. Dave felt that if someone does have his number to enable them to call him back, that is half the stress taken away from the patient. Joanne explained that she does not disagree, it can be frustrating to patients waiting on the phone. We understand that due to our triage system it can take our receptionists longer on the phone with each patient, but we do feel that the system we have is the right approach, we are also trying to give the patients other options such as selfcare, the Pharmacy and PATCHS.

Joanne explained that it is a nation-wide issue, and some Practices are finding that they have to merge, but we are not giving up, we are looking for smarter ways to work.

5: AOB

Code of conduct – Sharon will resend this to the Group, if they have printing facilities at home, then they may print a copy off and sign it ready for the meeting in June. We will bring some copies to the June meeting for those who are unable to print a copy.

Action: SW to resend code of conduct to the Group.

Date of next meeting
(Hybrid)
7th June 2023
4 – 5pm