Grove House Partnership

Patient Group Meeting: 6th September 2023
Hybrid

Attendees:

Syd Broxton (PPG)
Alan Smith (PPG)
Sharon Hearty (PPG)
Diane Mercer (PPG)
Caroline Nesbitt
Joanne Cripps (BM)
Kirsty Kendrick (POM)
Nancy Alexandra (PPG)
Julie Knight (PPG)
Dan Benatan (PPG)
Anne Findlow (PPG)
Jack Yeomans (RM)
Sharon Williams (Admin)

1: Apologies:

John Timms (PPG)
Dave Colleavy (PPG)
Norma Sherwin (PPG)
Ted Rawlinson (PPG)
Terence Watkinson (PPG)
Siobhan Chadwick (PPG)
Rae-Ann Roberts (PPG)
Tony Hayes (PPG)
John Pitt (PPG)
Dave Colleavy (PPG)
Stephen Lancashire (PPG)
John Martin (PPG)
Roy Brown (PPG)
Deb Kelly (PPG)
Nic Comer (PPG)

Syd welcomed Caroline to the Group.

2: Actions from previous meeting

True record of minutes and signed off.

3: Access and protecting continuous care

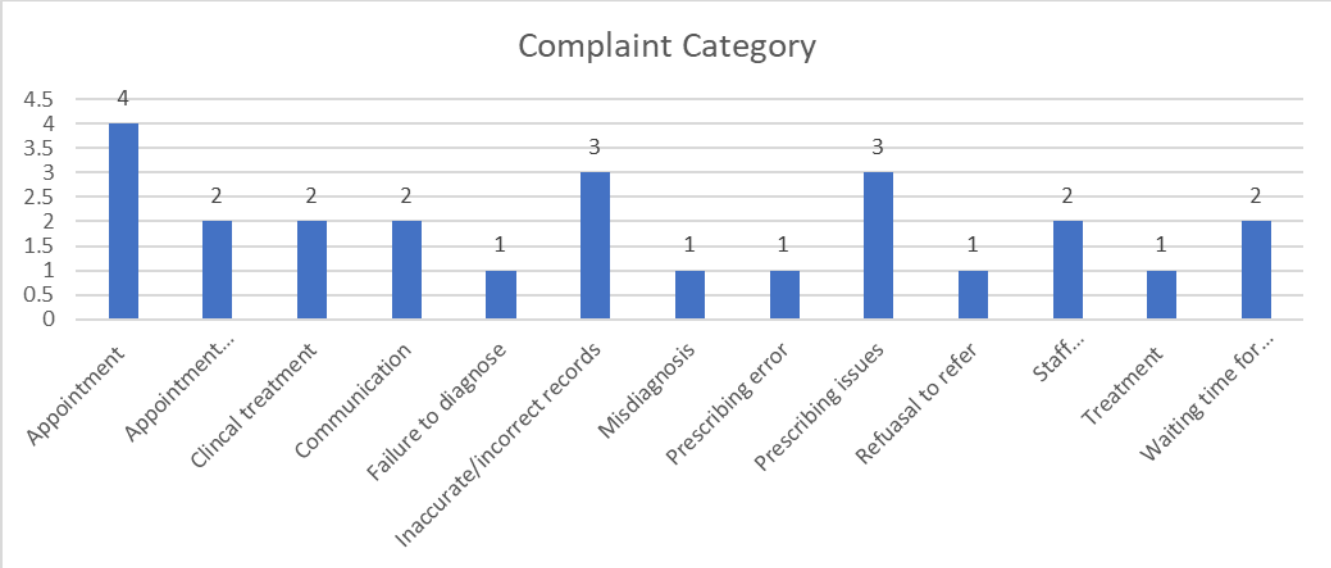
Joanne explained that this has been added to the agenda due to an email that was submitted anonymously from one of the Group members. We do wish to discuss it, but we would like a GP present to join in with the discussion, this was not possible for today's meeting.
Action: To have a GP attend the meeting in October.

4: Patient Complaints analysis

Kirsty, Practice Operational Manager, introduced herself and Jack, the Reception Manager, to the new members. She explained that a part of her role in the Practice is to look at the complaints which we receive. At the previous meeting we had discussed the patient comments, our generic email address, which allows patients to send anything through to the Practice. We had discussed what type of things were coming through via this method and one of the main things that comes though is complaints. We have to submit our complaints annually to NHSE, so that they can have an understanding of what complaints are being submitted into the Practice.

Kirsty displayed the complaints breakdown for the previous 12 months. She explained that we do have little niggles that are sorted within 24 hours, so we do not tend to record those, as we have been able to sort them, agree a plan with the patient and they are happy. The complaints we submit are the ones that need more investigation, so we can reach a satisfied outcome with the patient. When we submit out data, we have to break it down into categories. We had 25 complaints over this time period, which break down into the following categories:

1) Appointments
2) Appointment availability
3) Clinical Treatment
4) Communication
5) Failure to diagnose.
6) Incorrect records
7) Misdiagnosis
8) Prescribing error
9) Prescription issues
10) Refusal to refer.
11) Staff attitude and values
12) Treatment
13) Waiting times for appointment



Kirsty explained that our main area is appointments, which has various areas such as not being able to get an appointment with who they would like and waiting time for the appointment. This is the area that we will be focusing on when we start to look at our demand and capacity. Joanne explained that an issue around appointments totals a 3rd of our formal complaints. Access is also the focus of NHSE and all the documents which they are sending out mentions this area, so we now need to work on our access and demand.

Alan asked is there any information that compares what the local average is against the national average. Joanne explained that no, we do not receive this information, though we do get the comparison back from the national survey. Once we submit this data, it disappears from us, and we do not get anything fed back. The Group felt that we have nothing to compare this data with. Joanne explained that we do talk with Tower house, and the reason why there are no comparisons is that every Practice maybe deals with and records things in a slightly different method. Joanne informed the Group that they also have open discussions at Practice Manager meetings, where areas such as this will be discussed.

We have now started to log any complaint that comes through, even the ones that are dealt with and resolved within 24 hours. Jack and the Reception Team now log them so we get a better picture of what is coming through and this will hopefully feed into our complaints this year and give us a better breakdown. Syd asked what the difference is between waiting times for appointments and appointment availability. Kirsty explained that waiting time could be that you have had to wait 4 weeks to get an appointment, longer than you expected or it can be linked to patients in the waiting room. Availability could be that you have been waiting to see a

certain GP or Practice Nurse, so the patient has not been able to have an appointment that is suitable to them.

Dan explained that it is clear to him that we are looking at the tip of the iceberg and it will help to capture the ones that are resolved within 24 hours. Kirsty explained that this is why we have started to record them as it will be a better comparison for next year. Joanne informed the Group that we are meeting all the mandatory requirements for complaints, but it now more about what we want to know and recording them all will help us. Kirsty explained that we have reviewed out complaints process and are waiting for the Partners to sign this off, we do not want to hide from complaints from patients, we want them to know that they can complain as it is good learning and feedback for us.

Caroline asked at what point does it become different from a niggly complaint, such as the patient having to wait longer, as a doctor as taken longer with a previous patient, to a bigger complaint. She felt that this should just be treated as a minor irritation not a formal complaint. Joanne explained that the difference is either when the patient makes it clear that they want a formal process or there is clearly a need for a formal, deeper investigation. Joanne gave an example of a recent complaint, where the patient is deaf, and it is on her records that she is deaf. We had sent her some communication and we have tried to follow up by phone. The patient did come in a few times to inform us that she is deaf and can only communicate via e-mail or text, she cannot have a conversation via a phone call, but we were still missing that fact. Joanne explained that this needed further investigation to look why was this happening, the patient was telling us this information, but we were still phoning her. As part of our process, the patient was asked if she would like to come in to discuss the issue and this was something she wanted to do. The patient came in with her advocate, in case she needed something explaining better, but she could lip read really well so the conversation went well. After all the investigating, we realised that although it is in her notes that she is deaf, there were no warnings to staff that this was the case, so they would simply phone. From this, we are now looking to put pop up messages on for patients with these issues, but we have to consider how it used and it will work. We want to fine tune this and the process, the patient has agreed to test this out for us once we have it all in place.

Sharon asked, when you are waiting a long time for your appointment in the waiting room, does a message come across the screen to explain that the Clinician has been held up. Joanne explained that no, it is not as interactive as that, we can not input our own messages, it is all in place and the presentation gets interrupted as the GP presses a button to call a patient up. We do not have the facility to put on that a GP is running late. Syd explained that when he last came and checked in, it did say that the GP was running late. Joanne informed the Group that this is the self-check in screen, not the call screen on the plasma, this is the one we cannot send a message through.

The Group felt overall that 25 formal complaints is not a lot when you consider the number of patients the Practice has. Julie felt that there are some patients though that will not complain and just give up, these are the people she is concerned about. Sharon felt that some people just do not want to make a formal complaint and just wish to explain and be heard on certain topics Joanne explained at that point we take those as a verbal complaint, this might not cover all they are feeling underneath, but it opens up the opportunity to explore how they feel. As long as we are being as open and transparent, be clear on our process, be supportive in reception, this in important and these are the things we can have in place.

Caroline felt that if you look at the percentage of complaints to patient ratio, it is very low. Kirsty explained that the number of complaints we receive is now rising again now the pandemic has passed. Joanne agreed and explained that during the main time of the

pandemic, we had around 12 complaints that year. We also went through a phase where patients were being abusive, it was not complaints, just full-on abuse towards staff.

Caroline felt that the areas of complaints that concern her are, clinical treatment, failure to diagnose, misdiagnosis, prescribing errors and treatment, the figures in these areas are quite low in complaints analysis. Joanne explained they are low, but we are transparent with them, we try to reach a satisfactory outcome for the patient.

We are transparent and open with all complaints, and if a clinician has made an error they have a duty of candour. Clinicians reflect on what they could have done differently. Anne asked who our complaints lead is, Joanne explained that it used to be Dr Wilson, but it is now Dr Manesso. Anne felt that it must be very stressful for the patient, but also the person who the complaint is about. Joanne explained that in the first instance we will deal with the Clinician involved, there could be more than one Clinician involved. Some complaints are discussed in our significant events meeting for input as part of a Group.

Syd felt that the Group seem to be discussing more interesting debates and gaining more knowledge, and he feels that a lot of the patients could do with knowing this sort of information. Alan discussed providing people with information as to why we work the way we do, Joanne explained that we did put out the Q&A, but we did not get a lot of feedback from it, so we issued a follow on Q&A to those response we could recirculate we can look to recirculate this via the same routes, social media, text message and paper.
Action: Look to recirculate Q&A

Caroline explained that her neighbour is 87 years old, and she does not use any technology such as mobile phones, so you cannot say look at the link on a phone as they do not have a clue how to do that. Joanne explained that currently, NHSE are doing a campaign on digital inclusion, which is about involving many more, but we do recognise that we do need to have the different platforms and ways for patients to receive information from the Practice.

As we progress things are becoming more digital, we use SMS (MJog) system, which can send messages to mobile phones, but that system also informs us of all the patients who we do not have mobile phone numbers for. At that point we will then send a letter / paper version out to those patients. We also have paper material within the Practice for patients to access. Joanne explained that also, the patients who may not be able to access the digital version for themselves, may have a carer or relative who will look for the information for them. Anne felt that it is not just the elderly who are unable to access and use technology, for many various reasons, but people do want to be independent and manage things for themselves, so it is right that we send out paper versions too.

Alan felt that there should be some way that patients can ask how they would like to be contacted or communicated with. Joanne explained that we have this on our registration form, this has also now been given a digital format on our website, but we have not taken away the paper version. Joanne explained that if a patient is sent an MJog message, they can contact us and state that this is not their preferred method of communication. Dan felt that we could more proactive and look at patients, particularly those over a certain age, who we have not had any contact with over an extended period of time and verify with them that they know how to get in touch with the Practice. Joanne agreed that this is a good idea, especially for taking care of our frail patients.
Action: To look at the severe frail patients and see when they last contacted the Practice.

5: Open Days / iPads for NHS App

Joanne explained that there is a MacMillan coffee day on Friday 29th September, so we would like to utilise this if the Group are happy to do so. Sharon's proposal is that following this we run them on a Tuesday, every 3rd Tuesday and maybe theme a few of the providers together, such as services that focus on mental health.
Post Meeting Note: Most services could not attend an open day on this the 29th of September, due to this the open day was cancelled, services were extremely keen to come along to one, so we will look to do another on Tuesday 17th October.

Caroline explained that she would like to come along to promote Halton u3a, which has been promoted in the Practice newsletter in May:
https://www.grovehouse.co.uk/wp-content/uploads/pdfs/newsletters/practice-newsletter-may-2023.pdf

iPad training – Sharon will arrange some dates and times for the Group to come in.
Post Meeting Note: Due to how the NHs app works, we would be unable to show patients how to register for the service. Jack will look into options for this, but it maybe we can simply promote it and show patients what the app can actually give them and help them with. We could then provide written instructions on how to sign up for the NHS app.

Digital Inclusion –NHSE are trying to promote the NHS app as the main one to use, even though a lot of patients may be already using Patient Access. Diane explained that it had come in useful for her regarding a recent clinic appointment and that the way the NHS sent it via the app will end up saving the NHS money on postage etc.

6: Patient Comment Box:

There was one comment in the box, which was a complaint, this will be actioned from the practice.

7: AOB:

Accelerated Access to Records – The practice is ready to go ahead, we have been working through the check list and our clinical system providers will make the change on 4th October 2023

Everyone can access their full record from that date through the NHS app. Patients who previously had access to part of their record under the old scheme launched in 2016 will still be able to access that same information (we believe!)

The Group queried what had happened to all the paper records that the Practice used to use. All paper records were scanned into the electronic system. The Practice led the pilot for the scheme and Dr Wilson was CCG lead on that piece of work and it has been in practice now for about 10 years.

Foyer sign – Syd had discussed in the past how the foyer sign looked empty, but he has come in today and it was full, with new people. Joanne explained that we needed to get new photos of Clinicians.

Reception Manager – Syd was curious as to what Jack's role in the Practice was. Joanne explained that Jack is our Reception Manager, who looks after the reception team and any

complaints that may come in. Jack has been with us for approx. 5 years and prior to being the Reception Manager, he was a GP Assistant.

Plasma Call Function – Diane mentioned that it may be easy for someone to miss their name being called as it is not obvious especially to those short of sight. Joanne explained that we could turn on the function where is makes an announcement, but when we have previously discussed this with our Partners, they decided not to.
Action: Trial switching the announcement on, as the Group agreed this may be better to try.

Date of next meeting
(Hybrid)
11th October 2023
4 – 5pm