Grove House Partnership

Patient Group Meeting: 8th November 2023
Hybrid

Attendees:

Syd Broxton (PPG)
Alan Smith (PPG)
Sharon Hearty (PPG)
Diane Mercer (PPG)
Dave Colleavy (PPG)
Dan Benatan (PPG)
Joanne Cripps (BM)
Kirsty Kendrick (POM)
Tony Hayes (PPG)
Nancy Alexandra (PPG)
John Findlow (PPG)
David Jameson (PPG)
Caroline Nesbitt
Dr Anna Manesso
Jack Yeomans (RM)
Sharon Williams (Admin)

1: Apologies:

John Timms (PPG)
John Pitt (PPG)
Norma Sherwin (PPG)
Anne Findlow (PPG)
Julie Knight (PPG)
Deb Kelly (PPG)

Anne Findlow, was unable to attend this meeting, so her husband John, came in her place. Joanne welcomed him to the Group.

2: Actions from previous meeting

iPads and Training – The iPads are currently with our IT Support, so that they can reformat them. Once this is done, Sharon will contact the members of the Group who were interested in coming in.

Reports and Forms Fees – We have had lots of queries via our patient comments, regarding this, so it was put into our newsletter and the patient leaflet has been updated. It was explained that these are standard charges, which are referenced in the BMA. These charges have not been changed or increased since 2017/18. This is classed as non-NHS work, the GPs will try to complete any requests within the quickest timeframe, but treatment and care always need to take priority.

Prostate Cancer Checks – The Group queried if we had received any feedback from the information, which was put into the previous newsletter. To date, we have not had any feedback given to us, but it is also something we could look to promote during an open day, once we have the iPads returned to us. We could also have a leaflet prepared to give out for further information.

Actions:

(a) Sharon to design a leaflet around prostate cancer checks, with help given from Dr Thomas.
(b) Look to put posters up in the male toilets and around the building.

Medication Review Dates – The Group discussed the medication review dates which show on printed prescriptions, it had been noted that the review date showing was much earlier in the year and stating that it had not been completed. This could be due to a few things, such as,

the GP has not had a chance to review it, they have reviewed it, but the date has not been updated. Sometimes, blood tests etc. are needed before the review can be signed off and the date changed. Medication reviews happen daily, however if a patient see's that the date has passed, they are encouraged to ask for a review.

Our previous fully trained Clinical Pharmacist, has left and her replacement is not at the stage to see patients face to face. She is currently doing some background work on audits, while she is completing her training.

Minutes signed off and agreed to be a true record.

3: Access and protecting continuous care

We had previously discussed access and a query came out from that discussion, so we planned to bring a GP to a meeting to discuss what happens on a Duty Day. Dr Anna Manesso joined the meeting, to discuss this with the Group.

Her duty day is typically a Monday, and she explained how our triaging system works. She explained that our demand has changed a lot, especially compared to pre-pandemic.

Things do have to change, we have to move onto a more modern system, try to be inclusive and try to prioritise safety of patients at the same time. Our team is not just GPs, it includes many other Healthcare Professionals, who are trained and qualified to assess patients.

Dr Manesso took the Group through her typical Duty GP Day, which starts when she come in at 8am on Monday. PATCHS opens up for patients at 8am and we keep it on until we reached around 80% of the capacity for that day. Once we switch off PATCHS, the patient can still call or come in the Practice. We do not close; we keep open until 6:30pm when the duty day finishes.

The Practice operates a total triage system which allows us to see the patients most in need at that point, so for instance if a PATCHS request comes through from someone who wishes to go onto HRT and are not acutely unwell, this is not classed as urgent and can wait a couple of weeks. Another request could come through for a 2-month-old baby with a raging temperature, who has not been feeding, we ensure that the baby is seen within a few hours as this is urgent. This system allows us to prioritse and allows us to be safe. Total triage also allows us to keep the continuity of care, which is important for patients who are more complex and have chronic diseases. This may not always be possible, as we have a lot of part-time GPs who may not be available that particular day, so if the patient feels that they are unable to wait until the next available appointment with that GP who sees them regularly, they may have to see another GP.

We also use our GP Assistants to do urgent investigations, such as BPs, ECGs and blood tests, so that from this we can determine how soon the patient needs to be seen by a GP. Our Advanced Nurse Practitioners, who are highly qualified, can assess, investigate, prescribe, refer and have support from the GPs if needed. We would normally send patients, who have more acute medical issues, which need to be seen on the day to the Advanced Nurse Practitioners.

Our monthly newsletter shows the average number of appointments that we provide per 1000 patients each week, this is always above the national recommended number. Our average for October was 91 appointments per 1000 patients and the national target is 72 per 1000

patients and are now at 63% face-to-face appointments. On the day appointments are for those conditions that we feel are time sensitive, such children, elderly patients who are severely frail and if the condition could worsen, if the patient is not seen within 24 hours. We work as total triage, so that it is not just the first 50 patients who contact are the first 50 seen. We triage to ensure the correct care is given to the patients in most need on that day.

We are digitally inclusive, but all options are available, which are all triaged equally throughout the day, ensuring that all patients are dealt with safely and in the correct timeframe.

There is a lot of media at the moment that gives GPs a bad reputation, around people not being able to see their GP, but we can assure you that this is not the case. The Royal College of GPs have a document called 'safe practice' and that recommends that every GP should have an average of 28 contacts per day, if they work a normal full day. We try to work to this guidance, and we have also extended each consultation time to 15 minutes. We need to balance the demand that is coming in and making sure our Clinicians are also safe in their work, so that they can carry on delivering the service to our patients. Due to more GPs now only wishing to work part-time for various reasons, we ensure that we have the right amount of cover, to make this up to the full-time equivalent of the number of Clinicians we should have against patient ratio.

The latest documentation from NHSE, which is about modernising General Practice, and using a wider Clinical team, has a section that states a patient should be made **aware** of an appointment made within 2 weeks. We, however, try to make patients aware of their appointment on the day of contact, with an average appointment wait time of 9.2 days, so they are actually seen within that 2-week time period, not just being made aware of an appointment.

DNAs (Did not attend) – The Group discussed the high number of DNAs which the Practice has at this time. It was felt that we could discuss this in more depth at the December meeting.
Action: Add to December agenda and discuss the Practice policy and statistics.

The Group felt that SMS messages sent to patients for booked appointments, made more than several days prior, could help reduce DNAs. The Practice does have this within the system, but changes were made during the pandemic, and we are now looking at reverting back, as some appointments currently will not be sent an SMS reminder. The system has the ability to send you a text at the point of booking an appointment and a reminder approx. 24/48 hours before the appointment, so we just need to ensure this happens for every appointment.

4: CQC Inspection

We had our previous CQC (Care Quality Commission) inspection in 2015, we have this information displayed in the waiting room and we were previously rated as Good. The CQC audit us to ensure that we are safe and effective to treat patients. We have had telephone inspections over the past 8 years, and they run regular data searches. We have now received notice that we are being inspected on the 15th of November. As part of this inspection, they do phone calls before the actual day, Dr Brown will have a 3 hour call on Monday 13th and Alan from the Group, will have a phone call on Friday 10th to discuss how the Group interact with the Practice. When they come in, they will speak to patients, staff, management, Clinicians and look at all out policies etc.

All our processes, policies, risk assessments we have in place, stand as good. We do understand that the building is a bit tired, but it passed its infection prevention control audit in

the summer, with 92% pass rate at Grove House and 96% at Heath. Once we have our new rating the Group can check our ratings by going to: Grove House Practice - Care Quality Commission (cqc.org.uk)

5: Patient Comment Box:

No comments in the box.

In the New Year, we will start to bring some data from the online comments, as we are currently analysing that data more and can share relevant information with the Group.

6: AOB:

Signing in Book – Syd asked if it was relevant that they use the signing in book as the Group are struggling to sign in due to the queue at the front desk. It is very relevant and something that CQC ask to look at, along with fire safety measures, so we know who is in the building.
Action: Bring signing in book to Common room, so this can be done before the meeting starts.

Date of next meeting (Hybrid)
6th December 2023
1 – 2pm