



Grove House Partnership

Patient Group Meeting: 6th December 2023 Hybrid

Attendees:

Syd Broxton (PPG)
Alan Smith (PPG)
Diane Mercer (PPG)
Kirsty Kendrick (POM)

Nancy Alexandra (PPG)
David Jameson (PPG)
Caroline Nesbitt
Sharon Williams (Admin)

1: Apologies:

John Timms (PPG)
Dave Colleavy (PPG)
John Pitt (PPG)
Norma Sherwin (PPG)
Sharon Hearty (PPG)
Jack Yeomans (RM)

Tony Hayes (PPG)
Dan Benatan (PPG)
Anne Findlow (PPG)
Julie Knight (PPG)
Joanne Cripps (BM)

2: Actions from previous meeting

iPads and Training – The iPads have just come back from I.T. and they are now good to be used, so we can look to start promoting services in the New Year.

Reports and Forms Fees – The new version of the form was passed to the Group.

Prostate Cancer Checks – The new leaflet was shared with the Group, this has been sent to Dr Thomas to review and sign off, once it has been we will put it out to patients.

The Group felt that the Dr Manesso joining the November meeting, was very helpful.

Online Complaints – All our complaints are submitted at the end of each quarter, we as a Practice look at the greater issues, the ones that we need deeper investigation and then do what we need too, to meet the requirements for dealing with complaints. We do record all on a spreadsheet and review it regularly.

Action: We will bring some online complaints to the next meeting, as we are not getting as many now through the patient comment box in the waiting area.

Signing-in book – The Group felt that it worked a lot better bringing the book to the meeting to sign.

Minutes signed off and agreed to be a true record.

3: DNAs

The DNA policy was shared with the Group, along with the statistics for 2023. We have only recently started to record the cost impact of the DNAs, so far, the average cost of the lost appointments is just over £8000 each month:

Month	DNAs	Hours lost
Dec-22	210	53
Jan-23	255	59
Mar-23	246	63
Apr-23	199	54
May-23	175	44
Jun-23	223	60
Jul-23	217	50
Sep-23	271	73
Oct-23	277	57
Nov-23	274	60
	2347	573

We are currently changing the templates to a more standard method due to some texts not being sent for certain appointment types. As soon as this is rectified more text reminders should go out to patients and hopefully help to bring down the DNA Rate.

We have a high number of DNAs in our baby immunisations and Practice Nurse appointments, 4/12 baby immunisations appointments were DNA'd yesterday alone. We find that there can be a pattern of mums not bringing their child to the baby imms clinic, such as, media coverage relating negatively to them. We also, currently have a high intake of asylum seekers, with this can come issues such as, the language barrier and they have never been offered immunisations before, so they do not understand the importance of them. There are some that have safeguarding needs and have social workers involved, but overall, the baby immunisation clinics have always been a high area for missed appointments.

Our updated policy is more robust and will ensure that patients are aware of the wasted time and that the appointment could have been given to another patient. Before any letters are sent out, we would look into the patients records to see if there are any circumstances as to why appointments were DNA'd. The following is the process we will follow:

- All DNAs will be recorded in the patients records.
- The first letter to a patient will inform them that they have missed an appointment and made aware of our policy.
- The second letter will state that we have previously written to them and that they have missed, at least, two appointments within a 12-month period.
- The third letter will state that the patient will be removed from outpatient list as they have missed at least 3 appointments within a 12-month period.

As a Practice we are also judged on DNAs, especially for chronic disease management and this in an area that CQC do look at, as part of how we are performing as a Practice and our clinical data. We have 14,700 patients, so the total DNAs for 2023 is around 15% of the patient population.

Action: It was discussed about promoting our cancellation line, which is monitored throughout the day, along with the cost to the Practice for missed appointments.

4: 2024 Meeting Dates

The meeting dates for 2024 were passed around and it was agreed to have the first few meetings at the 1-2pm time, which we will review at the March meeting. The meetings will continue to be hybrid for those who are unable to attend in person.

5: CQC Feedback:

The day of the inspection was a challenging day, but we do know, the inspector was pleased with the waiting rooms and what we had displayed. Some points were highlighted, such as how we store our prescriptions in an evening, but we do know that other Practices do manage them the same as we have been doing. We were given some main points, but we were offered solutions and as long as we show that we are working on them, that was acceptable. We are due the report any day now, once we receive it, we get to review it and can go back to them if we have any queries. Once this has happened, the report will then be published.

The Practice would like to thank Alan, who spoke to the inspector on behalf of the Group.

Alan explained that the call with the inspector took approx. an hour, he was asked questions about the Group, but also from a patient's point of view. He was asked about the following points:

- Do the Group know Management and do they attend the meetings.
- What part do the Group play in terms of the meetings.
- Are the Practice listening to the Group and he was asked for examples.
- Are we transparent unless it is around confidentiality and asked if we share data.
- If the Group feel valued.
- Do the Partners attend meetings.
- If the Group know about the complaint's procedure from their point of view.
- If various things can be asked for such as a chaperone, translator and are there adequate posters to inform of these things, From this the Group discussed what we have in place and it was explained that the Clinicians can use an interrupter where needed, we also work with the Royal Institution for the Blind, British sign language and quite often a patient will bring a carer with them in they feel they need help.
- Are the Group consulted about any Management changes or changes of the Partners. Alan explained that he was honest and that to date, this has not happened, but the Practice does share information when asked.
- The Group seem like very vibrant people.
- Outstanding newsletter.

6: 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.

7: AOB:

Confidentiality – Alan discussed that whilst he was waiting in the queue, there were an elderly couple ahead of him who were obviously hard of hearing, and everyone could hear what was being said as a PATCHS form was completed for them. He felt this needs to be addressed as it surrounds confidentiality and data, but also the waiting time in the queue was excessive because of the time it took the Receptionist with the lady (14 minutes). Alan questioned if these types of situations could be done elsewhere such as the way a Pharmacist has a side room for privacy. It was explained that a member of staff cannot be alone in a room with the patient, but there is a bench outside Room J, which is a possibility.

Action: Add to agenda for next meeting for further discussion.

It was discussed that the Perspex window is good, but it can come between the loop system. The Group were unaware that the Practice has a loop system, and this may be the case for a lot of patients, who are hard of hearing. It was explained that we do have signs at the front to inform patients of this.

Post Meeting Note: Diane, emailed after the meeting with some thoughts:

Members of the Group were unaware of the loop system at the surgery, perhaps the Receptionists could make those patients who have trouble hearing, aware of the loop system. Although the website and the surgery both do a good job of promoting it, many people may not read them.

Action: Sharon will look to promote this to a wider range of people, perhaps via social media, the next newsletter and a text message, to spread the information to more people. Look to have a bigger sign for people to see and ensure Reception inform any hard of hearing people about the loop system.

Heath Road – Alan wished to discuss that there are plans for 544 houses, which may impact the Practice as they are to be built by Heath Road Surgery, which is not a big building, but the plans state that there are medical provisions. It was explained that we are also one of the Practices available for the new homes in Sandymoor.

Pharmacies – The Group expressed concerns over Boots Pharmacy closing in the High Street and the options for Pharmacies are becoming limited.

Defibrillators – David queried that if someone was to collapse and a defibrillator needed, there are none nearby. The Practice has applied to have one, both Grove and Tower would like one at the front of the building, they came out to see us, we completed the form, but we have not heard anything as yet. David knows of someone who may be able to help with this, so will try to push it through.

Date of next meeting
(Hybrid)
10th January 2024
1 – 2pm