Grove House Partnership

Patient Group Meeting: 10th January 2024
Hybrid

Attendees:

Syd Broxton (PPG)
Diane Mercer (PPG)
Dan Benatan (PPG
Dr Lulu Brown
Joanne Cripps (BM)
Nancy Alexandra (PPG)
Dave Colleavy (PPG)
Kirsty Kendrick (POM)
Jack Yeomans (RM)
Sharon Williams (Admin)

1: Apologies:

Alan Smith (PPG)
John Timms (PPG)
John Pitt (PPG)
Norma Sherwin (PPG)
Sharon Hearty (PPG)
David Jameson (PPG)
Tony Hayes (PPG)
Caroline Nesbitt (PPG)
Anne Findlow (PPG)
Julie Knight (PPG)
Deb Kelly (PPG)

2: Actions from previous meeting

iPads and Training:
Post meeting note: The iPads are still having issues, as they are locked to a specific user that is no longer at the Practice and IT are not able to get around this. We are looking for a way to resolve this, so they can be used.
Action: We will update at the next meeting.

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

Online Complaints – We will monitor this for a while, then look to bring some to the meeting. Due to the Christmas period, there have been different types of queries coming though, so we could look to share some at the February or March meeting.
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.

Defibrillators – KK completed the online form in the middle of 2023 after both Practices had agreed to get one outside of the building, we are just waiting to see if David has any luck with moving this forward due to his contacts.

Minutes signed off and agreed to be a true record.

3: CQC Results

Dr Lulu Brown joined the meeting to discuss our recent results from the CQC inspection. We have had some areas that was shown as 'Requires Improvement', 3 out of the 5 areas were good:
Safe – Good
Effective – Requires Improvement
Caring – Good
Responsive - Requires Improvement
Well-Led – Good

A lot of the feedback we received from the inspection, was around our patient survey results and some clinical searches that required more monitoring. When we ran the clinical searches, we did find that a lot of patients had been asked to have blood tests done, a number of times and in many different ways, but actually had never had them. Prior to the inspection we had been doing a lot of work around trying to get patients in for these and offered more appointments to try and encourage patients to come in and have them done. A lot of the tests were not done, and this affected the searches.

The Group discussed that this is due to patient non-compliance and when Dr Brown did the interview with the Inspector, he did recognize this. Pre-pandemic we did reduce patients' prescriptions when they were not compliant, but then during the pandemic, it was hard for patients to get out for their prescriptions, so we cut back on reducing prescriptions. We are now in a situation, where we recognize, that we need to be stricter. We also understand that it is not good for the patients, if we do reduce the prescriptions, and a lot of complaints are then raised, but if the patient is not having their monitoring done it does cause issues.

Patients will always get called annually for a chronic disease reviews, but what was picked up on during the inspection, was that some of these patients had not had bloods done for quite some time, despite us asking for them to attend and have them done. The Group asked if patients have blood tests done for other issues, would this count as part of the review. This would depend on whether the necessary blood tests have been taken as some reviews require more specific blood tests.

We need to form an action plan and ones of those actions, is for us to review how we deal with these patients and getting them to have the tests completed. We need to try and improve on how this is done, possibly look at doing some promotions around this to try and get the message across. We do have to take into account, that some people are really scared of having blood tests/needles, and that is why they are not complying. We have found that our biggest cohort of patients, who are less likely not to have the blood tests done, are the working demographic. The Group felt that this could be due to it disrupting their working day. GP Extra are now starting to hold blood clinics on a Saturday and late nights, this could help these patients.
Action: To publicize GP Extra hours for these clinics.

We are going to monitor this on a monthly basis by running the searches and try to encourage people to come in for their tests, before it gets to the point that we have to reduce their prescriptions. We do not want to stop medications as this can cause more harm, we need to find a balance that works for us and the patient. It can be hard to capture some patients who are on 3 monthly prescriptions as this only gives us a few times in a year to reduce their prescriptions. Patients prefer 3 monthly prescriptions due to costs, but it limits our opportunities to get the patient in to be reviewed.

We were also low on our smear screening, so we now have a smear champion, and she is looking at doing some heavy promotion. We will also send out extra invites to women and try to give out some education around smears, to try and improve smear uptake in the future. The other area where we were slightly low, was our baby imms clinic, but CQC looked at 2021/2022 data and we have already started to improve our figures since then. This is for our pre-school children, who need to have their immunisations before starting school and we have a lot who do not turn up for this clinic. Our Nursing team are working on this and are actually calling patients to try and understand why they do not attend. The clinic at times they do not attend due to the child having a cough or a cold and they feel like they cannot attend while the child is sick. This is not always the case, so we will also look at some education around this area.

The Group felt that there was a lot of good points in the inspection report, but they noted that the patient survey was mentioned in the report. It was explained that is the national GP patient survey, which was run early 2023, and is sent out to a random selection of patients. They let us know, how many surveys were sent out and how many were returned, we get the results around May, and we did do quite poorly in 2023. What we recognized and have discussed previously, is that we are the only Practice in Runcorn, that still run by total triage. Most Practices have now reverted back to traditional methods of that before the pandemic, but we retained the total triage to ensure that we were getting the most urgent patients to the right person on the right time frame.

A document has now been released last July from NHSE, which discusses recovering GP Practices to a modern working plan. This plan tells you to put a total triage system in place. Even though we have done a lot of communication around this, patients still get frustrated by it and we understand this, but perhaps we need to look at doing more around this as it did affect us during the survey. The survey is due to go out again during January to March.
Action: Add survey results to agenda for February 2023, so we can discuss again and get some more feedback.

The Group queried the section in the report that stated, ensure care and treatment is provided in a safe way and Practice must ensure this. This was brought up in the report as Dr Forde was the registered CQC Manager for the Practice, but because she had been off sick for longer than 28 days, we were supposed to notify the CQC of this and we were not aware of this. We did put things into place internally, when Dr Forde went off as a Partner, we looked at all the responsibilities and the other Partners took over those. Dr Brown was already in place and looking after that area, but we had not sent CQC the official notification. Once we found out, an official form was completed to state that Dr Brown was the registered CQC Manager. The CQC Manager of the Practice is there to ensure we are regulated, if there was a point of litigation then the CQC Manager would be the defense for the Practice.

We would just like to confirm that Dr Forde has now left the Practice, she decided that she wanted to take a break and left on the 17.11.2023. We have since taken on new GPs and Dr Allen has come back as a GP Partner.

To view the CQQ Inspection please click on the below link:
Grove House Practice - Care Quality Commission (cqc.org.uk)

4: Confidentiality at Reception:

Alan was not present at the meeting, but from the discussion from the meeting in December, we have started to advertise our loop system for patients who are hard of hearing as we realised that there may be a lot of patients who are now aware that we have one. The Group agreed that privacy is an issue in every Practice and in other places. We could take a patient to a slightly quieter area, but then we have the issue that the member of staff would not have the PC with them. We are looking at putting something into place so that people are kept further away, such as when it was covid and we had the lines, with a sign to say please wait here until you are called. It was suggested that there could be an iPad that could be used, so that a staff can still access records, but go somewhere more private.

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.

7: AOB:

Parking and Access to Heath Surgery – This was a matter that Alan had raised, so bring forward to next meeting.
Action: Discuss at February meeting.

Practice Challenges – Diane wished to raise this following the CQC report, there is a mention that says the Practice has experienced significant ongoing workforce and recruitment challenges, and have experienced a high turnover of staff in the Reception and Administration team. Diane queried if we do exit interviews with staff and if so, is there a pattern. We did explore the exit reasons, there is a bit of trend in the reception area, which is the actual job and the public response to Reception at this time. It is also a lower paid job, so they may find something else that is less challenging to them, from a conflict point of view. Some of it is around that people want to try out the job, we have taken on people who have not had GP Practice experience and they will then find the job too difficult or not what they expected.

With regards to Clinicians, we have had some unfortunate, outside of the practice. circumstances that we could not have foreseen. These circumstances did affect their working life and we did try really hard to encourage them back, giving a very supportive environment, but unfortunately, they could not continue. The Group discussed wellbeing support that staff have access too, the Practice does pay for a company contract, which offers 24 hours, 365 days per year, support for staff.

We have spent the time and money on recruiting more permanent GPs. The Group discussed the number of Clinicians we have on the foyer board, and felt with the amount we have, the Practice should be the best. Dr Brown explained that the board can be deceiving as it is the hours the Clinicians are contracted too, many of the Clinicians are part-time. The number of Clinicians we have brings us up to the what the full-time equivalent should be, for the patient/GP ratio.

We do run apprenticeships within the reception team, and we have been utilising something new from the Department of Work and Pensions, which one of our new Receptionists came to us through. The Department of Work and Pensions will actually go out and recruit for you and then the person they send will have an initial two-week intense training separately, then they come to us for 4 weeks to see if it fits for them. We are currently recruiting for Reception today and talking about connecting into the college again to have an apprentice. We do have an induction plan for new starters, they are put on the front of Reception gradually, they have a 2-week induction plan followed by another 6 weeks of support. They have a 6-month probationary period, through which they are supported and have regular meetings, to see what stage they are at.

Awareness days/weeks/ months – Joanne shared information on a tool which informs us of when there are awareness days / weeks etc, that we should promote on social media. There is too much on the list, but we want to use some of them to make focus days, doing a lot more publicity on social media and in Practice.
Action: If the Group could look over the list to see if they feel there are any specific days etc that we should focus on.

Appointment availability – The Group discussed what would happen if a patient needed and appointment but were being told there was not any available. If it is a more urgent need then it would be added for the Duty list for that day, so the GP can triage the request and see what is needed. If it is more routine, reception do have some routine appointments that they can book, if they cannot book anything then they will put it to the Duty GP who will then advise

where the patient can be slotted in. It can also depend on the need as they may be assigned to an Advanced Nurse Practitioner or a Practice Nurse, whoever meets their need the best.

Date of next meeting (Hybrid) 7th February 2024 1 – 2pm

Meeting Schedule 2024:

Wednesday 6th March 2024

Wednesday 3rd April 2024

Wednesday 1st May 2024

Wednesday 5th June 2024

Wednesday 3rd July 2024

No Meeting during August

Wednesday 4th September 2024

Wednesday 2nd October 2024

Wednesday 6th November 2024

Wednesday 4th December 2024