



Grove House Partnership

Patient Group Meeting: 24th April 2024 Hybrid

Attendees:

Alan Smith (PPG)
Sharon Hearty (PPG)
Diane Mercer (PPG)
Dan Benatan (PPG)
Anne Findlow (PPG)
Kirsty Kendrick (POM)

Nancy Alexander (PPG)
Julie Knight (PPG)
Dave Colleavy (PPG)
Caroline Nesbitt (PPG)
Sharon Williams (Admin)

1: Apologies:

Syd Broxton (PPG)
John Timms (PPG)
John Pitt (PPG)
Norma Sherwin (PPG)
Jack Yeomans (RM)

Tony Hayes (PPG)
David Jameson (PPG)
Deb Kelly (PPG)
Joanne Cripps (BM)
Sharon Snape (TL)

Alan chaired the meeting in the absence of Syd.

2: Actions from previous meeting

Defibrillator – There is a defibrillator outside of the Brindley Theatre, Alan checked and confirmed that there is also one at the bus station. We are still happy to put one outside the building if it is needed.

Action: Look to put a sign / notice outside of the building to state where the defibrillators are available for use.

PATCHS – We are still looking to do some demonstrations for patients, we cannot use the iPads, but we can use laptops, we can show PATCHS via this, though not the NHS app, but we can direct people to sign up for the app.

Self-Check-in Screen – The screen has now been adjusted, so it is no longer 4 minutes slow and EMIS Web, our clinical system, have now been in touch and we are currently out of warranty with the screen. Dr Wilson has agreed to purchase a new one, with new software, there is a 10-12 week wait for this. Kirsty met with Joanne today, she is slowly coming back, and is working on this with Dr Wilson. It was discussed about placing it in the foyer area, Joanne had originally had the idea to put it in this area, but with the informatics and the wiring it may have caused issues. Kirsty will be meeting with Dr Wilson, and he will know if it could be done and at what cost, but we will get a new screen and software.

The Group discussed putting it in the foyer area and then there would be the potential to put something around it such as a small booth, to give more privacy to the patient checking in. A wall mounted version, that hopefully will not add too much cost. We think there has been issues with wiring it into that position, but we are looking at that as an option and the costs of doing so.

Action: Update at next meeting.

Patient Comment box: The Group discussed that fact that we seem to get more comments digitally now and perhaps we could look to have an email address that goes direct to the Patient Group, for comments to be addressed at the meetings.

Action: To look at email address for the Group.

Loneliness and Wellbeing of Patients –The Group queried if the Practice, check in on elderly patients who have not contacted the us within a 12-month period or if they have missed a few appointments.

Action: This could be something that our Partners would like as part of new innovations within the Practice. Sharon will speak with Dr Allen as she would be very interested in this area.

3: Patient Group policy and pack

Not all of the Group were present at this meeting, including Syd, but Kirsty had planned to discuss this issue, so we still wish to go ahead, even if it means bringing it back to another meeting. Dr Wilson had asked Kirsty to attend a NHSE, Cheshire and Merseyside course about PPGs, many people attended from all over the North-West. It did highlight promotion and governance of the Group, even though we have an excellent PPG, the governance of it, is not as formal as it should be and this is set out in the toolkit, which Kirsty was given.

We are looking to formalize the Group governance a little bit more, with a bit more structure to it and different ways that we can promote the Group. We have already discussed having an email address for the PPG, but we could also have a section on our newsletter, so the Group can let patients know what they are working on, and we could look to do some drop-in sessions too.

We do not have a formal policy for the PPG in place and we need to do this, but there are some key aspects that we need to address with the Group, before we finalise the policy. We may not be able to make any decisions at this meeting, but it is a starting point to generate the ideas and come back to formalise it once we have more of the Group present. Kirsty shared the policy to the Group and explained that once the policy has been agreed, we are going to create packs for each member. These packs will contain, meeting dates, code of conduct, the policy, a confidentiality agreement and a copy of the PPG leaflet.

Alan would like to also have a list of objectives included in the pack, which the Group will work on throughout the year. This is could also help to provide feedback for our newsletter and social media, it will help to make the Group more visible. We need to promote the Group more, get them more involved more, as these are their meetings, so the Group should have a say in what we are dealing with.

The policy is a general statement, the roles within the PPG and why we have one. It also includes the aims of the Group, which they may like to have more of their own aims within the policy and these can be added. It talks about the structure of the Group, we have a Chair and a Vice Chair, but not a secretary, we so have Sharon who does the admin for the Group, and we do not need a treasurer. Organisation Representatives are Kirsty, Joanne and Jack.

It was discussed how the Group will engage with patients, this would be done through emails and open days. It may be that the Group focus on one thing each month, promote it and then look to do something else the next, it is about making patients more aware of the Group and what they do. The main area we need to discuss in the policy is in the job description section, we just need to get peoples views on it, we cannot sign it off until all the Group have read the policy, but we wanted to start discussion and look at which direction to go in.

At the session Kirsty attended, it was suggested that we should do a vote for Chair annually, this is due to changing of Group members and to ensure that we give everyone the opportunity to bring in their skills. This section is highlighted in the job description section, we are proposing that we do a vote for a Chairperson annually and we look to do one once this policy is finalised, but as a Group they all need to agree on this. We have had a lot of new people join the Group over the past 12 months, so a vote at this time would be ideal. The Group discussed that the policy also states that there should not be one person in chair for an indefinite amount of time and that it sounds entirely appropriate, but this needs to be agreed on.

The Practice just want to make sure that we have a governance and that we have a Group that are going in the direction that we all want to go in. When Kirsty spoke to other Practices, they do have a vote annually and they set a period for how long the Chairperson is in that position for. We do not expect there to be any answers at this meeting and the Group felt that they should take the policy home and study it prior to any decisions being made, then it can be discussed more at the next meeting. In general, it was felt that you would not expect a chair to be reelected for more than 4 years, possibly with a vote every two years. The Group understand that this is something that should be done, but they felt it is not a decision that should be made whilst Syd is not present. Kirsty agreed, we have proposed this now and we will share the minutes with him and perhaps look to give him a call, just so he is aware of what has been discussed and ensure he has the policy.

The Group also felt that we should add in a section on non-attendance, if a member has not attended for more than 6 months, with no apologies. Due to us having the facility for people to attend virtually, which does make it easier to attend and if someone does not attend on a regular basis, then they should no longer be a part of the Group. It was felt that, whether they have attended or not, they are still part of the Group and should still be consulted. It has to go out to everyone, to be fair, as there will be people who do have constraints.

It was agreed that we do look at this again on the 5th of June and look to extend the meeting, as it may take longer. If anyone cannot attend the meeting, please email Sharon Williams with your views and these can be taken to the meeting to be included in the discussion. Kirsty discussed that she would like the role of the Chairperson to work more with Sharon on the agenda, some more input to include the Groups views, the Group agreed with this. They would like to work with the Practice to improve things for the patients and the Practice.

They felt that the Practice are losing staff due to the attitude of some patients, this needs to be addressed by the Group and look at what they can do to improve this. Possibly the Group could send out a letter, explaining that it has to stop as we are losing Receptionists because of it. Kirsty felt that this is good motivation for the staff to see that they are getting support, we have had to remove two patients quite recently for aggressive behavior and by this being done, it has lifted team spirits, so anything pro-active to help would be greatly appreciated. The Group would like to see someone from Reception at the meeting, so they can see what the Group is trying to do. The Group do understand though, that when people are coming into the Practice, they are likely to be under stress already and this can create more aggressive behaviour.

Actions:

- 1) Send all information to Group members and inform that it will be discussed and finalised on this date – extend meeting.**
- 2) Code of Conducts – some still need to sign.**
- 3) Add into policy that the Chairperson will need to work with Sharon on the agenda items.**

- 4) **Focus Point – Address the reason staff are leaving the Practice due to patient attitude.**
- 5) **Have some representatives from Reception to join the meeting.**

Kirsty also shared the Confidentiality and Declaration agreement to the Group, for them to look over and this can also be discussed at the next meeting. The Group also discussed a short application form, which could be given to any future patients who wish to join the Group. Just capturing some basic details and data, the Group felt that when it is on voluntary basis, we do not want to make the application form too much of a job and they would be interested in finding out their background and skills, which would help and contribute to the Group.

Action: Discuss application form at next meeting.

4: NAPP (National Association for Patient Participation) Website:

[National Association for Patient Participation – Welcome to the National Association for Patient Participation \(napp.org.uk\)](http://napp.org.uk)

Kirsty informed the Group of the website and explained that they can join and become a member if they wish too. The Group also discussed the Halton PPG plus and that it is helpful if they can attend, the Practice will normally inform the Group of these meetings.

It is national PPG Week 3rd to the 9th of June, we will promote this within the Practice, but we want to know if the Group have anything that they would like to do within this week. Possibly have the Group come in to promote the Group. The Group asked if we have some information that could be given to patients, which promote what we do. Sharon explained that she has updated the PPG leaflet and will send this to the Group to look over.

Action: Look at dates and possibilities for the PPG to come in during the week.

5: Meet the Management Session:

We are looking to restart the meet the management sessions, with the first being on Tuesday 14th May. Kirsty, Jack and Sharon will be present within Reception, if any Group members wish to also come along, that is always welcomed. We are also looking to do some more Open days, as the last one was quite successful after we sent out a text message to inform patients which services would be in the Practice.

Joanne, Reception Team Leader, has also suggested getting in touch with the Diabetic service as they are keen to come along to an open day. We will contact some services, to see who would be interested in coming into the Practice for the Open Days.

7: AOB:

- **Research Active** – The Group asked about the Practice being involved in research, Dr Tanuka Palit will come along to the next meeting to discuss this further with the Group, she was unable to come along today, due to annual leave. Different research topics will be chosen and patients, who fit the criteria to take part, will be contacted. Some research topics have monetary benefits to patients, such as one where you get £100 voucher if you take part.
[Research - Grove House Partnership](#)
- **CCQ** – The Group queried where we are up to with the CQC inspection results. Kirsty explained that we are waiting for CQC to come back, we are working with the Partners, looking at areas of development and working through the action plan.

- **Message from another surgery** – Alan had received a letter from a previous surgery, a message from the Senior Partner to patients. Both Alan and Nancy found the letter to be direct and honest, felt it was a great idea to send it. He felt that it was good that it went out to every patient. Kirsty passed a copy of the letter to the Group and explained that Dr Wilson has seen a copy and she is waiting for him to come back to her. We do agree that it is a good idea, and we did put something similar out last year, in the form of a Q&A information sheet.

THE WILSON PRACTICE

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12th April 2024

Important Notice to Wilson Practice Patients

Dear Patients,

Background

Most of you will be aware that our NHS is under extraordinary pressure. This is particularly true of General Practice. There are increased expectations from our Government and our patients about what we should be doing. Increasing hospital waiting lists also have a big impact on us. Patients who are waiting to see Specialists, or for treatment or operations inevitably need more input from us to support them during their wait.

Financial Pressures

There are huge financial pressures on General Practice. We want to let you all know about this, so you can understand the effect this is having on your GP Surgery, The Wilson Practice.

Over the last few years, The Wilson Practice has been under increased financial pressure. Like most of your households we have had increases in all of our costs – everything we buy is more expensive, our energy costs have spiralled, and our staffing costs have also increased. The funding we receive from the Government has increased by approximately 2% each year. This increase does not come close to covering our current costs. You may read about 'new' money coming into Primary Care Networks (PCNs). Some of this money funds staff who are making a significant difference to patients across our PCN, but the funding does not help The Wilson Practice Finances.

Current Position

The impact of the financial pressures is already being felt. In recent months we have lost several members of staff, some of whom we cannot afford to replace. As a result, the clinical and administrative teams per patient population are becoming smaller. We have had to greatly reduce locum cover and over-time. The Wilson Practice is a team of hard working fantastic people and we are all very proud to be a part of it. It is the team that makes this a wonderful place to work, and provides excellent care to patients. We are also largely well supported by our patients, and our active and involved Patient Participation Group. This brings enormous value. With this in mind we feel it is important to be honest with you about the situation. We hope this will help you to understand why changes are happening, to us and to Practices all over the country. Without significant change, there is a real risk that this Practice, and many many others, may close.

Steps taken

All of our staff are working extremely hard to provide the best level of care they can. We cannot work any harder. The current financial pressures and staffing levels mean that we will not always be able to offer the same level of service you are used to. We can only offer the level of service we are funded for.

You will likely be aware that we have switched to a 'total triage' model. This allows a senior clinician to review all enquiries to the Practice, by eConsult, or eConsult lite, and allocate the most appropriate service in response. There may be times you are asked to access healthcare elsewhere. For example the local pharmacies are now offering the 'Pharmacy First' scheme, where they can diagnose and manage a number of acute ailments. You may also notice that sometimes, more frequently than we would like, eConsult is closed early in the day. This purely relates to demand, and safe capacity available. We are human beings and have a finite number of hours in the day. If demand for routine appointments exceeds this for our staffing levels, unfortunately we have no choice but to close eConsult. Urgent enquiries will still be able to phone through reception if needed, until urgent capacity is reached.

In the month of February we received and managed **4036** eConsults, and our reception and administration teams answered **3657** calls. This is a total of **7693** contacts, which is equivalent to around 45% of our total registered patient list contacting the Practice in one month.

In order to ensure capacity is available for those who need it, please consider whether you can help by trying to self-manage minor illness, by using other available services when appropriate, and attending appointments and health checks when booked.

What can you do?

We will endeavour to keep you up to date with changes, and will continue to do all within our power to provide you with good quality care. We are very grateful for the support you offer us. Should you wish to support us by contacting your MP, please find a template letter which you can use, or you can write to them in your own words to tell them your own experiences.

We respectfully ask you not to telephone the Practice to discuss the above so that we can ensure that the telephone lines are kept free for clinical enquiries only.

Thank you.

The Wilson Practice Team

Alan feels that now that we have patients saying, we cannot get appointments, we cannot see a GP, it is not the Practice's fault all of the time. There has been a huge under investment in the NHS, contracts have changed, all of this is affecting things, it is not just Practice who does not want to do anything, it is that they cannot afford to do anything. It was felt that a similar letter sent from Dr Wilson, personally, would be an excellent idea.

Action: Revisit this at the next meeting.

The Group discussed that we do need to be careful how much information we put out, it has to be affective, and not too much. Dan mentioned that when he sits in the waiting room, there is so much information around the walls that it fails to communicate at all. The plasma is partially out of date and content that is out of date, but Sharon and Joanne, Team Leader, are working on this, so it will all be more relevant and up to date. He noted that on the plasma or anywhere else, there is nothing to say: If you have not checked in with Reception, or checked in using the check-in screen, we do not know you are here. Dan explained that all the Group know that we have to check-in, but that does not mean that everyone else does and are aware of that.

Post Meeting Note: A message has now been added to the screen, which repeats every so many screens:

Have you checked in for your appointment?

You may check in at our Reception Desk or using our self-check-in screen.

If you have any concerns about your waiting time, please speak to a member of our Reception Team.

- **Doctor / patient Referral. Response from Well, Grangeway, regarding charging patients** – Diane informed the Group that she has spoken to the Pharmacist at Well Pharmacy, about having to pay for medication when you are referred there for an assessment. Diane asked if she had to pay, the lady on the counter said no, so in turn Diane asked why she had to pay for hers. She then spoke to the Pharmacist who said anything that is not a prescription-based product, the patient has to pay for. Diane had to pay £15, and this is their policy, if she has another referral to them for sinusitis within 10 days, she will have to pay another £15.

Diane explained that she would be saying that she would not want a referral to them, as she would have to pay. Kirsty explained that they have made that decision, as there is care at the chemist and if you do pay for prescriptions, then it should just be at prescription cost. There are some Pharmacists that can override that and can charge what they want for the cost of the medication. You should only pay the price of the prescription, as you would, if you came to the GP, most Pharmacies are sticking to this, but some are not. The patient can choose which Pharmacy they choose to go too, when the Receptionist gives the list, you have a choice. The Group felt this was a disincentive.

Date of next meeting
(Hybrid)
5th June 2024
1 – 2pm

Meeting Schedule 2024:

Wednesday 3rd July 2024 **4-5pm**

No Meeting during August

Wednesday 4th September 2024 **1-2pm**

Wednesday 2nd October 2024 **4-5pm**

Wednesday 6th November 2024 **1-2pm**

Wednesday 4th December 2024 **4-5pm**