



Grove House Partnership

Patient Group Meeting: 5th June 2024 Hybrid

Attendees:

Syd Broxton (PPG)
Alan Smith (PPG)
Sharon Hearty (PPG)
Dan Benatan (PPG)
Kirsty Kendrick (POM)
Jack Yeomans (RM)

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

1: Apologies:

Diane Mercer (PPG)
John Timms (PPG)
Anne Findlow (PPG)
Norma Sherwin (PPG)
Joanne Cripps (BM)

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

2: Dr Tanuka Palit – Research Active:

Dr Tanuka Palit joined the meeting to discuss the Practice becoming research active and explained that she has a background in this and is very keen to promote it. The Practice has previously taken part in research, and we started again in March 2024. Dr Palit informed the Group that we are working with NIHR (National Institute for Health and Care Research) and they will send us the studies which are appropriate for us and our patients. Our first study was around Integrating Bipolar Parenting Intervention, and we sent out text messages to patients who may wish to take part in the research.

Dr Palit thanked the Group for their support and help, in the wording for her promotion and she hopes that in the near future she can come to another meeting to give an update on further studies. She felt that it is an exciting opportunity for Grove House, it is of value to take part in research, and we feel that we are helping and so will the patients who take part. There are other Practices taking part and hopefully it will help to reduce stress within the NHS. The Group queried if the research linked in with Halton Healthwatch, Dr Palit explained that it does not, but she would like to get involved with other organisations such as them and Wellbeing.

3: Dr David Wilson:

Dr David Wilson joined the meeting, he wished to thank the Group for all their support during the years. He mentioned that we now have a new look website, which is a high-quality website and all 14 Practices within the PCN (Primary Care Network) are looking to have the same format. It is well designed to be used on mobile devices and most of our website hits are from mobiles.

Dr Wilson wished to discuss the letter which Alan had been sent from a previous Practice from the Partner there. He felt that the letter was an honest statement of how things are at the moment, it was hard hitting but not offensive. He felt that there is a lot of information that we could bring to the group, we could collate this information and bring it to the group to gain

their opinions. He explained that the NHS is under pressure, and we are all here trying to do our best, he felt that being a GP can also be lonely and it can go a whole day without seeing any colleagues. There was a time when you felt appreciated and was told thank you, but this does not happen as much now.,

If the group would like a letter to go out from Dr Wilson, then we can look into that, with a letter in an appropriate tone for all our patients. The group felt that there is a lot of false information out there and asked what was the main concerns for a GP. Dr Wilson explained that demand has gone up and most have re in the mindset and the attitude of they will not help themselves, things also now have more complexity along with increasing mental illness. We have to balance so many balls at once.

Pharmacists in this area are under so much pressure too and we know that it is taking them up to 2 weeks to dispense routine medications. Halton has the highest referral rate to Pharmacy first, it is working well, but it is more pressure on them. The group asked, what is the proportion of patients, who we are dealing with on a daily basis that could be treated by a Pharmacist. If we included all onward referrals to other agencies, it would be around 20-30% at least. Dr Wilson explained that we need to change the narrative of the concept that you have to see a GP and that there are other options.

He explained that MSK (Musculoskeletal Clinical Assessment) was self-referral, and this could come back, MSK will do a full investigation with scans, and it is faster to go direct to them, rather than a GP first. If people are sent to the wrong place of care, we want people to not go backwards into the system, but to go sideways into the right place of care for them. GPs need to free up more time to look after patients with long term conditions.

Action: The Practice will collate key points to feed back to the group and look at ways to communicate it out to patients.

4: 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: SW will look into a sign option for outside of the building.

Meet the Management Session – We did not expect as many patients to show up that did, but it was a good mix of opinions, and we are looking at ways to feedback from the session. There were patients from all different avenues, and it did highlight some problems that we can take to Medicines Management regarding Pharmacy issues. There were some nice comments and some highlighted personal issues, which we can look at as they may affect others.

We need to perhaps look to break up into smaller groups in the future or ask people who want to attend to let us know in advance so we can ensure we are better prepared for more people.

CQC – We are waiting for them to come back, but we have done a lot of work around medication reviews, and Pharmacy Tech has supported with ADHD medications.

5: Patient Group Policy:

The group discussed the new policy and the key points that needed to be addressed. The main area was around the role of Chairperson. It was discussed that the role would become a more pro-active one and to take the group forward in a direction which helps them, the Practice and mainly all patients. As voted for and agreed upon at the meeting:

- There will be a 2 year standard term period for the role of Chairperson and Vice Chairperson.
- At the 2 year point, there will be another vote, the standing Chairperson and Vice Chairperson may stand to be re-elected, along with any other members who would also like to put themselves forward for the roles.
- If the standing Chairperson does get re-elected at this point, then after another 2 year term, they will stand down and will not be allowed to put themselves forward for the role for a further 2 year term. This will allow all members to have the opportunity to share their expertise with the Group.
- The Vice Chairperson is able to run as Chairperson, even after a 4 year period in this role, as it is a new role.
- If the Chairperson and Vice Chairperson wish to terminate their role, the standard notice period is one month, unless there are circumstances, which do not allow the notice period to be given. At this point there will be another vote for the role, which has terminated.

Post Meeting Note: Alan Smith was the only person to put his name forward for the role of Chairperson, this was seconded by Diane Mercer. There will now be a vote for Vice Chairperson. Alan will therefore be the Chairperson from the next meeting on 3rd July 2024.

The group wished to look at the following areas at the next meeting:

- A section in the newsletter
- An email address that goes direct to the Group
- Being more visible – this could be on social media and open days
- Form a plan of what the Group would like to work on and start to take this forward in September.

7: AOB:

- **Community Room** – It was discussed that we could look at the option to hold meetings in the large Community room downstairs for the next meeting. Kirsty offered her apologies for the next meeting as she will not be available.
Action: Check Availability of room.

Date of next meeting
(Hybrid)
3rd July 2024
4 – 5pm

Meeting Schedule 2024:

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**