



# Grove House Partnership

## **Patient Group Meeting 6<sup>th</sup> November 2024 Hybrid**

### **Attendees:**

Alan Smith (PPG)  
Diane Mercer (PPG)  
Syd Broxton (PPG)  
Dan Benatan (PPG)  
Kirsty Kendrick (POM)  
Jack Yeomans (RM)

Nancy Alexander (PPG)  
Dave Colleavy (PPG)  
John Pitt (PPG)  
Norma Sherwin (PPG)  
Joanne Cripps (BM)  
Sharon Williams (Admin)

### **1: Apologies:**

Sharon Hearty (PPG)  
John Timms (PPG)  
Anne Findlow (PPG)  
Caroline Nesbitt (PPG)  
Julie Knight (PPG)

Tony Hayes (PPG)  
Deb Kelly (PPG)  
David Jameson (PPG)  
Sharon Snape (TL)  
Terri Keam (SR)

### **2: Actions from previous meeting**

**Exit Survey** – Jack passed around copies of the exit survey, which we had used in previous years, the Group will take it away and look it over to see if they were happy with or want any changes making.

**Action: Discuss and confirm at next meeting. A copy will go out in an email for Group members who did not receive a paper copy.**

**ID Badges** – We are just waiting on delivery of the lanyards.

### **3: Dr Lulu Brown re: test result follow-up:**

Dr Brown joined the meeting to explain how Clinicians deal with test ordering and follow up of them, which was discussed at a previous meeting due to concerns from Caroline, regarding test results coming back normal, but there still being an outstanding health issue, as to why a patient was sent for that test in the beginning.

Dr Brown explained that if a patient does not hear from us within 2 weeks, then they should assume that it is normal, but if their symptoms and the reason why they were sent for that test, still persists then they should contact the Practice again. The Group felt that if a patient is told something is normal, then this may be misleading to them, in thinking that, if the test is normal all must be ok, when perhaps it is not, so then it may prevent them from actually coming back.

The Group felt that there must be a better way of dealing with this, such as a text sent to patients to say, your test is normal, but if you still have the same symptoms then please contact us. Dr Brown explained that it would be impossible for a Clinician to respond to every test result via text as they each receive around 60/70 per day, the volume of tests simply does not allow us to respond to each one. She would assume that this had been discussed at the point of the test being ordered, so the patient would know to follow up any issue up if there

was need to do so. Dan said that he had never had that discussion with any Clinician when he had tests ordered.

Joanne explained that she had spoken to Caroline and informed her of our process, after this Caroline felt that it had never been explained to her correctly and now, she has had it explained to her, she fully understands. It was felt that the Practice needs to look at this internally and ensure that the patients are receiving the correct message when tests are ordered, it is about the Clinician and patient agreeing on a plan.

#### **Actions:**

- 1) Dr Brown is happy to explore any technology that may help in sending texts out to patients even if a test is normal.**
- 2) Same clear message given to patients from Clinicians.**
- 3) Clinicians to give the patient leaflet regarding tests to patients.**
- 4) Add message onto the Plasma.**
- 5) Add to November newsletter and social media.**

Syd discussed concerns he had around waiting times for tests and procedure appointments to come from the hospitals. No one at the hospital could tell him about any information on this. He was given a couple of solutions, one being to contact the Consultants secretary directly and the other is PALS (Patient Advice and Liaison service). Sharon offered to forward contact information on PALS to Syd.

#### **4: Friends and Family Test Figures:**

Sharon presented the figures for the 2024 Friends and Family test and some comments given via this method, for November 2024. We collect responses via a text message which is sent to patients after their appointment. Patients are asked - How likely are you to recommend our GP Practice to your friends and family if they needed similar care or treatment:

Month	FFT001 Very Good	FFT002 Good	FFT003 Neither Good nor Poor	FFT004 Poor	FFT005 Very Poor	FFT006 Don't Know
Jan-24	198	46	9	28	6	5
Feb-24	250	68	10	29	9	7
Mar-24	257	80	24	4	13	7
Apr-24	272	87	33	6	14	23
May-24	348	72	19	13	12	5
Jun-24	330	101	16	8	8	12
Jul-24	132	44	14	1	6	5
Sep-24	272	76	28	12	9	9
Oct-24	498	121	32	14	13	10
Totals	2557	695	185	115	90	83

#### **Response by Collection method**

Month	FFT007 Handwritten	FFT008 Telephone Call	FFT009 Tablet/Kiosk	FFT010 SMS/Text Message	FFT011 Smartphone app/Online	FFT012 Other
Jan-24	0	0	0	178	102	0
Feb-24	0	0	0	245	128	0
Mar-24	0	0	0	303	82	0
Apr-24	0	0	0	331	122	0
May-24	0	0	0	372	97	0
Jun-24	0	0	0	375	101	0
Jul-24	0	0	0	93	109	0
Aug-24	0	0	0	0	124	0
Sep-24	0	0	0	0	406	0
Oct-24	0	0	0	0	688	0
Totals	0	0	0	1897	1959	0

## Actions:

- 1) The Group will look at the comments and discuss at next meeting if any concerns.
- 2) Add to agenda every quarter to keep Group updated on this.

## 5: Patient Survey:

Sharon presented the recent Patient Survey results, the survey was ran during October, paper copies were given out during flu clinics and also put onto social media via Survey Monkey.

**In total we had 146 completed surveys:**

**103** Paper returns (43% uptake based on the amount of patient who surveys were handed to).

**43** via Survey Monkey

**Q1:** Do you take repeat medication that requires a regular blood test or information submitting to your GP?

**51%** said Yes  
**38%** No  
**11%** said that they were unsure



**Q1A:** If yes, what might prevent this happening?

**89%** Skipped this question, but:  
**1%** said they do not see the need for it.  
**2%** said that they do not like doing it  
**8% (11 pts)** that they were not aware that had to do it.



**Q2:** Are you aware that all requests are triaged by a GP?

**85%** said Yes  
**15%** said No



**Q3:** Do you feel that the Practice has improved the same day appointment service?

**68%** said Yes  
**27%** said No  
**5%** were Unsure



**Q4:** Routine and future appointments, can be up to 2-3 weeks ahead, are you aware of this?

**74%** said Yes  
**25%** said No  
**1%** Skipped the question

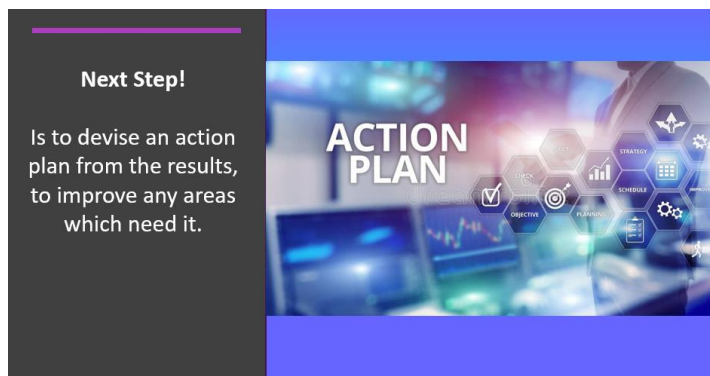
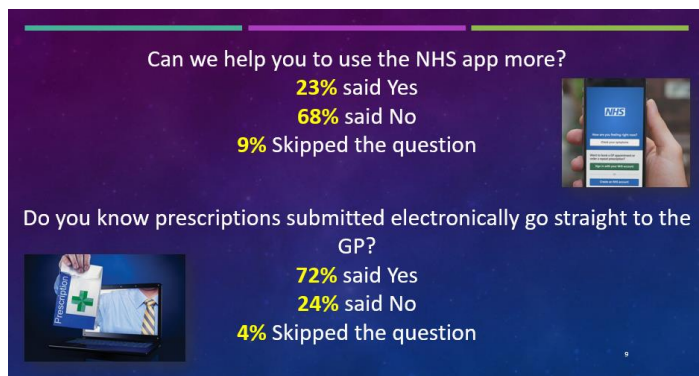


**Q5:** Over 50% of our patients now have the NHS App and use online services and we want to increase our digital inclusivity because it saves time and resources by allowing us to do more with less.

Do you use online services such as ordering prescriptions?

**62%** said Yes  
**35%** said No  
**3%** Skipped the question





One of the main points to come out of the survey was around tests results and the need for more clearer requirements at the point of the test ordering and the importance of blood tests being done when a patient is on repeat medication.

The second main area is around the NHS app and looking at ways to get those patients, who have signed up to the app, but not using it, to gain knowledge on how to use it. The Group had concerns that some mobile devices are not compatible with the NHS app, especially around updates of the app, as some devices, especially Apple, will not update and you need to actually then upgrade your device to access the app.

It was discussed that patients do not necessarily need a mobile device to access the NHS app information, they can also access it through the NHS website and will then have access to all the same information as you would through the app.

[Access your NHS account - NHS](#)

The Group will look at helping those patients who do want more help with the app, possibly holding sessions with groups of patients. It was felt that a mock patient being set up could help with this, so that they could show patients step by step instructions from setup to using it, no one would want to use their actual account due to personal details.

### **Survey Action Plan as discussed with Patient Group:**

- 1) To improve communication in clinical consultations about test requirements and results.
- 2) Make the Practice website clearer and add link to the information leaflet for test results.
- 3) Advertise the process and leaflet on social media, newsletter, and plasma.
- 4) The Patient Group to work with Reception Manager and BA, to coordinate patient NHS app training and signup events.
- 5) Promote access to the NHS account online as well as the app for those who do not have compatible devices.

### **6: Triage of Signage:**

Dan and Nancy had been in the Practice to look at all the signage around the Practice, as it was felt there is so much information on display, it may be overwhelming for patients. They took photos and identified each element. There were 186 items on display, which Dan then catalogued and put into a spreadsheet. The idea of this process is to triage each element, then to find out the importance, urgency and relevancy of each one, to then be able to focus on what patients actually need to see. Dan put one into one of 4 criteria:

- 1) Current Initiative
- 2) Seasonal
- 3) Not time dependent.
- 4) Outdated

He then also looked at if they were NHS priority messages being displayed and if they were:

- Critical Impact
- Substantial Impact
- Standard Impact
- Minimal Impact

He explained that there was a big display around shingles, and that one of the biggest issues around at this time, Blood pressure, was tucked away below the shingles display. This was also the same for meningitis, which is very severe, but the information on this was also tucked away, so anyone who needed it would not be able to find it.

Dan explained that the next step is to work with the Practice and to allocate values, priorities, and pullout key messages that patients need to see. Joanne explained that there are some parts of information that we are required to display for CQC, and some are influenced by NHSE. It was agreed that we need a sub-committee which would include some Practice staff and plot in some meetings over the next few months:

**Action: Set up a sub-committee.**

### **7: Pharmacy Issues:**

Hayley explained that to help with the issues Pharmacies are having, we are now accepting repeat medication requests 15 days before you are due to run out of you medication rather than our usual 10 days, but this does not include controlled drugs. Pharmacies have assured us that if antibiotics are issued then this will be done the same day.

Our Nurses do have new diabetes machines and the lancets if patients are struggling to get hold of these from Pharmacies. The Group felt that we had lost a lot of Pharmacies within the last 18 months, there are now only 8 which are Runcorn based, so this is something that does need to be looked at.

### **8: Newsletter section for /November**

November – Add in sections about NHS app and Tests.

### **9: AOB:**

- **Mike Amesbury (Local MP)** – Due to issues surrounding Mike Amesbury at the moment, this has been put on hold.

**Date of next meeting**  
**(Hybrid)**  
**Wednesday 4<sup>th</sup> December 2024**  
**1 – 2pm**

### **Meeting Schedule 2025:**

Wednesday 8<sup>th</sup> January 1-2pm  
Wednesday 5<sup>th</sup> February 1-2pm

Wednesday 5<sup>th</sup> March **4-5pm**  
Wednesday 2<sup>nd</sup> April **1-2pm**  
Wednesday 7<sup>th</sup> May **4-5pm**  
Wednesday 4<sup>th</sup> June **1-2pm**  
Wednesday 2<sup>nd</sup> July **4-5pm**  
**NO MEETING DURING AUGUST**  
Wednesday 3<sup>rd</sup> September **1-2pm**  
Wednesday 1<sup>st</sup> October **4-5pm**  
Wednesday 5<sup>th</sup> November **1-2pm**  
Wednesday 3<sup>rd</sup> December **4-5pm**