

## **Meeting of the Garswood Patient Group**

**Wednesday 5<sup>th</sup> December 2018 6.30pm-7.30pm**

Apologies: Joy Evans, Razzia Chesworth, Bernadette Lightfoot, Rita Chapman

In attendance: Edwina Taylor – Practice Manager, Dr Helen Parr GP Partner, Ed Ranson PPG Chair.  
Patient members - Brian Knowles, Joe Rice, Pat Williscroft, John Evans and David Chesworth.

### **New introduction**

ER Introduced ET, as the new Practice Manager at Garswood Surgery. Everyone introduced themselves to ET.

Minutes were read and no matters were arising. All agreed.

### **Pharmacy Issues**

ER explained that issues had been raised at previous meetings regarding issues at the Pharmacy, and that he and Sharon had gone in to discuss these issues with Haritha, and looked at their systems and made a few suggestions. We agreed that we would invite Haritha or a representative from the Pharmacy, to discuss how they feel these systems have changed things there. Is it positive or negative?

PW raised an issue of being acknowledged when walking into the chemist. Just so that patients know the staff are aware they are waiting, even just to say – “I wont be a second”.

**Action - ER to feedback to Haritha.**

### **Practice Boundary**

ET explained that the Practice inner boundary has been reduced. This will allow the Practice to still grow in patient list size, but just not as rapidly. Patients currently registered outside the inner boundary will remain patients, but those who wish to register outside of this inner boundary from now on, will not be allowed to. BC asked about the proposed housing development on the nearby land. JR commented that it has now changed and that there will be an update on it January.

### **Practice Update**

ET explained the Practice is at around 5000 patients. This fluctuates on a monthly basis. Clinical and admin staffing was discussed at this point. The Practice currently has 3 Partner GP's working 4 days a week, each. We currently have 2 FY2 Trainee doctor's for 4 months. Then 2 GP Trainees with us next year. We have 10 admin staff. 1 HCA and 1 Practice Nurse.

At this point ET discussed the new clinical correspondence management training that Sarah and Kate have been on to be able to take some of the admin burden from the GP's. They look at the patient letters that come into the surgery, code what needs coding and then only pass to the GP's what they need to see, such as changes of medication, and anything specific that they have asked to see.

### **ER – Remote monitoring**

ER kindly shared his own experience of 'remote monitoring' with the group. This is where the hospital do not need to constantly see him for reviews. The hospital send him a blood form, he goes for the bloods taken, then he can access them via the internet and so can the consultant. They will send for him if they feel that he needs to be seen, and he can contact the hospital if he feels that he needs to be seen. This saves tireless and unnecessary trips to the outpatients department at the hospital. ET explained that we are thinking of introducing something similar at the Practice, whereby those patients that would normally come for a follow up review by the GP's as just a 'check up' we would send them a text instead, to save an appointment. The Practice has just introduced a new text messaging service that allows us to send a lot more information via texts, including links to websites for more information on conditions.

DC commented that he would be quite happy to be reviewed in this way.

**Action - ET will report back at the next meeting as to how this is going.**

### **New locality networks**

ET explained that locality networks have been introduced whereby Practices meet in smaller groups divided into localities. We are in the North St Helens locality. Our neighbouring Practices include Rainford, Billinge and Bethany Medical Centre's. We discuss what is happening within our localities, and try to tailor our services towards the need within our small localities. This is due to the CCG realising that the whole of St Helens has different population groups depending on the locality. ET asked for ideas at the next meeting of things that happen within the locality that we could use to discuss at the meetings. DC suggested that there are lots of community groups within Garswood that do a lot of excellent work, such as dementia groups and loneliness groups. Garswood is very community orientated.

**Action – patients to suggest ideas at next meeting if possible**

### **New Practice Website**

ET informed the group that the Practice would be getting a new website in the near future, hopefully by the time of the next meeting. It is a more interactive website and it allows patients to make queries via this website, rather than having to ring. We will receive it free for a year and then decide after that year whether it will be worth while keeping it and paying for it.

### **Friends and family test Results.**

It was discussed that we can't please all of the people all of the time and we would never get 100%. ER suggested having previous results to compare.

**Action ET to bring to the next meeting.**

### **Any other business**

PW explained that she has been busy and hasn't had chance to get anything together regarding silverline. She did explain about other things going on in the community. The last Wednesday of every month there is a 'dementia café' at St Andrew's Church between 1.30pm-3.30pm. They do a number of activities such as making Christmas decoration and carol singing. There are refreshments. There is not a huge take up of dementia patients in particular most of the people that go are the elderly who are lonely.

HP suggested that it may be because a lot of people do not feel confident doing something for the first time, especially going to a new place with new people. She also suggested a local directory with all the community events inside it. As Garswood does seem to have a lot going on.

ER mentioned the sandwich shop across the road from Garswood train station 'Amanda's. She will deliver 50 Christmas dinners on Christmas day for free.

There is also a Christmas lunch at St Aidan's Primary School, Billinge, on Christmas day for anyone who may find themselves alone on Christmas day. They can accommodate up to 50 guests.

ET wanted to add that Joy Evans had emailed with a concern about hospital letters not being scanned onto patients in a timely manner. ET did explain how the system worked. Unfortunately we are at the mercy of our IT department, who have promised that we will receive these letters electronically, instead of through the post, but this still has not happened. ET has spoken with them several times since taking up post, but they keep telling her that it is imminent. Receiving them in this way would mean that they are filed immediately into patient records, instead of sitting in a tray awaiting a member of staff to scan them onto patient records. We are an extremely busy Practice, and this does take longer than we would like. However those letters are dealt with clinically, as soon as they are opened. The GP's see the letters and deal with anything that needs attention. The fact they are not in patient records is not causing delay in treatment, just a delay in the filing of this information.

BK raised a concern regarding text messaging and that he was being charged when he replied to the text messages from the Practice, but he does not get charged when replying to the ones he gets from the hospital.

**Action – ET to look into it at the Practice**

**Next meeting will be June 2019 – date to be arranged.**