

# **Garswood Surgery Patient Participation Group Meeting**

**Wednesday, 3 December 2014**

In attendance: Cllr Mrs B Ashcroft (Parish Council) – Acting Chairperson  
Mrs J Evans (JE)  
Mr J Evans (JHE)  
Mrs K Gaskell (KG)  
Mr J Rice (JR)  
Mr D Gerrard (DG)  
Mrs A Clark (AC)  
Mr D Chesworth (DC)  
Mrs R Chesworth (RC)  
Mr D Bruce (DB)  
Mrs P Williscroft (PW)  
Mrs T Peet (TP) – Practice Nurse  
Dr D Lawson  
Ms E Rodriguez-Dos-Santos – HealthWatch (ERDS)  
Ms Rachel Jones – Lay Member - St Helens CCG  
Mrs S Greenwood (SCG) – Practice Manager

Guest attendee: Mr Ed Ranson (ER) – re: research project (making the most of medicines) – Liverpool University

## **Apologies for Absence**

Apologies for absence were received from: Dr J White (JW), Dr J Holden (JDH), Dr H Parr (HP), Alison Brook - Engagement & Involvement Manager, St Helens CCG (AB), Eddie Cunningham - CCG Rep (EC), Mr T Narayanan (TN), Mr K Cleary (KC), Mrs S Cleary, Mr B Knowles, Mr C Gaskell, Miss L Clayworth (LHC) – Reception Manager

## **Resignation**

Mrs L Cooley had tendered her resignation. The practice and group members expressed their thanks for her participation in helping to shape the Practice's services during her time as a patient group member

## **Appointment of Chairperson**

In the absence of the Chairman, the group appointed Cllr B Ashcroft (BA) to act as chairperson on this occasion

## **Minutes of Last Meeting**

The minutes of the meeting held on 18 June 2014 were agreed. There were no matters arising

## **Appointments (Signposting)**

AC asked about why the reception staff requested a brief indication of the problem when a patient rang for an appointment.

This issue had been raised before and the practice signposting system was explained by SG and DL. The group were reassured that the reception staff worked to strict protocols developed by the doctors. The rationale behind signposting was to optimise the use of GP appointments and ensure that patients were directed to the most appropriate service to meet their needs, eg, Care at the Chemist or the St Helens Walk in Centre and Minor Injury Unit. The staff did not undertake any form of triage and that if a patient elected not to disclose why they were requesting an appointment that this was accepted. ERDS advised that signposting was widespread across GP practices nationally and that it was a necessary initiative which helped to optimise the use of GP appointments. She advised that the practice of signposting patients to the most appropriate service to meet their needs was fully supported by Healthwatch.

## **Research Project – Making the most of medicines**

Mr Ed Ranson (ER) was in attendance to speak about a joint research initiative being conducted by Liverpool and Exeter Universities regarding improving the way medicines are used to help patients living with long term conditions. He advised the group that he was a patient of Garswood Surgery but he was attending the meeting as a public partner (c/o Liverpool University) on the research team for this initiative. He advised the group that although people were living longer, it did not mean we were living longer and healthier and a lot of people were living with long term conditions. Medical practice today concentrated on preventative treatments (eg, statins) to postpone or prevent issues in the future but this did mean that significant numbers of people were taking a cocktail of medication (polypharmacy). There were issues in regard to polypharmacy and compliance, as patients grew older controlling their compliance could become increasingly difficult. Research showed that many patients were taking medication without understanding what it was for and that sizeable numbers were picking up medicines every month but then not taking them.

So far there has not been a lot of research looking at how people adapt their medicines to fit their own personal needs and so this was the starting point for the project. At this point the aim was to collect case studies and ER advised that he was seeking to invite and recruit patients living with long term conditions and polypharmacy to participate in the research by describe the support that they received in regard to tailoring their care to their individual needs.

The case studies would help the researchers to work out the next steps in taking the project forward and could illustrate 'gaps' that needed to be explored with a view to building a research project that would provide them with the new knowledge they needed about how best to individually tailor medicines to the needs of the individual

SG suggested that a good source of recruitment could be Garswood Pharmacy and she advised that ER should contact the pharmacist to ask him if he would agree to hand out the invitation letter to patients on polypharmacy.

SG invited ER to join the patient group. ER accepted the invitation.

## **Garswood Patient Survey Jun 2014 – Dec 2014**

SG presented the results of the most recent local patient survey.

The group were also presented with a comparison of our performance against the outcomes from the national GP Patient Survey including an extract from the national survey comparing our outcomes to those from several other local practices.

The results remained consistent with previous local surveys and the majority of patients are happy with the service provided.

We were pleased to report that the local survey results were consistent with the national survey results and that our overall performance in both surveys confirms that we are delivering a quality service. Data available from National Patient Survey results allows us to look at our performance against local peer practices, the practices in our Clinical Commissioning Group (St Helens CCG) and against practices nationally, it is evident that across most survey indicators we are a top performer.

In the 2014 National GP Survey Confidence Test Garswood Surgery was the highest achiever in the St Helens CCG. 60.5% of respondents said they felt very confident and 38.8 said they felt fairly confident in managing their own health. Less than 1% (0.07% of respondents said they did not feel confident. The government rated the 'confidence interval' for the practice to be 99.3%.

SG advised that a copy of the local and national surveys and the comments we received are published on the practice website.

### **Clinical Commissioning Group (CCG) Update**

The Chairman was not available to talk to this item. Rachel Jones (RJ) introduced herself to the group as the lay member for the St Helens CCG.

### **Reaching the Socially Isolated**

DL advised that we were required to conduct general health assessments on all patients aged patients aged 75 and over during the next two years. Six months into this initiative, the issue of socially isolated and lonely patients had been highlighted. These people did not feel that they wanted the regime of attending a day centre but DL was keen to encourage socialising for this cohort of people but was unaware of any local drop-in type facility of this nature that provided somewhere people could attend when it suited them. Alternatively he wondered whether we ought to consider providing such a facility ourselves and whether the group would be interested in volunteering to create a 'coffee morning' style facility, possibly in the practice meeting room. DC and RC advised that there was such a group already operating from the newly build Orangery at the local church. They advised that the facility was proving very popular. Although operating from the church premises, the meetings were non-denominational and everyone was welcome. DL was pleased to learn about this facility and he felt that this was exactly the kind of thing he had in mind and he would inform people who he felt would benefit from attendance at such a group.

### **Practice Update**

## **Practice List**

SCG advised that the practice list continued to rise and currently stood at c. 4400 patients.

## **Telephone Call Recording**

SG reported that there had been delays in the introduction of call recording due to issues in obtaining the necessary licences. The latest forecast for implementation was February 2015.

## **Appointment No-Shows (DNAs)**

The issue of DNAs continued. SG advised that there had been instances of a small minority of patients booking multiple appointments on-line – just in case they needed them. They then forgot to cancel or did not attend. The group agreed that the on-line access facility should be withdrawn for these particular patients

## **Practice Website Refresh**

The practice website had been refreshed as requested. It was hoped that this would make it easier for patients to navigate the site.

## **Date & Time of Next Meeting**

It was proposed that the next meeting be held June 2015. The date would be confirmed nearer to the time.