UnityHealth

Patient Participation Group (PPG) meeting – 5th November 2019

Attendees: LM-F (Lesley Munro-Faure), SS (Stephanie Service), JE (Jenny Edmans), YH (Yvonne Hook), PM (Pat Mullan), JH (Jackie Highe), MW (Marion Wilkes), RH (Rob Holdaway), CP (Christine Poole), JP John Pettit, JA (Jenny Asher), BJ (Brenda Jefford), EL (Emma Lowndes), RDH (Richard De Havillande), CC (Cathy Clark)

Date/Time: Princes Risborough surgery at 2pm

No	Description	Action
1	**Welcome to our two new members, resignations and apologies** New PPG members, Richard De Havillande and Emma Lowndes introduced themselves: • RDH has a healthcare general management background having worked at the Oxfordshire Community Trust and the Nuffield Orthopedic Centre (among other healthcare organisations). • EJ left a large corporate company three years ago and became freelance; in part so that she could care for her mother in law who has dementia and Alzheimer's. She is extremely active in this space, including having a blog called Maud and Mum – www.Maudandmum.com. She is very interested in how we get people to extend their "healthspan" as well as their lifespan. The following people sent their apologies for this meeting: Marcia Davis and Louise Smith. Mike Britnell has sadly decided to resign from the PPG. He said that he has really enjoyed his time on the committee but has done it for several years now and sadly has a number of other activities that are taking up an increasing amount of his time. He wishes the group all the best for the future. SS noted that she would be trying to keep the group to time more in meetings, moving on discussion where necessary. This is due to a couple of members noting that at times people talked over each other and the agenda was side-tracked by long discussions. SS noted that she will always try to agenda any topic for the next meeting if there seems to be a particular interest in something that wasn't on the agenda.	

2	**Review of actions from the last PPG meeting held on 30/07/19** **Action: SS to investigate with IT, but expects it is not a practice issue** – this related to some IT issues that YH and MW were having with information I was sending out to members. Our IT provider, Dacoll were unable to provide any suggestions and believe that it must be their own settings given that these issues don't occur for other members. **Action: SS will investigate together with CP why she is not on the carer's register.** SS noted that she has checked CP's medical record and she was put on the carer's register on 10th May 2016. **Action: SS to ensure QOF is included on future agendas** – SS reminded the group that we had agreed to provide an update on the Quality and Outcomes Framework (QOF) every other meeting; so she will agenda this for the next meeting. **Action: LMF to distribute details on QOF components** – LMF explained that this was 134 pages long, and therefore will instead provide a summary at the next PPG meeting. **Action: SS to discuss this result with reception and the GPs** – this related to the fact that the practice scored 38% (vs. the national average of 49%) on the GP Patient Survey against the question: do you usually get to see or speak to your preferred GP when you would like to? SS explained that having discussed with reception and GPs she did not have a definitive answer. It is tricky to decipher the issue without knowing the comments behind this data. One thought was that potentially Unity Health's GPs work less sessions compared to the average GP, and therefore are not in practice as often to provide continuity for patients. However, we see the additional roles that many of our GPs have as a positive thing – adding to their expertise and experience. (For example, Dr Mulholland is the Vice President of The Royal College of GPs. SS noted that she will talk to reception at their next team meeting about the need to try to determine quite quickly in the course of a telephone conversation with a patient whether it is access (i.e. an appointment as soon as possible) versus continuity (seeing the same doctor) that they would prioritise. RH commented that reception should, where possible welcome/encourage patients to book with their usual GP (as some patients wouldn't think to ask). LMF commented that the GPs also prefer to see the patients that they know – it is better for all concerned. **Action: SS to include F&F Test data on next meeting agenda** – Done: see agenda point 5 below. **Action: PPG members to suggest ideas for how the practice can better**	**SS to add QOF and QOF components to the next PPG meeting agenda.** **SS to include in next newsletter a reminder that patients can ask to see / speak to their usual GP for continuity.**

	engage with its population – SS suggested we picked this up as part of agenda point 6 as she only received a response from one member. **Action: PPG members to consider if they would be interested in getting involved with either of these suggestions (or any others)** – as above **Action: SS to put PCN update on next meeting agenda –** Done: see agenda point 8 below. **Action: SS to obtain explicit consent from PPG members not present –** this related to PPG members confirming that they were happy for their email addresses to be shared with each other and the CCG. All members have now confirmed this is OK. **Action: SS to investigate stiff taps in Princes Risborough bathroom –** these have now been fixed. **Action: SS to ask members if this would be preferable as an alternative location** – SS noted that she would continue to consider alternative locations for future meetings, particularly the Long Crendon Baptist Church.	
3	**"Getting to know Unity Health staff"** Sarah Muspratt, one of our secretaries who works at the Princes Risborough surgery came in to talk to the group about her role. She explained that they support the GPs with anything that they need doing; it is therefore a very varied role. The majority of their time is spent processing referrals to secondary care. She explained that these will either come to her via the digital dictation system, or via a task note in the patient's notes. The GPs provide the detail that needs to go into the letter and the secretary's role is to type this up and send it off to the relevant department. RH asked whether referrals could be missed? LMF noted that this can only happen if the GP forgets to do the referral. RH also asked how the letters received back from secondary care are flagged to the GPs. LMF explained that we have a Workflow protocol whereby certain letters are flagged to the GPs, and others (which they do not need to see e.g. DNAs or diabetic retinopathy are simply coded in the patient's record). Sarah explained that they endeavor to choose the secondary care facility with the shortest wait. However, if there are no appointments, patients are put onto a list. We have no control over this and for some specialties such as dermatology, patients are often required to wait several months. We try to refer locally however, if patients are happy to travel e.g. to London, they can often be seen sooner. Sarah encouraged patients to call the secretarial team if they have any issues with referrals and they will always do their best to sort these out if they can. LMF noted that patients can also look	**SS to ask Sarah if she**

	themselves online at waiting times to see where else they could go to be seen quicker. The PPG thought that Sarah's explanation of the referral process was very useful, and suggested that there be a short guide and/or process diagram on our website and in the next patient newsletter. Sarah also explained that the secretaries deal with any emails that come into the main Unityhealth.bucks email address. Any urgent emails for the GP are put in their tray for their attention that day. There was a query about how referrals to the new Thame ultrasound scanner work in practice (as MW noted that some friends she knew at other surgeries were being sent for ultrasounds further afield despite the new machine being available in Thame). LMF noted that for scans we simply refer to Buckinghamshire Healthcare Trust and it would be up to them to decide where patients are booked in; we cannot specify a location. We are unsure how they do this e.g. whether they consider address or simply availability of appointment.	**can produce a "quick guide to referrals" for the website and newsletter.** **Possibly include note re. new ultrasound in next newsletter so patients know to request Thame.**
4	**Newsletter** Thank you to MW and YH for their input and help with the September newsletter. SS welcomed any feedback on this ahead of the next edition. The group noted that they thought it looked very good. LMF noted that we did not send a text to all patients this time, but is happy to do this next time if the PPG think it would be a good idea to try to increase readership. We discussed that as well as copies being in the surgery themselves, they should also be in local village shops, chemists, libraries, town hall (Thame), village centre (Chinnor) etc. Agreed that someone from the PPG would take the lead in deciding where to put the newsletters and then distributing these. We should also note in the local magazines we write in about the newsletter, and put a link to it on our website. It was noted that we would need a lot more than 500 copies if we were to distribute to multiple locations. SS and LMF will need to consider the cost of this before agreeing the final number. RH suggested adding into next year's patient survey a question asking how many patients had read this. (If nothing else, this should draw attention to the fact that this exists). JH noted that she thinks it is important in the next issue to try to draw people in with some "headline stories". Next time, for example, the main focus could be on Wellbeing, as well as a "spotlight on" our pharmacist, Dawn Ilsley who could talk about what she as our in-house pharmacist, and also community pharmacies can do for patients.	**PPG volunteer in each of the 5 surgery areas to ensure newsletter is available in local "hubs" as well as the surgery itself.** **SS to consider including this new question in next patient survey and also putting link to newsletter in local magazines.** **SS to ask Dawn Ilsley to come to the next PPG**

	This led on to a discussion about current problems at Boots in Thame (and the fact that there is no competition; only two Boots branches) and at Lloyds in Chinnor. The issues it seems are multi-faceted e.g. significant delays in medications being dispensed, lost scripts, incorrect medications, inadequate storage etc. A query was raised as to where complaints could be made. LMF suggested that complaints should go to the commissioners – in this case, NHS England. JP noted that the timings of scripts are often poor due to the number of tablets dispensed (some in weeks; others in 10s, 20s etc). LMF noted that patients should discuss this with their GP in order to align these. She also noted that the current guidance from the CCG is to prescribe all medications for 28 days, with the exception of the contraceptive pill, which can be prescribed for 3 months. CP noted the important point made in the last newsletter that if patients have atrial fibrillation they should not use the Blood Pressure machines in the waiting rooms.	**meeting if possible to discuss her role and community pharmacy.** **SS to check BP machine instructions note this.**
5	**Performance update: Friends and Family Test** SS explained that we text patients after their appointments to ask them how they would rate (from 1 to 5) the service they received in terms of how likely they would be to recommend it to their friends and family. 1 is "Extremely likely", all the way down to 5, which is "extremely unlikely". SS noted that this is a national survey, and therefore we have no influence on the wording of the question; however the responses we receive are very helpful from the practice's perspective in terms of keeping our finger on the pulse of the organisation. We receive approximately 500 to 600 responses per month (which, to put it into perspective is about half the number of responses from the annual patient survey; so a lot!). Since October 2018 (11 months of data), our results have been that between 92% and 96% of patients are likely or extremely likely to recommend us. Generally the percentage of "extremely likely" is also high - between 80% and 85%). SS explained that the results of the survey are uploaded on to the TV screens each month, and she responds to any negative comments using a "you said / we did" type approach. SS showed last month's results. She also gave an example: Patient comment: "*Long wait time, 30 mins after my appointment.* Unity Health response: On occasion there are unforeseen circumstances – such as emergencies when an ambulance needs to be called which may therefore lead to a clinic running behind. If you have been waiting at	**Action: SS to put Friends and Family test results on the practice website.**

	reception for 20 minutes beyond your appointment time, please talk to reception in order that they can investigate this. SS also noted that some patients complain about receiving these texts from us. Patients can decide to "opt out" of these, but then this means that they will not receive any text communication from us whatsoever including appointment reminders, flu clinic information etc.	**SS to include this in the newsletter so patients know they can opt out.**
6	**How can we get the most for patients out of the PPG?** SS commented that there is great engagement at the quarterly PPG meetings which is brilliant, but very little work happens in between these meetings. SS noted that she understands that many members have other commitments, but wonders whether we could set up small sub-groups on certain topics to move things forward between meetings. We discussed the frequency of meetings but decided for the moment to keep these as every quarter; the reason being, everyone has now agreed that their email addresses can be shared, so there may be more communication between meetings among members. **Wellbeing Strategy** SS spoke again about the Wellbeing Strategy (which she introduced at the July meeting). On 21st November we will be holding a staff wellbeing afternoon on three main topics: eating for health, stress and anxiety, and physical activity. The idea is to give staff an overview of different areas in the wellbeing space, and they can then feedback as to what they would like to do more of in the future. We are starting with staff, however, we quickly want to widen this wellbeing initiative to patients too. The idea is that we want to get on the front foot and, where possible, help people to stay healthy (therefore reducing the need for them to come to the doctors at all). Lesley Simpson, who is the Long Term Condition, Prevention and Supportive Self Care Training Lead at Bucks CCG is attending on 21st November. She has also offered to train the PPG to deliver wellbeing training sessions themselves to patients. This way, we can reach many more people than if Lesley alone were to be doing this. RH noted that promoting the wellbeing of patients is one of the top statements on the PPG's Terms of Reference, and therefore it is absolutely something we should support. JE noted how brilliant Lesley Simpson's chair-based exercise groups are that she holds in Brill. Possibly this is something else she could teach the PPG to do if there was an interest?! EL noted that it is important that we too try to get healthier, to help set an example to others. Marginal changes make all the difference – for example, walking 30 minutes each day.	

	PM asked whether the practice is involved in social prescribing. LMF noted that we will be soon (see agenda item on PCNs). We agreed that after the session on 21st September, SS would feedback to the PPG how this went. The plan would then be to have sub-group meeting for those who were interested with myself and Lesley Simpson before the new year. RH said that we should agree in this meeting what we are trying to do, and what the approach should be i.e. simple "quick win" signposting versus education / training (which will require more time and resource). PM suggested that we should also talk to other practices about what they have done in the wellbeing space. LMF didn't think that much had been done. RH, JH, JE, MW, JA and BJ all stated an interest in being involved in the Wellbeing sub-group. **Carers** We discussed the possibility of having a Carer's sub-group, particularly with EL joining the committee. We could in the future hold carers awareness events, and/or at the very least improve our signposting for carers. JP noted that all of us will be a carer or be someone who is cared for at some point in the future; so it is of interest to us all. **Other sub-groups** JH asked if there were any other subjects that people felt strongly about that they might want to create a sub-group around? We briefly discussed again the "Expert Patient initiative". RH is potentially interested in exploring this initiative.	**SS to research what other practices have done in the Wellbeing space.** **SS to report back after 21st Nov and set up a sub-group meeting with Lesley Simpson.** **SS to discuss with EL and possibly agenda for next meeting.**
7	**How can we better communicate with our patients?** **Website** SS asked if anyone would be willing to spend some time looking at, and searching for information on our website. It would be very helpful to have some ideas as to what could be improved. Please also could you look at some other surgery websites for ideas? What, as a patient, would you like to see on there? JP noted that it would be brilliant if the website could help to signpost patients to the most useful resources / websites / guides on different topics (e.g. diabetes) to prevent patients googling and being overloaded with the search results and confused as to where to start. LMF noted that NHS Choices - https://www.nhs.uk/ - is the best place to start for patients looking up information on any condition. RDH asked if we had any statistics as to how many people view our	**PM and JP to review the website (and other surgery websites) and suggest potential ideas for improvement.** **SS to ask website providers for any data on site hit rates and ensure**

	website, and which areas. SS to investigate. EL to put SS in touch with specialist agency she knows who analyse exactly this. It was noted that we need to promote the website in other forums e.g. parish magazines etc. However, LMF noted that we should wait until we have made improvements to it and then consider "relaunching" it to patients. We could even put a card in everyone's prescription bags? **TV screens** SS asked if anyone would be willing to spend some time looking at what is on the screens to see what they think is useful (/not useful) on here to patients. LMF noted that a lot is central (CCG / NHS) content and therefore we won't be able to edit this. The general consensus was that many items are too long. They would prefer shorter, crisper items that are repeated more often. ill try and find out if can get rid of this. Ideally one person to look at each site (except LC and Chinnor are the same). What's useful on the screens and why. Is it too fast? Could even take pics so it's obvious which ones we're talking about. Could come in and help re-design. SS also noted that she'd welcome any feedback on the leaflets / notices in surgery. For example: is there anything that you think is missing? What would you like to know about? Is there too much information?	**we clearly link to NHS choices.**
8	**Surgery updates** **"A Year of Care"** Unity Health, like most practices, is overwhelmed by the demand for urgent care. This means that it leaves very little time for anything else e.g. planned care of those with complex, long-term conditions (LTCs). In general, patients with LTCs are seen by the nurses. However, there are certain areas in which they do not have expertise e.g. dementia, mental health, chronic kidney disease etc where it is more appropriate for the GP to see the patient. We have created a search of our patient list in order to create a list of patients that we would like to ensure that we proactively bring in for an appointment at least once a year. This way, we will be trying to prevent issues before they occur. There are several criteria we have used to create this list, a couple of examples of which are: patients who are on more than 10 medications; patients who have four or more LTCs; patients with dementia. We are hoping to launch this work in the next month or so, with GP time being released by urgent care being primarily treated by the Advanced Nurse Practitioners in their urgent care clinics. LMF noted that we need to	

develop a system for getting these patients to come in. For LTCs, patients have been educated to come in to the surgery in their birthday month for their annual review.

There was also a short discussion in relation to continuity of care. RH remarked that the issue of lack of continuity was made worse at Unity Health by the number of part-time doctors and on follow-up with patients there was also therefore greater risk of not delivering efficiently. LMF commented that this would continue to be a challenge in the future, but is not specific to Unity Health – part-time GPs are a national issue.

Primary Care Networks (PCNs)
LMF explained that PCNs are the government's current hope for the future of primary care. Without primary care, the whole of the NHS would fall down, since we see 80% of all patient contacts.

PCNs were born out of the recognition that quite a few practices are vulnerable (due to their small size) but few are willing to merge as we have. PCNs is a way of forcing practices to come together to provide services since, for example, all new income streams will be coming via the PCNs. Theoretically they began on 1st April 2019; however year one is primarily about getting up and running. The only new roles being created this year will be a network pharmacist and social prescriber. In the future there are likely to be other roles such as paramedics and physician associates; the idea is – what other people can help to do some of the work that GPs and nurses do (owing to the serious recruitment challenges with these two roles).

RDH asked about how Hospital at Home fits in with this. LMF explained that this is likely to come in as part of the next stage – i.e. who else in the local network (e.g. secondary care) will PCNs work with to deliver care.

The Practice boundary
SS showed the group the Practice Brochure which is given out to all new patients and is available from each surgery reception.
On the back of this is the Practice Boundary. This shows the area in which we are contracted to provide NHS care to patients. There is also a small outer boundary – we do not accept any new patients moving to this area, but any patients moving from the inner to the outer boundary are eligible to stay registered at the practice.
LMF explained that we are quite strict on our boundary – sending Out of Area letters to those who move out of the practice boundary but haven't moved GP. The reason for this is that we need to prioritise the patients within our boundary. However, patients do not like moving GPs.

SS agreed to email updates on the following things that were also in this

SS to find out if we are able to put the practice brochure on the website.

	agenda item due to a lack of time: Daffodil standards, receptionist recruitment, CQC inspection, flu clinics – any feedback so far?	
9	**AOB** JH noted that she was concerned about the process of receiving results back from x-rays having recently had one. She was told that the results would take up to 5 weeks to be delivered to her GP. JH spoke to one of our receptionists about this who explained that if there was anything of concern found in the xray, the GP would be sent this much sooner; 5 weeks was the time period if there was nothing abnormal on the scan. Jackie's concern is the delay in hearing this news and questions whether this is unsafe practice. LMF explained that JH could complain to the Patient Advice and Liaison Service at Stoke Mandeville Hospital; direct to the Chief Executive (Neil Macdonald) or to the CCG who commission the service. SS agreed to email updates on the following things that were also in this agenda item due to a lack of time: PPG page on website; fund from Local Age Concern group in Bernwode; and Charity connections.	