UnityHealth

Patient Participation Group (PPG) meeting – 14th July 2020

Attendees: LM-F (Lesley Munro-Faure), SS (Stephanie Service), PD (Pipla Dewan), JE (Jenny Edmans), YH (Yvonne Hook), JH (Jackie Highe), MW (Marion Wilkes), RH (Rob Holdaway), JP (John Pettit), EL (Emma Lowndes), RDH (Richard De Havillande), CC (Cathy Clark), LF (Louise Fenton), LS (Louise Smith), NS (Nina Scott), HS (Helen Smith).

Location/Time: Virtually via Zoom at 1pm

No	Description	Action
1	**Welcome to our two new members** We have two new members since our last meeting on 28th January: Louise Fenton and Sarah Buckley. LF is a mother of three; her background is in Social Care – she was a Team Manager in Children's Social Care. She wanted to join the PPG as she is impressed with the surgery and very thankful for what they do, so she wanted to give something back. SB was unfortunately not able to attend the meeting. SS also introduced: • Helen Smith, from Healthwatch Bucks who is observing the PPG today and will be leading us in a discussion on the role of PPGs in agenda point 6. • Pipla Dewan – SS's interim replacement as Practice Manager, since SS is going on maternity leave on 16th July. PD has over 20 years Practice Management experience in London. • Nina Scott – our Primary Care Network Social Prescriber who will explain more about her role in agenda point 4.	
2	**Apologies and Resignations** SS received apologies from Brenda Jefford, Pat Mullan and Ian McIntyre. Since our last meeting on 28th January 2020, two members have sadly resigned from the PPG due to other commitments – Marcia Davies and	

	Christine Poole. Both wished the committee and the practice all the best for the future but explained that they were no longer able to give the time to the PPG that they felt was needed.	
3	**Review of actions from the last PPG meeting held on 28/01/20** **Action: SS to provide an update on website data / reports available at the next meeting** – SS unfortunately has not had time to do this. However, it was noted that we will be doing a full review of the practice website over the next year as a priority (Pipla and Charli our IT Manager to lead on this), and we will use Google Analytics as part of this review. **Action: Dawn Ilsley (Pharmacist) to review all COPD patients on steroid medication to ensure consistency of prescribing** – The Gold standard for COPD is currently 8 tablets a day for 5 days. DI completed this review on 28th January. Most patients were already on the right criteria; however, she changed any that weren't, unless there was a clinical reason not to do so. **Action: PPG members to provide thoughts on potential key data sources they think should be included in the practice's new data monitoring suite** – No comments received from PPG members to date. SS noted that this had not yet been finalised, and therefore encouraged members to provide any thoughts or suggestions. **Action: LMF to review the end of life template** – LM-F noted that Dr Furlonger had completed an initial review of this template. However, she explained that since the last PPG meeting we have had a whole new suite of templates from a company called Ardens, and the practice is in the process of reviewing our existing templates against these. **Actions: RH, MW and JE to agree dates for the second cohort of patients; SS to confirm re. personal indemnification; all to provide suggestions / comments on the Live Life Well referral form** – These three actions related to the Live Life Well programme. SS explained that this was an educational programme that was planned for patients in three main areas (eating for health; managing stress and anxiety and physical activity) Sadly due to the COVID-19 outbreak, the first cohort of training arranged for April was not able to take place. SS noted however that Lesley Simpson (from Bucks CCG) who was leading on the Live Life Well Programme did provide some virtual training for all of our shielding patients on these three topics. It seemed to have been well received (corroborated by RH, JE and MW who attended). Sadly though uptake was very low. Due to the ongoing pandemic it is uncertain as to when/whether the face-to-	**LM-F to talk to Dr Furlonger re. status of End of Life template.** **PD to liaise with Lesley Simpson on the future of the Live Life Well Programme.**

	face training programme planned will be able to begin. **Action: SS to ask the LGBT Foundation what categories we should have** – This related to broadening the first question on the Patient Survey (Are you male or female?) to be more inclusive. This has been done and the new question is in the patient survey, which is now live. **Action: All to comment on proposed survey questions once SS distributes these** – SS explained that, given the delay in the publishing of the Patient Survey owing to COVID-19 (from March to July), the practice had made the decision to open the survey, having made a number of changes based on the discussions held at the previous PPG meeting in January. The primary changes were: 1. New question: How have you found the care provided by the practice during the COVID-19 pandemic? 2. New question: Do you feel that Unity Health is responsive to your needs? 3. New question: How useful do you find the bi-annual Patient Newsletter? (Please comment if you don't find this useful or weren't aware of this.) **Action: SS to consider positioning of newsletters in the waiting rooms** – SS noted that we will need to think differently about distribution of the newsletter in September since currently footfall in the surgery is markedly less. SS suggested an MJOG text message to all patients with a link to the newsletter on our website, and a facebook post. **Action: LMF to review percentage of income obtained from each source** – This has not yet been completed. LM-F noted that she will look at the practice figures from the 2019 accounts and will send these to all members. **Action: SS to invite Nina to next PPG meeting** – done (see agenda point 4). **Actions: SS to discuss with Nina owning the bereavement pack and to liaise with Dr Furlonger over what the practice's role is in this; JH to discuss Carer's pack with EL** – JH updated the PPG on this, explaining that she had updated the pack, but this was currently with the Haddenham Practice Manager to be taken forward. **Action: SS to try to shorten the agenda next time to ensure we don't overrun** – this was broadly achieved; we overran only by a couple of	**PD to consider how best to advertise and distribute the September Newsletter.** **LM-F to send key figures to PPG from 2019 financial accounts.** **JH and NS to liaise in relation to the completion of this pack and list of contacts.**

	minutes.	
4	**"Getting to know Unity Health staff"** Nina Scott, Social Prescriber Link worker outlined her role and answered questions. She has been in post since January and is the Social Prescriber for the Primary Care Network (comprised of Unity Health, Cross Keys and Haddenham practices). Often during a consultation with a GP or nurse a patient wants to discuss something that isn't related to their healthcare as such, but their wider health and wellbeing. In this way, Nina supports patients with any non-medical matters e.g. a financial worries, concerns about a family member, social isolation etc. Any practice staff member can refer a patient to Nina (although they should get consent from the patient before doing this). She then works with them to support and offer guidance; signposting them to local third sector organisations where this would be helpful and together with the patient making a plan which they can move forward with. JH asked whether there had been many COVID-19 related referrals. Nina explained that initially she was helping the practices contact all of their shielded patients to make sure they had all the help they needed in terms of medications and shopping, among other things. RH asked about the volume of referrals Nina receives – c.3-4 per day (from the PCN as a whole). RH also asked about the level of awareness of her role. Nina explained that there is some information on our website about social prescribing. This led on to a brief discussion about whether patients might be able to self-refer to Nina in the future; this is not something that is happening currently, but the role may develop in this way. Nina explained that she is in the process of agreeing a streamlined approach for referrals as currently she is being contacted in several different ways. LF asked some further questions about the role – e.g. is it new; how would you evaluate the role? Nina explained that it is one of several additional roles that PCNs could choose to recruit to with the funding they were given. In terms of evaluation, this is still in the early stages, but anyone that Nina sees is coded such that data can be analyzed in the future. JP raised a question about the website as he wasn't able to find anything about the social prescriber on here. However, after the meeting he explained that he was mistakenly looking at the Patient Access website (which is a national website which we have no control over) rather than the Unity Health website. The information is available here: https://www.unity-	

	health.co.uk/new-social-prescribing-service-available/	
5	**COVID-19 check-in and update** SS asked for feedback from the PPG in terms of how the surgery has performed during the pandemic. What has gone well? Is there anything you think we should be doing that we aren't? LS noted that she is a local podiatrist and she therefore sees a lot of diabetic patients. Several patients have raised to her their concern that they might miss their annual review with the nurse, and that it would be useful if she knew how we were managing these appointments so that she could reassure them. (JH added that the same thing applied to other annual tests, e.g. with the hospital). LM-F explained that the hospitals had stopped taking referrals for several months during the pandemic; however, nationally they are now being told that they must accept these and manage how these will then be processed at their end. LM-F explained that at the start of the pandemic we were not bringing any patients into surgery unless absolutely necessary, as per national guidance, in order to free up capacity for COVID-19 cases in primary care. However, thankfully the volume of cases anticipated never came. Hot hubs have since been set up, and therefore any symptomatic of potentially symptomatic patients are generally seen here rather than in primary care. For the last six weeks we have therefore been working out how we start to bring more patients in again for routine primary care services. We have been advised that we need to start doing these again, but in a way that would mean we could stop them quickly if there was a second spike. LM-F noted that some responsibility is with the patient – if they don't present with their concerns, we will never know. Some work has been done by the CCG on this to advertise to patients that primary care is open for business. In terms of long term condition reviews, our previous policy was for patients to come in in their birthday month. We therefore have a backlog owing to the fact that we have not generally been doing these since March. (although we have however done what we can via telephone consultation e.g. asthma reviews.) National guidance is now to stratify patients to pick up the highest risk patients first who may have missed their annual review, rather than just working from the beginning of the backlog. This is what we are currently working through. The issues are that we can see far fewer patients face-to-face now as appointments take much longer due to the need for PPE. Our capacity is therefore reduced. As soon as we have worked	

	through this, we will communicate with patients. LF noted that she feels the surgery have managed the pandemic very well having had to bring one of her children in early on. RDH had asked by email prior to the meeting how patients had adapted to video consultations. SS explained for the benefit of all that generally the GPs said that patients had been very understanding. Most patients actually didn't want to come into the surgery, so were happy with a phone call or video consultation. Many of the elderly patients, who never have used video consultation before, were also happy to try the new technology. We have also been able to support older patients with the paramedic service where home visits were needed. RH asked more about remote consultations and how this was working in the practice. LM-F explained that because we already had the telephone triage system, it has been less of a change for our patients than many. In the long-term the expectation is that we will bring back more patients again for face to face appointments – possibly around about 30%. For us the big change was in the nursing appointments as previously these were all face-to-face. Now we are considering how we can continue in the future to do more consultations over the phone as many patients have preferred this to coming into the surgery. RH asked whether the practice was doing anything differently in terms of organisation and resource. LM-F replied that we have not changed our staff numbers, although we do have some staff working from home currently. YH noted that she had been given blood tests both in the car park and at home and was very pleased with the service offered to shielding patients. LM-F went on to explain about shielding patients and that up until now we had been home visiting for any medical help required, but we are now bringing these patients into the surgery again since the prevalence of COVID-19 in the community is significantly reduced; however, this is being done in a managed way – i.e. at the start or end of a clinic.	
6	**Helen Smith (Healthwatch Bucks): discussion on her experience of PPGs** Helen explained that Healthwatch Bucks is an independent organisation which gets its funding from the Council. They are relatively small with just 5 * FTE and 30 volunteers. Its role is to listen and hear feedback on any Health and Social Care service and work with provider organisations to make improvements. Pre-COVID they would attend PPG meetings and community events, and talk to patients in waiting rooms. All feedback goes on their website, and they have an annual report too. Most recently they did	

	a project about discharge in hospitals. Healthwatch have been supporting PPGs since it became a requirement that practices needed to have one, about five years ago. They produced a toolkit about the "nuts and bolts" of how to do a PPG and now are beginning to work with PPGs as they begin to work in larger groups across their PCNs. She noted that several PPGs have moved to Zoom meetings during the pandemic, and that in fact this can be a way of increasing membership for those not wishing to travel to meetings in the surgery. RH asked: do we also plug into Healthwatch Oxfordshire? HS explained that they work closely with them and that any information they received on Oxfordshire practices they would pass to them. LM-F added that despite two of our sites being in Oxfordshire, everything health-wise for the practice is commissioned by Buckinghamshire CCG. However, when things are commissioned by the Local Authority there are often different organisations across the county borders. HS concluded that all PPGs are different – some are quite large and have a small committee; others look after the website a social media or help with the flu clinics; others still organize public health events on topics such as Dementia Awareness or Prostate Cancer. However those that work well are the ones where both the patients and practice are fully engaged and work together to bring about practical change. A PPG action plan was suggested as a good way to measure the progress of the group.	**PD to take forward idea of a PPG action plan with JH and wider group.**
7	**Patient Newsletter: ideas for content for September edition** SS asked if anyone else wanted to be involved in the newsletter this year. MW and YH are happy to help with this again. SS suggested the following ideas for content: an update on COVID-19; patient survey results (and GP Ipsos Mori survey results); Spotlight on Nina Scott, PCN Social Prescriber. RDH suggested - if noone objects – to have an up to date list of PPG members showing where they are based to help with distribution/awareness of the newsletter. The main towns can be covered with printed copies in local shops but her suggested for many villages there is not an ideal outlet and facebook might be the best option. He suggested splitting up the practice areas so that one member takes responsibility for joining facebook groups etc. JH noted that it might be helpful as part of the COVID-19 update to reassure people who haven't been contacting the surgery that we are still here, and that they should get in touch if they require any medical help	**PD to liaise with RDH on this and share list of PPG members "locality".**

	(linking in with the national "Help Us, Help You" campaign.) JE asked whether we would be carrying on doing the medication delivery service for shielding patients. Nationally this service is no longer a requirement for GP practices from 1st August; however, we are considering whether we could continue to provide this for our patients. It will depend partly on whether the volunteers are also able and willing to deliver to patients. YH also asked if Boots will continue, to which SS noted it will be their decision as an organization. RH made three suggestions: that there could be an article on video consultations and how these work; that in the "spotlight" on Nina Scott article we could provide clarity around how the referral process works, and whether patients can refer; and finally an article on the website. LF suggested that if it is coming out in early September then there could be an article linking to the Bucks school readiness website, as lots of children have missed their settling in sessions this summer. EL suggested a thank you to all the volunteers who have helped deliver prescriptions (among other things) to vulnerable patients. She also thought that in the COVID-19 article we could reiterate that we are here for both your physical and mental health and remind patients to look after their own health and wellbeing - "don't try to be superman!".	**PD to meet with MW and YH to agree on the content for the newsletter, taking on board all comments from PPG members.**
8	**Proposed change to the appointments system** SS explained that often now our GPs are not really doing just triage calls, and rather the 12 calls in the morning and 12 calls in the afternoon that were previously just triage are instead becoming a full telephone or video consultation. As such, these are taking longer than the average 5 minutes. The standard that we as a practice worked to pre-COVID-19 was to call back a patient within 1hr if they were on the triage list (i.e. if they thought they might need an appointment). This was based on 12 calls, lasting 5mins each on average. This was agreed with the PPG several years ago, as the decision was made that 1hr was a reasonable time period, and the patient could then plan their day – i.e. go into work or stay home, depending on if they would need a face-to-face appointment after the triage call. During COVID-19 we have not therefore been able to keep to the 1hr call back target. We have discussed different options at the Board and are proposing extending the call back time to 2hrs rather than 1hr to allow for the fact that some of the calls will not be triage, but rather full consultations. Any patients needing to be brought in will be as normal after their triage call. RH asked whether post-COVID-19 we would go back to the 1hr. LM-F	

	confirmed that we would if we went back to the triage system. The PPG agreed with this proposal. EL asked whether we get a lot of patients phoning about things that a pharmacy could deal with e.g. colds, hayfevers etc, and whether we could triage these people out somehow. LM-F noted that this pre-triage that she is describing is done by reception currently. Ideally it could be done by technology – in Buckinghamshire the app that the CCG supports is called Ask NHS. This asks you a number of questions about your symptoms and then signposts you accordingly – one option is to a GP appointment; which you can then book via the app, if an appointment is available. One member asked if this was on our website – which it is – there is a "bot" called Ask Olivia in the bottom right hand side of the website. This is Ask NHS.	
9	**GP Patient Survey** Not to be confused with the Unity Health Patient Survey, SS explained that this is an annual independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out every January to a sample of patients, whether they've attended the surgery or not. Our results for 2020 are here: https://www.gp-patient.co.uk/PatientExperiences?practicecode=K82047 SS presented the results to the PPG last year also, and in 2019 we generally performed favourably versus both the national average and the CCG average. However, we only scored 38% (vs. the national average of 49%) for the question asked as to whether you usually get to speak to your preferred GP when you'd like to. Also only 88% of patients felt the healthcare professional recognised or understood any mental health needs during their last general practice appointment (vs. the national average of 89% and CCG average of 86%). This year we scored above the national and local average on all questions, including the above. There are three questions in particular where we scored significantly above the local and national average as below: - 80% of our patients find it easy to get through to this GP practice by phone (vs. Local (CCG) average: 65%National average: 65% - 81% of our patients describe their experience of making an appointment as good (vs. Local (CCG) average: 65%National average: 65%) - 91% of our patients say they have had enough support from local services or organisations in the last 12 months to help manage their long-term condition(s) (vs. Local (CCG) average: 78%National average: 77%).	

	We are very pleased with these results and believe they reflect improvements we have made in the last year within the practice.	
10	**AOB** **Antibody testing:** JH asked for an update on antibody testing. SS explained that currently Bucks CCG are only offering this to primary and secondary care healthcare staff (tranche 1). However, in tranche 2 they plan to extend this to patients also, but no information has been distributed to practices as yet as to how this would work. SS noted that we have put a short paragraph on our website on the COVID-19 page on this. LM-F added that there are a lot of caveats related to this testing. For example, the presence of antibodies does not mean that a person has immunity; and it is not clear how long antibodies last. As such, the testing is not for individuals but purely for the benefit of Public Health research. **Friends of Thame Community Hospital funding:** LMF explained that MW contacted her about 8 weeks ago to let her know that The Friends of Thame Community Hospital had made some funds available for the practice in relation to COVID-19 in order to help patients who were struggling with their mental health throughout the pandemic. As a result of this, we have a Mental Health Nurse seconded to the practice for 5 weeks who will be contacting all of our patients with mental health conditions in order to see how they are coping during the pandemic and ensure they have access to the services they need. We are very grateful to Friends of Thame Community Hospital and feel this will be of great benefit to these patients. **New Unity Health facebook page:** SS noted that we now have a facebook page (set up in March in order to improve communication during the pandemic). **Future meetings:** SS asked what people thought of the virtual meeting and also their views on future timings of meetings. Both EL and JE said that it saved them 1hr of travel time. RH thinks that a mixture of Zoom and face-to-face meetings would be best if possible. YH, LF, CC and JH said that morning meetings were better for them (noone stated a preference for afternoon meetings). We agreed to arrange the next meeting for 3 months' time, as normal.	**PD to arrange the next meeting considering comments given on timings from members.**