

Unity Health Patient Participation Group meeting

Date: 23rd April 2019

Attendees: LM-F (Lesley Munro-Faure), SS (Stephanie Service), JE (Jenny Edmans), YH (Yvonne Hook), PM (Pat Mullan), JH (Jackie Highe), MB (Mike Britnell), MM (Monica Marshall), MW (Marion Wilkes), RH (Rob Holdaway), CP (Christine Poole), BJ (Brenda Jefford), MD (Marcia Davies)

No	Description	Action
1	<p>Apologies</p> <p>The following people sent their apologies for this meeting: Cathy Clarke and Matt Bateman.</p>	
2	<p>“Getting to know Unity Health staff”</p> <p>Mike Thomas (MT), one of the GP partners joined the meeting for a short while to introduce himself and to take any questions from the PPG. He’s been at Unity Health for about 12 years and primarily works at Princes Risborough surgery.</p> <p>Several questions from the PPG members focused on the merger –MT reiterated that the reason for the merger was to ensure the future sustainability of the practice (rather than address any immediate issues). Having more patients allows the practice to do things that it otherwise wouldn’t be able to do e.g. employ a paramedic.</p> <p>He discussed that Unity Health is a training practice – Dr Furlonger, Dr Weir and Dr Mulholland are the primary trainers, but all GPs are involved in training.</p> <p>In terms of working across sites, MT explained that primarily he would consult the GPs at Risborough first if he had an issue, but would then go to the other GPs if needed.</p> <p>There was a question about whether there are any downsides (from a GP’s perspective) of not seeing the same patient regularly. MT explained that this means you have to start again with the history taking, but that this can be a useful exercise as it allows a fresh perspective on a patient’s symptoms or concerns. When you see the same doctor regularly, there is a lot of assumed knowledge which can actually not always be a beneficial thing.</p> <p>MT noted that the goal is to give some people (primarily the elderly, but also patients with mental health concerns) access to the same doctor due to their problems being more complex. LM-F explained that there is always a balance between access and continuity; access is most patients’ primary</p>	

	concern, but for some patients, continuity is more important to them.	
3	<p>Review of actions from the last PPG meeting held on 22nd January</p> <p>Action: SS to investigate whether we can take off withheld number on a call-by-call basis. This is indeed possible. Staff can press 9 for an outside line (as normal) and then 1470 followed by the number they are trying to call.</p> <p>Action: JH to circulate external meeting dates, as required to all PPG members The purpose of this is that the responsibility of attendance at these meetings (where relevant) can be shared amongst the group rather than the onus being on the Chair attending themselves. JH confirmed that no such meeting invites have been received as yet; however, she will send these on when these do come through.</p> <p>Action: BJ to complete surgery visit to Brill and send proforma to SS. BJ fed back her comments on the Brill surgery to the group. In general she said the waiting room was in very good condition. She noted that there was no music playing, but didn't think this was an issue. BJ queried whether it would be helpful to have some information in reception about the minor surgery provision e.g. by Fedbucks. Furthermore, MB asked how an individual would know what is / isn't provided by their GP. LM-F explained that the GP will tell them, and that it is extremely complex (and regularly changes) hence it is not easy to draw up a concise document that would benefit patients. We went on to discuss referrals, and LM-F explained that for certain issues, the practice has to put forward patients to a CCG panel which will decide (e.g. hernias). BJ noted that confidentiality at dispensary is a known issue; however we discussed that a new notice has been put up to remind patients that they can request a private conversation with the dispensers in the back office if they would prefer. BJ noted that there were some old papers with blood pressure readings littering the corner of the waiting room that should be tidied up. There were no high chairs at Brill for elderly patients; however there are a number of chairs with arms which helps patients get up from sitting.</p> <p>Action: SS to prioritise feedback and report back at next PPG meeting. SS discussed the issues that have been taken forward from the previous patient survey action plan in relation to waiting room improvements required:</p> <ul style="list-style-type: none"> - Carpet cleaning quotes obtained and will be booked imminently. - High chairs – none at Brill or Long Crendon. SS to obtain a quote. - Notice boards – these continue to be regularly reviewed. SS also noticed a positive Healthwatch report in relation to our noticeboards 	<p>SS to ask reception to note on screen if a patient raises that their phone doesn't accept withheld numbers and remind GPs what to do in this instance.</p> <p>SS to invite a secretary to PPG next time to discuss referrals.</p>

	<p>at Thame surgery (discussed as part of AOB).</p> <ul style="list-style-type: none"> - Confidentiality/back office conversations being audible – SS reminded all staff at the March all staff PLT (training day) re. their responsibility with respect to patient confidentiality. - Doorbell at LC and Chinnor – we have obtained quotes for these and they will be fitted in May. - TV screens not working at LC and Thame – SS arranged for Numed engineers to investigate issues. Quotes with the CCG IT team for new hardware etc required to ensure these can function going forward. <p>Action: SS to create a presentation for all surgery screens. SS explained that this is in progress – we are still waiting on photographs and bios from some staff.</p> <p>Action: SS to ensure that Guide to Patients leaflet is readily available in waiting rooms. SS reminded reception to ensure there are copies in the waiting room and/or on the reception desk, whichever is more visible at each site.</p>	<p>SS to obtain quote for two new high chairs for Brill and LC waiting room.</p> <p>SS to put up on screen those photos/bios we already have from staff.</p>
<p>4</p>	<p>Review of 2019 patient survey results</p> <p>This year there were 1,224 responses (compares to 1,242 in 2018). The vast majority (1,116) of responses came from the blanket text messages sent to all patients.</p> <p>SS noted that overall the practice is pleased with the results of the survey. Generally there have been more improvements (8) than deteriorations (5) in question scores, and any deteriorations have been relatively small. There has also been a significant increase in online access awareness compared to 2018 (68% vs. 57%) which is a very positive result.</p> <p>SS went through the results of each of the 26 questions with the PPG, illustrating how these compared to the results from the prior year. For the open text questions, she set out “common themes” and also some illustrative free text comments.</p> <p>SS to send full results of the survey to the PPG and therefore these have not been duplicated here in the meeting minutes.</p> <p>It was queried whether the reason that some patients may not be as happy with the appointments system could be the loss of WebGP (which Trinity Health used to use) where you could message a GP directly. LM-F noted that this service was stopped with the merger as it took up a vast amount of GP resource, particularly because it didn’t integrate with EMIS. LM-F wonders if the deterioration in this result could instead be because</p>	<p>SS to send around full results of the survey and to create an action plan for comment by PPG members.</p> <p>SS to analyse this question by site in case this helps understand the cause of</p>

	<p>since Dr Widgery left we have had more locums working at the practice.</p> <p>There was a slight deterioration in relation to the number of patients who received a call back within the hour from a GP once they were put on the telephone triage list (74% vs. 78%). LM-F noted that this was disappointing and will be a focus area for discussion at the Partners' meeting on 30th April.</p> <p>Waiting times is another area that we plan to focus on since there has been an increase in the time patient's report waiting for their GP and nurse appointments (although there has been an improvement in HCA appointments). JH said that she had never waited less than 25 minutes at Princes Risborough; however RH said that he very rarely more than 5-10 minutes at Chinnor.</p> <p>It was queried whether the wording of the question could be clearer re. the time a patient waits after their appointment time (since many patients come to the surgery early).</p> <p>MD noted that the patient survey link was only on the homepage, not on the individual site pages. She thinks this would be beneficial as most patients search e.g. for "Brill surgery" and go through this page rather than the main Unity Health homepage. SS thanked MD and noted this issue down to be considered for next year's survey.</p>	<p>the slight deterioration.</p> <p>SS to analyse this question by site.</p>
<p>5</p>	<p>Patient Newsletter</p> <p>Thank you to YH, PM and MM for doing a first draft of the newsletter, and to Yvonne for liaising with SS on finalising changes.</p> <p>The articles are as follows:</p> <ul style="list-style-type: none"> - Message from the new PPG Chair - Why you should sign up to online access today - Q Doctor video consultations - New partner – Tom Broughton - GDPR - Friendly reminders - Surgery opening times <p>The newsletter will be printed by Bicester Print in the next few days.</p>	<p>SS to send a link to the newsletter once it has been put on the website.</p> <p>All PPG members to distribute newsletters to local shops / libraries as appropriate.</p>
<p>6</p>	<p>Surgery updates:</p> <p><i>Staff changes</i></p> <p>Tom Broughton who was a GP trainee at Princes Risborough and now works as a salaried GP at Chinnor will become a partner from 13th May,</p>	

	<p>based at Long Crendon.</p> <p>We have successfully recruited a new salaried GP – Jaini Shah – who will be based at Chinnor surgery from May.</p> <p>Laura Burkimsher, who has been working for the last eight months at Thame while Olivia Jones has been on maternity leave will be joining the surgery as a permanent salaried GP at the Chinnor surgery from 13th May. Olivia Jones doesn't return to the practice until the beginning of July, and will return to Thame surgery. As such, Dr Robert Parsons – a locum GP - will cover from mid-May until the end of June.</p> <p><i>Opening times</i></p> <p>Unfortunately due to the staff changes explained above, the practice will now need to close Long Crendon surgery on a Wednesday afternoon rather than a Tuesday afternoon. This change will take place from 13th May.</p> <p>LM-F noted that this change is also beneficial due to the number of bank holidays that fall on a Monday; hence Wednesday is a better day to be closed than Tuesday.</p>	
7	<p>AOB</p> <p>SS very briefly discussed the Healthwatch 'Enter and View' visit carried out at Thame surgery in February 2019. During this visit the Healthwatch Bucks team spoke to 11 patients, as well as reviewing the information available on notice boards in the meeting room. The report is broadly positive, and we have responded formally to the recommendations.</p> <p>PM noted that the answerphone message at Long Crendon surgery is very old and unprofessional as it regularly cuts out.</p> <p>LM-F explained about the new role of Primary Care Networks – one of the biggest changes in the GP contract since 2004. These networks are to be in place by 15th May and require practices to work together on certain national and local priorities, the main aim being to take unnecessary work away from GPs.</p> <p>The ideal size of a network is a collection of practices with a population of 30-50k patients. Unity Health is in a network with Cross Keys and Haddenham surgeries, and therefore has a patient population totaling c.44k. The primary benefit for practices is that NHS England will fund shared staff for the network. In year 1, this will include social prescribers and some funding (70%) for a pharmacist. In year 2, the funding is for paramedics. Other staff roles expected to be funded in future years are: physios, physician associates and mental health workers. There will also be some</p>	<p>SS to share the Healthwatch report and Unity Health's response.</p> <p>SS to talk to STL to ascertain if we can change the telephone message at LC.</p>

	<p>funding for a Clinical Director who will manage these central staff and oversee the network.</p> <p>MD asked whether the dispensaries used the Yellow Card scheme for reporting side effects of medicines. SS was unsure but will discuss with Alison Mills, our Dispensary Manager.</p> <p>SS proposed that the next meeting would be scheduled for mid-late July.</p>	<p>SS to discuss with Dispensary Manager</p> <p>SS to send out potential dates.</p>
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