

## Unity Health Patient Participation Group meeting

**Date: 22<sup>nd</sup> January 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**

No	Description	Action
1	<p><b>Apologies and welcome to new members</b></p> <p>The following people sent their apologies for this meeting: Brenda Jefford (BJ), John Pettit, Andrew Davies, Cathy Clarke, Marcia Davies (MD), Jenny Asher, Louise Smith, Jackie Mackinson, Matt Bateman.</p> <p>SS welcomed our three new members: Rob Holdaway, Monica Marshall and Christine Poole.</p>	
2	<p><b>Review of actions from the last PPG meeting held on 23<sup>rd</sup> October</b></p> <p><i>Action:</i> SS/LM-F to arrange for members of the Unity Health staff to attend the PPG meeting – done - Karen Rapley (receptionist attended this meeting- see item 6).</p> <p><i>Action:</i> LM-F to amend the Patient Survey Action plan and re-issue with the October meeting minutes – done.</p> <p><i>Action:</i> SS to take into account when reviewing the telephony system and website issues that some patients have issues with receiving calls from withheld numbers – completed as below: LM-F has confirmed with the CCG (IG team) that practices should still be using withheld numbers to call patients, due to confidentiality reasons. Receptionists always tell patients that the call will come up as a withheld number. If we know there is a patient who can't accept withheld numbers, GPs will endeavor to remove this on a call-by-call basis (if this is possible).</p> <p>SS explained that the aim of the new telephone system is to merge the two pre-merger systems used by Trinity Health and Wellington House. The current plan is to keep all five individual surgery numbers such that, as a patient calling, you would continue to speak to the receptionists at your home surgery. The rationale for this is that patients like the benefit of being in Unity Health, but generally feel that they belong to an individual site rather than the practice as a whole. SS noted that there will be an overflow system in place such that, if you are on hold for a long time at one site and a</p>	<p><b>SS to arrange for a different staff member to attend next PPG meeting.</b></p> <p><b>SS to investigate whether we can take off withheld number on a call-by-call basis.</b></p>

	<p>receptionist is free at another site, you will be transferred.</p> <p>LM-F to circulate amended ToR and all to comment within 1 week – done. Agreed at meeting that ToR have therefore been signed off.</p> <p>LM-F/SS to circulate dates for next meeting – done</p>	
<b>3</b>	<p><b>Election of new PPG Chair</b></p> <p>SS asked all members present whether anyone would like to take up the role of Chair following David Barrow’s departure from the PPG.</p> <p>JH was the only member who expressed interest. It was agreed that she would take up this role for a year, at which time there would be a re-election. JH noted that she would not be able to attend all of the external meetings, but would let other PPG members know when these are such that attendance could be shared out amongst the group.</p>	<p><b>JH to send circulate external meeting dates, as required.</b></p>
<b>4</b>	<p><b>Review of 2018 patient survey action plan</b></p> <p>SS discussed each priority area in turn and gave an update on the associated actions:</p> <p><b>Waiting rooms in the five sites</b> SS circulated a proforma for surgery visits. Thank you to MD, CC, PM and JH who completed these for Long Crendon, Princes Risborough, Chinnor and Thame respectively. BJ to complete for Brill surgery.</p> <p>The key development points for each surgery were discussed as follows:</p> <p><b>Long Crendon:</b> dirty carpet; no light near blood pressure machine; insufficient high seats; notice boards untidy; back office conversations clearly audible; doorbell suggested to alert reception if a patient needs help opening the surgery door.</p> <p><b>Princes Risborough:</b> Community noticeboard needs tidying up; back office conversations audible; receptionists had a good knowledge of patients; log in screen “hidden”.</p> <p><b>Chinnor:</b> Notice boards are very good and well maintained; TV screens all working; surgery quite dark; doorbell could aid access as heavy door.</p> <p><b>Thame:</b> No music playing; screens not working; signage to waiting room B and C could be improved; layout of surgery confusing.</p> <p>We discussed all of the feedback received and noted that some things could</p>	<p><b>BJ to complete surgery visit to Brill and send proforma to SS.</b></p>

<p>not be changed (e.g. dark Chinnor surgery and layout of Thame surgery). SS noted that the patient survey action plan dates back to March 2018 (inherited from the previous Practice Manager). Given we are shortly about to launch the 2019 patient survey, we will need to draw a line under this action plan soon. Nonetheless, SS will prioritise the findings from the PPG surgery visits and consider which the practice should invest (both time and resources) in taking these forward.</p> <p><b>Practice information about patients</b></p> <p>SS asked for guidance on what information would be helpful to display in the surgeries on the clinical team. We discussed the benefits of having different amounts of information (e.g. bio and specialties) but concluded for the time being we would just put up a photo, name and job title for all clinical staff on each site.</p> <p>We discussed the difficulty of clinical staff moving around sites and agreed that where a staff member occasionally works at another site, they will be included on the presentation there.</p> <p>It was noted that registrars should be included (Dr Kenton, Dr Steggles and Dr Vijarajan). LM-F explained that registrars are qualified doctors who are training to be GPs.</p> <p>MM noted that it would be helpful to know which days of the week the doctors worked and where. LM-F explained that this is in the Guide to Patients leaflet, which reception has.</p> <p>We discussed the newsletter which, at the last PPG meeting, we agreed would be produced bi-annually. The next edition is therefore due in March. YH, MM and MW agreed to form a working group to create this edition. SS and Katy Clarke, Practice Administrator to help with the production of this, as required.</p> <p>Some suggested ideas for what could be included:</p> <ul style="list-style-type: none"> <li>- information on GDPR;</li> <li>- an explanation of how the appointments system works;</li> <li>- updates on the doctors;</li> <li>- positive feedback from patients balanced with “things we are tackling”;</li> <li>- results from latest inspection report;</li> <li>- a note from the new Chair;</li> <li>- a reminder to patients about online access;</li> <li>- a reminder of the new Unity Health email address (<a href="mailto:Unityhealth.bucks@nhs.net">Unityhealth.bucks@nhs.net</a>).</li> </ul> <p>LM-F noted that we will send out a text to all patients to advise them that the Newsletter is available on the website, once this is finalised. Copies will</p>	<p><b>SS to prioritise feedback and report back at next PPG meeting.</b></p> <p><b>SS to create a presentation for all surgery screens.</b></p> <p><b>SS to ensure that Guide to Patients leaflet is readily available in waiting rooms.</b></p>
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	<p>also be placed in all surgery waiting rooms.</p> <p>SS explained that the website was a work in progress. We do plan to make some changes to this; however, we are confined by the website “template” (for example, the tabs across the top are fixed).</p> <p><b>Online access awareness for patients</b> – as above, we will remind patients of this in the Newsletter. This may have improved since last year; it will be interesting to see the results of the 2019 patient survey.</p> <p><b>Call handling and customer service</b> – the expectation is that the new telephone system (discussed earlier in the meeting), including the ability to divert calls to receptionists who are free, should help to ease the waiting time for patients on the telephone. LM-F explained that, at this stage, there is no plan to split the role of reception between answering the telephone and face-to-face queries as we believe that patients like hearing a familiar voice. Furthermore, staff members do not currently wish to do this as they enjoy the variety of the job.</p> <p><b>Withheld number – calls to patients</b> – discussed and concluded upon as part of agenda item 2.</p>	
5	<p><b>2019 patient survey</b></p> <p>LM-F went through the 2018 patient survey questions and asked the PPG for feedback as to which questions they would like to keep/remove, and any new questions they would like to be added. (Note: the document viewed was the 2018 results rather than the complete survey questions. SS apologised for this.)</p> <p>Q5-6 on appointments – it was agreed that these should be kept in as the appointments system is still relatively new for ex-Trinity Health patients. It was suggested that we try to tease out the reasons that some patients aren’t happy with the appointment system. This will come out of the qualitative questions. MB highlighted that it would be useful to consider the year-on-year trend when carrying out our analysis of the survey results. LM-F explained that last year (2018) the results were slightly worse than in 2017; but this was considered to be a positive result given the merger as the practice had expected - due to the period of change – for these to be significantly worse.</p> <p>Agreed that Q11-14 should be removed. These related to alternative ways to have a GP consultation. If we need data on this in the future we will do a separate survey on this.</p> <p>Agreed that Q20 should be removed re. the elements of online access</p>	<p><b>SS to send a draft of the 2019 survey questions for comment.</b></p>

	<p>patients are using. No helpful information deemed from this in 2018.</p> <p>Remaining questions e.g. on LTCs and GP/Nurse consultations to remain as they are.</p> <p>MW raised a query re. a patient's named GP (a concept introduced by government for anyone over 70 years of age). LM-F explained that as a practice we think of the named GP differently to the patient. For us, it is simply a mechanism for dividing out administrative tasks amongst the doctors. Patients can see any doctor they wish to see, no matter who their named GP is. Furthermore, any doctor can sign a patient's prescriptions.</p> <p>We discussed whether to include a separate question to solicit views on the merger, but decided this would be picked up as part of a patient's views on the practice as a whole.</p> <p>LM-F explained that we had employed Advanced Nurse Practitioners in order to deal with some of the urgent care demand; in this way, freeing up time for the GPs to do more planned care (i.e. regular reviews with certain patients). It was agreed that this would be a helpful topic for a future PPG meeting.</p>	<p><b>SS to add this topic to the agenda for a future PPG meeting.</b></p>
<p><b>6</b></p>	<p><b>“Getting to know Unity Health staff”</b></p> <p>Karen Rapley, a receptionist at Princes Risborough surgery joined this meeting. She has been with the practice for 5.5 years; but worked as a receptionist at a different practice for 18 years before that. She really enjoys the patient contact, and much prefers this to back-office work. She explained that you are often stretched in many directions, but that she really enjoys the variety of the job, and the fact that it keeps her busy.</p> <p>RH asked her what she found most frustrating about the role. Karen responded: not being able to say “yes” to everyone! We have to work within the tools we are given; and sometimes what the patient wants is not possible.</p> <p>RH noted that in his view the service of reception staff had got even better over the past 6 months to 1 year.</p>	
<p><b>7</b></p>	<p><b>Surgery updates</b></p> <p>SS and LM-F discussed the upcoming afternoon closures at Long Crendon and Brill surgery on Tuesday and Thursday respectively, planned from 1<sup>st</sup> March. We have consulted with staff and the CCG, and will shortly be advertising this to patients to make sure they are aware.</p>	

	<p>SS explained that the surgeries will close at 1pm, and from this time, an answerphone message will ask people to call Thame and/or Brill or Long Crendon (whichever is open) instead. It was noted that we should of course remind people to hang up and dial 999 or 111 if it is an emergency.</p> <p>SS explained that the new paramedic service is working well. This is being funded on a locality basis by the CCG (specifically for Unity Health, Waddesdon and Haddenham; not Cross Keys as they opted out of improved access care provision). The paramedic has 7 slots each day, and tends to carry out the home visits that our GPs would otherwise be doing.</p> <p>PM raised whether we had thought of taking on a physio to help with MSK. LM-F explained that if we were a single site we would; however, it does not make sense for us as a practice as would potentially mean we end up with sites without a GP.</p> <p>SS reminded members of Q Doctor – the new video consultation service that we are using as part of providing Improved Access to patients (i.e. 8 – 8). Uptake is improving, but has been slower than we hoped. LM-F explained that we plan to use these appointments for non-complex medication reviews going forward.</p>	
<p><b>8</b></p>	<p><b>AOB</b></p> <p>SS briefly discussed the future location of meetings. It was agreed that, at least the next meeting, would be at Princes Risborough surgery since it is useful to have the screen to present information.</p>	<p><b>SS to send out a selection of dates for the next meeting.</b></p>