

## Unity Health Patient Participation Group meeting

**Date: 23<sup>rd</sup> October 2018**

**Attendees: LM-F (Lesley Munro-Faure), SS (Stephanie Service), DB (David Barrow), JE (Jenny Edmans), YH (Yvonne Hook), PM (Pat Mullan), CC (Cathy Clarke), JH (Jackie Highe), MB (Mike Britnell), MD (Marcia Davis), MW (Marion Wilkes)**

No	Description	Action By & Date
1	<p><b>Apologies.</b></p> <p><b>Brenda Jefford, John Pettit, Jackie Mackinson, Matt Bateman, Andrew Davies, Louise Smith, Monica Marshall (new member),</b></p>	
2	<p><b>Matters arising</b></p> <p>No minutes had been produced following the previous meeting on the 27<sup>th</sup> July 2018.</p>	
3	<p><b>Practice staffing update</b></p> <p>LM-F provided an update of staffing changes:</p> <p>Dr Gill Scott retired at the end of March 18 as a GP partner. Dr Mark Widgery joined in April 18 based in Long Crendon; this enabled Dr Furlonger to move to Brill to become a GP trainer for new GPs (cannot train in LC due to too few consulting rooms/unsuitability of the building). At the end of his 6 months probationary period Dr Widgery decided not to join as a partner. Primary reason was to spend more time on an IT project that he is developing but also found working in LC quite isolating.</p> <p>We have recruited two of our newly-qualified GP registrars, Dr Tom Broughton and Dr Katrina Walker who will each work 7 sessions a week each. We have also recruited Dr Laura Burkimsher to cover Dr Olivia Jones maternity leave (she will, primarily be based in Thame). Two members of the nursing team left, Tracy Gunnell, HCA and Michelle Little, Practice Nurse; we have recruited a new HCA (Louisa Woodcock who also works as a receptionist; we are training her as an HCA) and Tania Wood who was already working with us as part of the over 75s team, who joins as a Practice Nurse.</p>	

	<p>Dean Whiting joined us earlier in the year as a Nurse Practitioner.</p> <p>The PPG felt it might be useful if other members of the Unity Health staff could attend the PPG meeting to discuss their role, feedback etc</p> <p>MB raised the question as to whether this level of turnover was normal, or rather if this should be a concern for the practice; he noted that he'd expect a turnover rate of c.8-10%. This was discussed and it was concluded that the turnover rate was likely not far off this expectation, and therefore not an issue.</p>	<p><b>Action.</b> <b>SS/LM-F to arrange</b></p>
<p><b>4</b></p>	<p><b>Patient Survey Action Plan: discussion, agree actions date and activity</b></p> <p>The patient survey action plan was reviewed and a number of changes made to the actions and timescales. Some PPG members felt they had not seen these previously. There was some discussion on the action plan and the following were agreed:</p> <ul style="list-style-type: none"> <li>• PPG members are happy to do a review of each site but would need a pro-forma focused on key areas</li> <li>• All would like a copy of the last newsletter emailed to them – we agreed we would aim to produce twice a year</li> <li>• Website needs a review - ?PPG page. Also news items need to be more obvious</li> <li>• Ideas to improve on-line access included better link from Unity website, flyer with medication, village websites, parish magazines – many of these could be used to improve awareness generally.</li> <li>• Discussed the fact that concerns were raised about receptionist manner. Although PPG members were very positive about the receptionists generally and the difficult role they have, one or two had experienced cases where the service was not good. SS outlined the plans we have for the reception team to try to improve their working day, although these will take some time to implement and need changes to be made to the telephone system first. In the meantime the PPG agreed to feedback any issues they have in future to SS.</li> <li>• We also discussed the fact that all calls from the practice come up as number withheld and whether the rules have changed and we no longer need to do this. If we still need to do this then we will improve the communications to make patients more aware.</li> <li>• It was noted that there is a discrepancy in the opening message when you call the 5 sites. We discussed the website including that an overview of the new post-merger structure might be helpful for patients. It was also suggested that the PAERS log in is put on the home page.</li> <li>• LM-F noted that the process for repeat prescriptions has changed, and all patients must now request these themselves. CCG guidance is now that only 1 month of prescription medications should be provided- we</li> </ul>	<p><b>Action:</b> <b>LM-F to amend and re-issue with these minutes</b></p> <p><b>SS to take into account when reviewing telephony</b></p>

	currently do not do this across all sites but will keep under review.	<b>and the website</b>
<b>5</b>	<p><b>Improved Access (8 – 8)</b></p> <p>Government has long had a target to improve access to primary care enabling patients to access services from 8am to 8pm, 7 days a week. There have been a number of national pilots testing this out. NHSE were planning on rolling out nationally from April 19 but over the summer the date was moved to October 18.</p> <p>Existing GP contract is from 8am to 6:30pm Mon to Fri so this new service is 6:30 to 8:00pm Mon to Fri and at the weekend and Bank Holidays also. Data from national pilots and local CCG patient surveys is that there is a limited requirement for Sat pm/Sun/BH opening.</p> <p>The government also wants to encourage working across practices so this service has to be delivered across a group of practices (known as a locality) rather than by individual practices. Unity Health is part of south locality which also includes Haddenham, Cross Keys and Waddesdon and we are also part of a larger Bucks-wide group called FedBucks.</p> <p>As a locality, we need to deliver 6:30pm to 8:00pm each evening and four hours on a Sat am – the rest will be delivered by FedBucks.</p> <p>For the south locality, some of the extra hours will be delivered through face to face appts with a practitioner (may be a GP, nurse, paramedic, pharmacist, etc) and the rest using video consultations delivered by GPs through an organisation called Qdoctor. The south locality is the only locality across Bucks with this new service – we will trial it for the whole of Bucks. Patients call reception as normal and if suitable are given a code to book their appt directly. The appointment can be via smartphone, ipad or PC. The GP can see the patient record and writes their consultation directly into the patient record – sending a task note back to the practice if anything else needs to be done (eg blood tests, prescription, referral etc). This will provide us with more appointments and will also save a trip to the practice if not necessary. It seems a good extension to the GP telephone triage that we have already.</p> <p>Once we have this established, it also enables us to access additional funds which we are planning on investing in a paramedic for home visits – we had this a few years ago and it was very successful.</p> <p>The PPG were very enthusiastic about these new developments.</p>	
<b>6</b>	<b>Advanced Nurse Practitioners (ANPs) and unscheduled care</b>	

	<p>LM-F presented a piece of work that has recently been undertaken by the ANPs and the GPs where patients can be seen by the ANP rather than a GP. The ANPs are highly skilled nurses who have undertaken additional training/qualifications to enable them to diagnose a wide range of illnesses in a similar way to a GP. Using them properly will enable us to free up additional GP time to do the work that only GPs can do – this is very important at a time when there is a national GP shortage and difficulty in being able to recruit GPs.</p> <p>In the next few weeks, we will carry out some reception training and they will then start using the algorithm developed by the GPs/ANPs to target patients directly to an ANP.</p>	
7	<p><b>PPG Terms of reference, Chair ToR and election of Chair.</b></p> <p>Some work had already been done on this prior to Emira Shepherd leaving although not all members felt they had seen the amended terms. We discussed at the meeting and agreed there would be one document to cover ToR for the PPG and for the Chair.</p> <p>We discussed that the main role of the PPG was to advise/feedback to the Practice but that its views/input are often sought by other groups, particularly the CCG. The PPG felt this was not their primary role and that there should not necessarily be an expectation that the PPG Chair would take part in other meetings etc – they may be a point of contact through which information/invitations could pass to the wider PPG members and people could attend meetings they were interested in.</p> <p>It was agreed that we would circulate amended terms to the PPG for comment (within a week) and that the final terms would then be agreed by email. We will then discuss PPG Chair at the next meeting.</p> <p>This was David Barrows last meeting – he has been a very active Chair and the Group thanked him for all his hard work as our PPG Chair.</p> <p>It was noted that the PPG isn't currently very representative of the patient population. If possible, we should try and encourage participation from a wider demographic, for example, a mother with school aged children in order to increase the PPG's reach.</p>	<p><b>Action: LM-F to circulate amended ToR and all to comment within 1 week.</b></p>
8	<p><b>AOB</b></p> <p>The recent newsletter, with David's article on the PPG has successfully recruited two new members, Marcia Davis and Monica Marshall. Monica gave her apologies for the meeting. Marcia was able to attend and both are</p>	

	<p>warmly welcomed to the Group.  <i>Post meeting note: A third new member has also joined the PPG since this meeting (Christina Poole). I will provide a copy of the minute to Mrs Poole and she looks forward to attending the next meeting.</i></p> <p>Members feedback on the flu clinics now that they being run as drop in clinics – felt they had, to date, been very well run and successful. Some concerns about the queue stretching outside the building, particularly if raining and also for the elderly who might find standing to queue more difficult – other members said they felt this was satisfactorily dealt with by the person managing the queue who pulled these people forwards. The lead nurses will hold a debrief session at the end of the clinics – we will pass on the PPG feedback to them.</p> <p>Discussed the possibility of closing Long Crendon and Brill sites for one afternoon each a week. Each site has approximately 3.5K patients and is currently open am and pm each day. Both Chinnor (5.2K) and Princes Risborough (4.2K) close one afternoon each a week without problems .The main reason is the difficulty in providing a service for 21.5K patients over 5 sites for five full days a week (many other practices with even larger populations operate only from one site). If a practice is open 8:30am to 6:00pm five days a week, then a single site practice provides 47.5 hours a week; where a 5 site practice provides 237.5 hours a week. Closing four sites for one afternoon each a week (12:30pm to 6:30pm) would mean still providing 213.5. hours across all the sites. Opening all sites every day also requires that we spread our resources more thinly so potentially leaving clinicians more isolated – this was one of the reasons for our newest partner leaving at the end of his probationary period. The PPG felt it was reasonable to close each for one pm a week providing plans are in place for patients to be able to access the service if required (the GP triage system works for this and we accept we may occasionally need to home visit if a patient cannot physically travel to an alternative surgery if they do need to be seen that day). Need to ensure dispensing patients are still able to collect their prescriptions easily so better for it not to be a Friday afternoon if possible and also need to give at least a months’ notice that it is happening.</p> <p>Marion discussed briefly some work she had been involved in with Sobell house looking at developments for community care and with the League of Friends at Thame Community Hospital where they have agreed to purchase an ultrasound scanner (although work still to be done on how to fund staff costs etc going forwards). Marion will keep the group up to date with developments.</p>	
<p><b>9</b></p>	<p><b>Date of next meeting</b></p> <p>We agreed we would meet four times a year. Agreed we would not fix a set</p>	<p><b>Action:</b></p>

	<p>day since different members can attend only on certain days. For each meeting we will circulate possible dates (felt Friday not a good day generally) and go with the majority; once date fixed we will not change.</p> <p>We also discussed location. Agreed next meeting will be in Princes Risborough in January; at that meeting we will discuss future locations.</p>	<p><b>LM-F/SS to circulate dates</b></p>
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