UnityHealth

Patient Participation Group (PPG) meeting – 30th July 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), MD (Marcia Davies)

No	Description	Action
1	**Apologies and resignations** The following people sent their apologies for this meeting: Matt Bateman, Brenda Jefford, Mike Britnell, Monica Marshall. Andrew Davies has resigned for personal reasons, but has confirmed that he is interested in continuing to participate in PPG activities via email (if an alternative group such as this was set up).	
2	**Review of actions from the last PPG meeting held on 23/04/19** An error was noted in the meeting minutes – it was Marion Wilkes (MW) not Pat Mullan (PM) that helped produce the Patient Newsletter. SS apologised for this error. **Action: 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.** SS spoke about this at the All Staff July PLT meeting; everyone was comfortable with this and staff noted that they were already doing this. **Action: SS to invite a secretary to PPG next time to discuss referrals.** SS has invited one of the secretarial team to join the next PPG meeting in the autumn. **Action: SS to obtain quote for two new high chairs for Brill and LC waiting room.** SS noted that this has been done, and the practice will likely be purchasing two new high chairs for in Brill for those less able to get up from a seated position. There are already two high chairs in Long Crendon; SS discussed that these do not look too dissimilar from the other chairs, but are slightly	

	higher and have arms to enable movement from a seated to a standing position. **Action: SS to put up on screen those photos/bios we already have from staff.** The bios have recently been completed and these are now on each of the surgery TV screens. **Action: SS to send around full results of the survey, to create an action plan for comment by PPG members, and to analyse certain questions by location.** This was done prior to the meeting and the action plan was discussed under point 3 on the agenda (see below). **Action: SS to send a link to the newsletter once it has been put on the website.** This was sent on 29/04/19. **Action: All PPG members to distribute newsletters to local shops / libraries as appropriate.** SS asked in the meeting if anyone had done this but nobody seemed to have. We will consider again in producing the next Newsletter whether and if so which local shops to put this in. **Action: SS to share the Healthwatch report and Unity Health's response.** This was sent on 29/04/19. **Action: SS to talk to STL to ascertain if we can change the telephone message at LC.** The messages have been re-recorded at all 5 sites so that they are now consistent and there is no longer an issue with the recording at Long Crendon. **Action: SS to discuss the Yellow Card scheme with Dispensary Manager.** After this discussion it was agreed that the practice would not look to use this scheme as the Dispensary Manager seems no additional benefit of it over and above the list of side effects that are already included in the medications packet by the manufacturers.	
3	**Patient survey action plan** SS asked the members present if they had read the updated action plan distributed on 26/08/19, to which the answer was yes. YH and MW noted potential issues with emails and documents sent around by SS. The font on the emails YH receives are very small, and the page orientation on the documents received by MW are always landscape.	**SS to investigate with IT, but expects it is not a practice**

	When discussing the feedback on appointments, SS mentioned that a new Appointments Protocol had been developed – the aim of which is to reduce the variation in booking processes and behaviours across sites, in order to hopefully improve the experience at Brill and Thame where patients were least happy with the appointments system. A question was raised by MD as to how many pre-bookable appointments there are each day. LMF explained that it depends on how many/which GPs are working each day, but it is c. 2-3 a session (i.e. 4-6 per GP, per day). She noted that going forward (after the summer), the intention is for us to begin "A Year of Care" – where our most complex patients with long-term conditions that requires a regular check-in with the GP will have a planned, annual 15 minute appointment. Generally this will be patients with > 4 long term conditions; those with dementia; those with enduring mental health conditions and those with learning difficulties. SS noted that we considered adding a reminder to the call waiting telephone message to remind patients that if they are not comfortable, they are not obliged to tell reception the reason that they would like to speak to the doctor. However, we decided against this, as this would lead to many patients not giving a reason, which would decrease the effectiveness of the telephone triage system. However, SS has reminded reception that if there is any hesitation, they should say to the patient that they can put the reason down as "personal" and there is no need to tell them. With regard to the point about patients wanting the ability to book telephone calls with the GPs online, SS explained that we are now linked up with the AskNHS app. This is an app where patients can, for example, check their symptoms and if after this the result is that they should see a GP, they will be able to book into a telephone triage appointment from the app. SS noted that the "common theme" in relation to the rude manner of receptionists was, in absolute terms very low. i.e. 4 patients from Chinnor and 4 patients from Thame mentioned this (out of a total of 1,224 responses). SS nonetheless discussed this feedback with the reception teams. SS explained that the last question on the survey where patients had left their contact details was often done in error (i.e. when we called patients they explained that they thought they were meant to leave these, rather than it being if they wanted to discuss something further with the practice). SS noted that none of the genuine queries raised anything that hadn't already come out of the survey as a whole e.g. patient access queries, some patients finding the telephone triage system not optimal for their personal circumstances etc.	**issue.**

4	**Performance update** **Quality and Outcomes Framework (QOF)** LMF explained that QOF was introduced in 2004 to General Practice. It gives the practice clinical and public health areas to focus on, and we are remunerated according to our performance against each area. In this way, it is one of the primary ways in which the quality of care provided by the practice is measured. The idea is, for example, if we are able to control certain conditions better (e.g. doing foot checks for diabetes patients) then this will lead to better patient outcomes. There are 559 potential points, and last year (01/04/18 to 31/03/19) we achieved 558.9 points! The 0.1 point we missed related to hypertension control in diabetic patients. LMF explained that many of these patients we contacted, but they wouldn't come in to the surgery. We can code these patients once we've invited people 3 times (in order that they're removed from the calculation), but we tend not to as we'd still like them to come in to the surgery ideally. LMF explained that, in general, our process is that patients come in to the surgery for their annual checkup in their birthday month. Prevalence is also measured as part of QOF. This would allow a practice, for example, if they have less people coded as suffering from dementia compared to the national average, to search for these patients in order that they can be diagnosed. MD queried if there was a QOF indicator that related to carers. LMF explained there was not, but that nationally we'd expect c. 2% of patients to be carers. LMF has recently met with Carers Bucks, and the practice has an improvement objective to refresh its carer's list and ensure we are proactively identifying new carers, including young carers where possible. CP noted that she had tried to register with us as a Carer twice, but she was still not on the register. MW asked about Carers Oxfordshire. LMF explained that this is done through the council and they are less proactive about liaising with the practice. However, Carers Bucks will run support groups for all our patients. All members present seemed interested in QOF and what, if anything, they could do to help the practice with this. LMF agreed that she would regularly discuss (every other meeting) where we are with QOF. MD asked whether they could be sent some information as to what is included in QOF. **GP Patient Survey**	**SS will investigate together with CP why she is not on the carer's register.** **SS to ensure QOF is included on future agendas.** **LMF to distribute**

	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. It is available here: https://www.gp-patient.co.uk/practices-search (note: once you have searched for the practice and selected Unity Health, go to the "Patient experience" tab). Generally we 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. LMF explained that our appointment system is set up such that you can indeed request to speak to any doctor you would like (unless of course they are not working). RH noted that his experience is that you sometimes need to push to speak to a particular doctor. Another question where we didn't do as well was: 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%). Interestingly though, when you filter on those patients who have identified themselves as having a mental health problem scored 100% for this question. **Friends and Family Test** Due to time restrictions we decided to postpone the discussion on the Friends and Family (F&F) Test to the next PPG meeting.	**details on QOF components.** **SS to discuss this result with reception and the GPs.** **Action: SS to include F&F Test data on next meeting agenda.**
5	**"Getting to know Unity Health staff"** Julia Coates, one of our two Lead Nurses joined the meeting for a short time to meet the members. She has been with the practice 29 years and explained that as well as having a clinical role, she supports and manages the nursing team, together with Tracy Cammack. When asked about the appointment system, she said that she had never received any negativity in relation to the triage system operated. When asked about medication reviews, she explained that as nurses they can review medication for certain conditions e.g. asthma / diabetes, but they wouldn't change a medicine; this would be for the GP to do. When asked about whether she proactively tries to identify carers as part of her role, she mentioned an open evening that we had specifically for carers of patients with dementia a while ago. She explained that she also always discusses the attendance allowance with those carers she is aware of and suggests to patients that they get Age UK to complete the forms to ensure they get the maximum allowance available to them.	

	When asked about the relationship with the District Nurses (DNs), she explained that they are now based in Thame and we rarely see them. There was a question raised as to whether we should link in more with the DNs in order to identify carers. CP noted that the wording is very important e.g. “Are you helping to care for anyone?” is far superior to “Are you a carer?” as the latter sometimes carries some stigma. LMF explained that we are hoping to have a Carers Awareness session at our September PLT, and after this we will start to think about how we can identify carers not currently on the list.	
6	**Wellbeing Strategy and Programme** SS explained that the practice is hoping to launch a Unity Health Wellbeing strategy in the next few months. This ties in with the government's vision: “prevention is better than cure” – the drive to stop health problems from arising in the first place and supporting people to manage their health problems when they do arise. SS explained that we are very early on in this journey, but that the practice is keen to get the support of the PPG in order to build some momentum around this and to help us link in with patients more in this way. The plan is to start primarily with a focus on staff wellbeing (with a 3hr session at our November PLT for all staff) but, before long, to broaden the wellbeing agenda to patients. SS asked what forums the PPG members use to link in with patients (as these will likely be good links to help raise awareness and/or promote events in the future). We are looking for you for novel ideas as to how to better reach / engage our patient population. JH noted that there was a need for the PPG to become more visible to patients in general. She also said that their primary role in the wellbeing work could be to signpost to what is already out there rather than to necessarily arrange/organise new or additional events etc. SS explained that it would be helpful to discuss what the PPG members would like to get involved with since, with the exception of the newsletter, there is little activity between the quarterly meetings. Some examples of other PPG involvement: Penn surgery PPG – run educational events for up to 150 people on different health and wellbeing related topics. Hughenden surgery PPG – have organized tonight actually a retired consultant to do a talk in the village hall on how to start a conversation	**PPG members to suggest ideas for how the practice can better engage with its population.**

	about dying: Live well, Love well, Leave well. Haddenham surgery PPG – hold sessions in the waiting room to help patients sign up to online access. Post-meeting note: I didn't have time to mention this in the meeting, but one thing that one of our GPs thought might be useful for the PPG to help with was setting up an 'Expert patient' initiative. In other words, creating a list of patients that have a certain condition that would be willing to be contacted by other patients to talk about their experiences/ be involved with Medical students/training etc. Also, one of our Advanced Nurse Practitioners thinks there would be a lot of value in creating a social media presence for the practice and wondered if this was something the PPG could get involved in? JE mentioned that Lesley Simpson's exercise classes at Brill are very well attended and they help to bring people from the community together. PM noted that there are many patients that are socially isolated and that both the practice and the PPG could do more to help signpost them to e.g. Befriending Bucks and Prevention Matters. MD asked whether the practice still did referrals to the gym to help with health conditions. LMF explained that we can, but it is not something that we do regularly.	**PPG members to consider if they would be interested in getting involved with either of these suggestions (or any others).**
7	**Surgery updates** **Proxy access –** SS explained that EMIS, the practice's clinical system has made an update such that patients can nominate a proxy. This person (e.g. parent, partner or carer) would be able to book their appointments, order their repeat prescriptions online and – if they would like to give full access - to view their medical record). **PCN update –** due to time limitations the decision was made to do this next meeting. **MSK specialist –** LMF noted that as part of the Improved Access (locality-wide) agenda, we have hired a Musculo-Skeletal specialist (a physio) who will see patients every other Saturday morning (9am – 1pm) at Haddenham Medical Centre. This is primarily a triage service, although some treatment/exercises will be provide if deemed appropriate. **AskNHS app** – SS explained briefly about this earlier in the meeting. **Staff changes:** 1. **New Lead Nurse –** The practice has made the decision to promote Dean Whiting, who previously led our team of Advanced Nurse Practitioners to Lead Nurse (together with Julia Coates and Tracy	**SS to put PCN update on next meeting agenda.**

	Cammack). 2. **Lead Receptionist –** we have internally recruited a joint post of Lead Receptionist (held by Angela Hyland and Karen Kapley) who will help to support and develop the reception team and the overall patient experience and pathway provided. 3. **New Salaried GP** (Jaini Shah) joined the practice at the Chinnor surgery in May. 4. **Olivia Jones –** GP who previously worked at Chinnor surgery is back from maternity leave and is now based at Thame.	
8	**AOB** SS asked whether the PPG were happy for all other members to have their email addresses. This way, Jackie Highe as Chair could send emails out to you directly, for example. All members still present (JE, YH, PM, JH, MW and RH) agreed. We briefly discussed the Newsletter, and that we would shortly need to start work on the next edition. LMF noted that this would need to be published by end of September if we wanted to include information on the flu clinics. We agreed that we would form a sub-group of YH, MW, MM (and JH) as before and ask the wider PPG for content ideas. CP mentioned that the taps in the toilet in Princes Risborough are extremely stiff. JE raised a query about the amount of packaging that some drugs manufacturers seem to have and whether this is something the practice could influence. RH mentioned this had been going on for years and that it needed to start at a much higher level sadly. JE asked whether we could have the meeting over at the Brill side of the practice area sometimes. Having considered the options for rooms, we decided at this point in time, it is probably best to keep it as it is in Princes Risborough. Post-meeting note: there is the possibility of using Long Crendon Baptist church as a venue.	**SS to obtain explicit consent from PPG members not present.** **SS to investigate taps.** **SS to ask members if this would be preferable as an alternative location.**