



## UnityHealth

### Patient Participation Group (PPG) meeting –16<sup>th</sup> October 2020

#### Attendees:

LM-F (Lesley Munro-Faure), PD (Pipla Dewan), JH (Jackie Highe), YH (Yvonne Hook), RH (Rob Holdaway), JP (John Pettit), EL (Emma Lowndes), MB (Matt Bateman), PM (PatMullan), RDH (Richard De Havillande), LS (Louise Smith), (CJ) CJ Charli Johnson (observing)

**Location/Time:** Virtually via Zoom at 2pm

No	Description	Action
1	We are recruiting PPG members and I have requested clinicians and administrative staff to signpost about joining.	PD
2&3	<p><b>Apologies:</b> PD received apologies from: BF (Brenda Jefford), CC (Cathy Clark), MW (Marion Wilkes), (JE) Jenny Edmonds, (IM) Ian McIntyre</p> <p><b>Resignations:</b> Since our last meeting on 14<sup>th</sup> July 2020, Louise Fenton has sadly resigned from the PPG due to her other commitments; her background is in Social Care; she wished the committee and the practice all the best for the future but explained that she was no longer able to give the time to the PPG that she felt was needed.</p>	
4	<p><b>Patient Survey</b></p> <p>a) MORI external patient Survey</p> <p>LM-F explained that this is an annual independent survey run by Ipsos MORI on behalf of NHS England. Surveys are sent out between Jan and March to a selection of registered patients (whether they have used the service or not) and results published in July. Results are based on relatively small numbers – 253 sent out and 99 returned.</p> <p>Unity Health results from the 2020 survey provides feedback on this website: <a href="https://gp-patient.co.uk/report?practicecode=K82047">https://gp-patient.co.uk/report?practicecode=K82047</a></p>	

**The meeting reviewed the survey:**

**Where patient experience is best:**

- 81% of respondents describe their experience of making an appointment as good compared to local (CCG) average: 65% National average: 65%. This compares to last year's results of 80% Unity; local (CCG) average: 72%; National average: 74%. Unity Health have maintained their score on this where locally and nationally this seems to have fallen significantly.
- 80% of respondents find it easy to get through to this GP practice by phone compared with local (CCG) average: 65% National average: 65%. Last year result shows 80% for Unity, CCG Average 71% and National Average 68%
- 91% of respondents say they have had enough support from local services or organisations in the last 12 months to help manage their long-term condition(s) compared with local (CCG) average: 78% National average: 77%. Last year results shows, 50%; Local (CCG) average: 41%, National average: 59% so significant improvements both locally and nationally.

**Where patient experience could improve:**

- The survey did not highlight any areas for improvement since this practice has scored higher than the CCG average and the national average in every question Generally we performed favourably versus both the national average and the CCG average

**b) Internal patient survey**

The results were presented and discussed in detail. The first few questions were around demographics/attendance rates/surgeries usually attended and these were broadly in-line with the practice demographics and what we would expect. It was suggested that we should look at the demographics this year compared to last year to see if they have changed significantly. It was noted that 40% of the population responded via the online internet survey. Hard copies were available but of course these were not easy to obtain given covid19. The lower response numbers for the over 84s, was possibly due to this.

**Action:**

PD to provide demographic data from last year and this year's survey to PPG

<p>Also worth noting was that a QR code was also provided for patients in reception but unfortunately not used very much.</p> <p><b>‘Are you aware of how the Appointment system works?’</b>- Good results were returned, a better figure than last year.</p> <p><b>‘How happy are you with the Appointment System?’</b> – Again results better than last year. It was felt it was probably because more people now understand the appointment system.</p> <p><b>‘Results for GPs calling back within the agreed timescales’</b> – this has improved for both appointments requests and query calls.</p> <p><b>‘Awareness of online services’</b>. Results confirmed that there was an improve awareness that results can be obtained and medical record viewed on-line.</p> <p><b>‘How involved do patients with a long term condition feel with their healthcare and management?’</b> It was noted that results are positive, and reflected a more patient centred approach using care and support planning which we have been doing for a number of years.</p> <p><b>‘Did you have your test result before your LTC appointment?’</b></p> <p>This was an area which had mixed results (although it was felt that patients were possibly confused by the ‘n/a’ question in the survey). The meeting mentioned that some patients would expect a GP would have results. Discussed that this is the case but that the fundamentals of care and support planning for LTCs is that the patient also has and ‘owns’ their results so they come to their review understanding the figures and what they mean etc.</p> <p>In addition, it was felt there may be some confusion over bringing results for an appointment and that we need to be clearer in our communications.</p> <p>One member of the PPG raised an issue with private specialists when a patient does not realise the need to bring their test results and summary notes.</p> <p>YH asked a question on how patients without on-line access can obtain their test results - JH suggested we could cover this in a future newsletter.</p> <p><b>‘A series of questions were asked about how satisfied patients felt with</b></p>	<p><b>Action:</b> Felt this was an area which we could focus on improving – ensuring patients understand how results are handled and how they can obtain results etc</p>
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**their consultations with GPs and nurses– these results all improved (or as a minimum stayed the same).**

A question was then asked about how long patients waited in the surgery to see a GP/nurse/HCA. The PPG have previously felt that 20 minutes should be the limit for waiting. These figures improved but it prompted a discussion around the fact that this isn't a simple issue. Some GPs attract different patients with different issues and some want to discuss more than 1 issue within the 10 minute slot. It depended on the GP/patient relationship. It can be a complicated picture and not easy to put a single measure around this that monitors performance/satisfaction. **'Are you happy with the waiting times'** was a question suggested for next time

A suggestion to include an article in the next Newsletter was suggested, around: 'Why do GPs not run on time or similar time?'

A suggestion was made to include a question around how patients felt about GP video consultations which is still a very new experience for many patients.

Two new questions were asked this year.

**'Do patients feel that we are overall responsive to their needs?** This received a positive response to this question.

**'How useful do find the patients newsletter?'**

This question had mixed results. It was suggested that next year question could be simplified to: **'Do you read the newsletter?'**

During the discussion JP asked about the website development redesign, LM-F agreed it needed to look at however, this is a big task and not a priority at the moment

**Action plan:**

- Look in more detail at the system for accessing test results and include information on website/next newsletter on how to do this
- Add the following questions to next year's survey: A question around seeing the Dr of your choice (detail to be confirmed next year)

- Question around telephone consultations/video consultations etc
- A question around whether patients read the newsletter
- A questions that asks how happy are patients with the waiting time (add some narrative around how different doctors practice differently/different patients/one issue per appt or more etc)
- March meeting to agree questions for 2021 survey

Based on these discussions a report and an action plan have been produced; these are embedded here:



Patient survey 2020 - report and analysis. Patient survey action plan 2020.docx

5.

**Unity Health Autumn 2020 Newsletter**

PD asked YH to talk it through. Topics included: flu clinics, focus on covid19 and social distancing etc, patient survey; social prescribing; mental health project.

Yvonne and Marion were congratulated for their excellent work on the newsletter by Jackie.

Emphasise where they go for more information on covid-19 .signpost for extra information...good for an overview...It was suggested that we could signpost to website such as the BBC for up-to-date information.

PD confirmed that the current newsletter had been put on the website and a text will be sent to patients to inform them about it. It had yet to be shared with PPG members though this would be done imminently.

6.

**Long Crendon update**

LMF gave update on the patient consultation. She noted that an Action group had been formed. Also, that a meeting had been held with the local MP, the CCG and there was an upcoming meeting with the HASC (Bucks County Council health and social care scrutiny committee). Some historic background was also given, about how Trinity had made previous applications for a new surgery, however the CCG didn't support the proposal since it does not meet the NHS Estates Strategy for new builds which requires 10,000 patients or more.

At the last meeting with the CCG and the action group there was some discussion about the needs of rural communities and concerns expressed in the patient feedback to date around access appointments and repeat medication, especially for the elderly and non-drivers.

The CCG raised the possibility that they **may** support a community-led development that provides a limited service for those unable to travel to other sites built around innovative solutions and integrated into the community. They also discussed the possibility of a facility to host PCN staff. The meeting emphasised the need to maintain dispensary services and the current threat from a local pharmacy offering a home delivery service. Unity need to work with the action group/PPG on communications around this since the ability to continue to provide services in a rural community depends significantly on dispensing income so we will need the understanding/support of the local community to maintain this.

The isolation of the clinicians at LC makes it difficult to recruit and retain GPs and nursing staff since they want to work as part of a larger team.

We are currently working with the action group/CCG on possible proposals to retain some service in Long Crendon.

The initial consultation ends 23<sup>rd</sup> Nov - we then need to review patient feedback before making an application to the CCG. We are hoping this proposal will include the continued provision of some services in Long Crendon but there is still significant work to do on this with the action group. LM-F asked for confidentiality from members regarding LC future.

**7. AoB**

**NAPP** - National association patient participation subscription renewal discussed. RH felt it was useful but some discussion around the cost: benefit. PD mentioned the PPG patient engagement from Bucks CCG. Possibly more beneficial and more appropriate than NAPP. It was agreed to look at cost of NAPP then make a decision. *(post meeting note; cost was low so have renewed)*

**Long Crendon Bucks Consultation Survey** - LC patient Ann West asked if we could make a hard copy feedback form available. PD replied this has already been done. PD confirmed that we have provided hard copies of the survey for patients to complete who do not have access to the internet and these will come back to the practice to be submitted. She also mentioned that patients can feedback in any form such as writing a

letter, sending an email.

**Queries from JE** - PD informed that JE sent apologies for not able to attend meeting however we received three items from her for discussion.

- Some patients felt that they were being dictated to and not given an option re: face to face /phone call consultations. LM-F explained that there had been a national instruction at the outbreak of covid that this is what we had to do – **ALL GP** appointment requests had to be telephone triaged first and only then seen face to face if necessary. It was felt something on the website explaining the system would be helpful.
- Blood pressure machines and asking patients to buy their own- LM-F explained that those in the waiting room couldn't be used due to covid and using our staff to take b/p would take up a lot of resource when we are short of capacity due to the extra time it takes to put on/take off PPE. There is also a national move to encourage more patients to take their own blood pressure and keep a record of the results. LMF mentioned a national pilot scheme that we are taking part in around this. This is part of a self-care national direction. B/p machines cost around £15 and are accurate provided up to five years old It was suggested this information could go on the website and newsletter
- Elderly patients being asked to travel to Princes Risborough from Brill for their Flu jabs. LM-F explained the national shortage of vaccine and prioritisation and difficulties of giving vaccinations whilst also maintaining social distancing etc meant we had to operate differently this year which meant patients did, potentially, have to travel. It was felt that the flu jab programme had gone very well with fewer DNAs and more control over scheduling appointments etc, avoiding long queues It was suggested this is probably the system we will use in future, even postcovid19.

**PCN** - JH – reported that the PPG reps for the PCN had recently met with Dr Martin Thornton and said there was a real desire from the PCN to share information with GP surgeries. They are looking forward to being fully set up and operational and sharing information.

Next PPG meeting - PD to send out suggested optional dates, probably early January.

