



UnityHealth

Patient Participation Group (PPG) meeting – 13th October 2021

Attendees:

LM-F (Lesley Munro-Faure, JH (Jackie Highe), RH (Rob Holdaway), JE (Jenny Edmans), MB (Matt Bateman), PM (Pat Mullan), MW (Marion Wilkes), LT (Lorna Taylor), VS (Victoria Spires), (YH) Yvonne Hook) attended in person; RC (Richard Clemmow) and RDH (Richard De Havillande) attended via zoom.

Location/Time: Princes Risborough Surgery, and virtually via Zoom at 10am

No	Description	Action
1	<p>Welcome and Apologies: Apologies received from: Brenda Jefford, Monica Marshall, Jenny Asher and Emma Lowndes</p> <p>Resignations/new members: The meeting welcomed new members Lorna Taylor and Victoria Spires to the group.</p> <p>(Post meeting note: Victoria Spires has said after attending a PPG meeting for the first time that she doesn't think she would be able to add too much to the group and therefore won't be attending in the future.)</p>	
2	<p>Review of actions from last meeting on 6th May 2021</p> <p>LMF explained that she had not yet published anything on the website in relation to recalls for patients with long-term conditions requiring check-ups/reviews. She had met with Dr Thomas and Lead Nurse Julia Coates to discuss the practice approach for this and the decision was made that we would proactively call patients in this year given the changes during the pandemic. However, the blood bottle shortage stymied plans as we were asked nationally not to call patients in for routine blood tests. LMF noted that this shortage is easing so we should shortly be in a position to put the information on the website; we will also text all eligible patients too.</p> <p>LMF was to take forward the re-development of the website and form a</p>	<p>LMF to publish information on the website re. LTC recalls</p>

	<p>working group from the PPG. This is now with SS and Charli Johnson (IT Manager) but as yet no progress has been made due to other priorities. SS asked who would be interested in being on the working group – LT, RC and JH volunteered to be involved. (Post-meeting note: RDH also volunteered).</p> <p>LMF to produce updated patient survey questions and circulate to the PPG – done!</p>	<p>SS to move forward with website, and arrange initial meeting with working group.</p>
<p>3</p>	<p>Unity Health Annual Patient Survey – Discussion of Results</p> <p>SS presented the key themes from the annual patient survey.</p> <ul style="list-style-type: none"> • Overall: great response rate – 2463 responses (vs. 1049 last year). We usually get c. 1200, so double this. • Primarily responses from text as always (2373), 59 from the website, 27 from facebook and 4 hardcopy surveys. • Generally the results were not as positive as last year (expect 2020 results were a “Covid bonus”) so will use 2019 as comparator too. • More women responded than men as usual (58% vs. 38%). Percentages very similar to last year. • The 2.3% describing as “in another way” mostly said in the freetext comments: “man” / “woman” as well as a number of aggravated/sarcastic responses. I would suggest possibly changing the response options next year to: man, woman, non-binary, prefer not to say, other (please specify). • There was a good spread of ages of responded, as we would hope for. The majority (53%) of respondents were between 55 and 75 y/o. • 92% of patients are aware of how the appointment system works. This was a fall since last year (95%), but similar to 2019 (93%). • Patients appear to be less happy with the appointments system, with 72% being very happy or happy (compared to 84% last year). However, again the results were closer to 2019 (76%) • In terms of whether patients were called back within the agreed timescales, the results were the same as for 2019. (74% for triage calls which are within 2hrs; 85% for query calls, which are within the day). <p>LMF noted that the timeframe within which to call back a patient had been discussed at length by the Partners. Telephone triage calls are supposed to be able to be dealt with in c. 3 minutes; so historically it was possible to get through the list of patients relatively quickly. However, since COVID we have been doing a lot more telephone consultations (not just triage) and therefore these are much longer calls. As such, the call-back time was changed to 2hrs rather than 1hr.</p>	<p>SS/LMF to discuss potential review of appointments system with the Partners.</p>

	<p>We went on to discuss that nationally demand in primary care is outstripping capacity by c. 20%, and that we believe it is similar for Unity Health.</p> <p>RC asked: does this mean that 1 in 5 patients aren't getting help with their medical queries/issues? LMF responded no, that actually what it meant was that our healthcare professionals were working far beyond their capacity – regularly staying late to get the extra work done. This was the position we were in before bringing in telephone triage in 2013.</p> <p>RH asked: on the measurement of how many patients per doctor, where is Unity Health (he noted that nationally he understood this was c.2,000 patients per GP). LMF noted that she doesn't know the exact numbers but that we publish this every year in the accounts and that we are always lower. LMF also commented that this measure is no longer very helpful since there are so many other healthcare professionals that now treat patients such as Advanced Nurse Practitioners (among others), and therefore it is not necessarily an accurate representation.</p> <ul style="list-style-type: none"> • New question: 'If / when it is important for you, do you find that you are usually able to consult with the GP of your choice?' – 63% said yes. This feels slightly disappointing - more than 1/3 of patients answered no. • 77% of patients are aware they can view their medical record only – a slight improvement on last year (76%). • The results in relation to the questions to patients with long-term conditions (LTCs) were slightly disappointing; however this is not unexpected given the pandemic and the requirement from NHSE to stop certain things like regular reviews (in accordance with the national 'traffic light system'). Compared to the results in the last two years, patients with LTCs didn't feel as listened to, involved in the decision-making and clear on what they needed to do next. <p>MB commented that the deterioration this year might be a reflection of the additional pressure that the clinical staff are feeling currently with the surge in demand for primary care services nationally.</p> <p>It was noted that the results might also be due to general discontent, the impact of the media etc.</p> <p>PM: Everyone is looking for something to moan about at the moment.</p> <p>JH: There is a lot of anxiety at the moment.</p> <p>LT: Not yet back to normal, but people feel that we should be.</p> <ul style="list-style-type: none"> • In terms of how satisfied patients are with the quality of the consultations with GPs and nurses, the results again were worse than 2019 and 2020. However, to keep them in context – over 	<p>SS to share figure with PPG once 2021 accounts are finalised.</p> <p>SS to discuss with Lead Nurses re. communicating to patients a</p>
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	<p>90% of patients were still “very” or “quite” satisfied with the consultations.</p> <p>JE asked again if there was any difference between the responses based on age. Post-meeting note: SS found no clear pattern.</p> <ul style="list-style-type: none"> • Waiting times appear to have improved. For example, this year 37% of patients are waiting less than 10 minutes to see a GP (vs. 24% last year); 61% are waiting less than 10 minutes to see a nurse (vs. 56% last year). Furthermore, we asked the question to patients as to whether they were happy with the waiting time – 89% are, which seems like a good result. <p>We discussed that patients generally seem to expect and are therefore OK with waiting a long time at hospital, but not at their GP surgery. JE noted that this was a positive, as it meant that patients expected that they would be seen on time.</p> <p>VS said that she rationalises that if the GP is taking a long time, you in turn will get the time you need with them.</p> <ul style="list-style-type: none"> • 88% of patients are happy with the practice’s core opening hours. This was worse than last year, but better than in 2019. • New question: Do you feel that Unity Health is responsive to your needs? 83% said yes. It will be interesting to see what this percentage is next year, as nothing to compare with. • New question re. support of the surgery when dealing with mental health concerns as a result of the pandemic – 67% of people said yes. There was no “N/A” response, and as such this result appears much worse than it actually is. • 21% of patients said that they read the patient newsletter, with 63% saying they had never seen it. We need to think about how we can advertise this better as many patients wrote freetext comments to say that they would be interested to know how to access it. <p>In relation to this we went on to agree that the website needs improving as a priority. SS noted that the key things that we need are a good search function and an obvious place to post any updates.</p> <p>The common themes from the patient survey, in particular brought out by the freetext comments, are as follows:</p> <ul style="list-style-type: none"> • Appointment system – two distinct schools of thought – pts either love it (“can always speak to a GP on the day if urgent, don’t have to leave home; makes best use of resources”) or strongly feel it doesn’t work for them (“want to be able to book appointment at a fixed time; hard to take a call at work and then come in at short notice that day; don’t have access to a phone at 	<p>fall back date for next year.</p>
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work” etc).

[JE queried whether there was a difference if this was analysed by the younger versus the older generation. Post-meeting note: SS found no obvious difference in results based on age of respondent.]

- **Access to face-to-face appointments** (“need to get back to the old system”): patients feel reassured when the GP sees them as they feel they can tell so much from a person’s physical condition; body language; facial cues. Some patients find telephone calls impersonal.

[JH noted that the answerphone message (for Risborough surgery) could be clearer in relation to the fact that we are seeing patients face-to-face. SS responded that the message was in the process of being updated and would correct for this.]

- **Specific timeframe for GP call backs** (ideally 30 minute window) – so patients can plan their day and also when miss it, it’s hard to call back.
- **Dislike giving description of issue to reception** – not medically trained and feel they should decide if they need to see a doctor.
- **Lack of pre-bookable appointments** – often patients are told that they need to call up on the day (this is the case if no pre-bookable appointments left).

[MB noted that it would be helpful if reception made it clearer that there is an option of a pre-bookable appointment, but not for e.g. two weeks. This way it gives the patient the choice.]

- **Ability to book online again (and/or via e-consult)** – we are reviewing this.

SS mentioned the Ask NHS app (also available on our website via ‘Olivia’). We then went on to discuss e-consult – essentially a service where patients can more or less ‘email’ (via an online form) the practice with any issues. LMF noted that many practices who had bought this module had later switched it off as it was exacerbating the demand issue, and leading the GPs to be overrun with queries. This was the case when we used to do this as a practice – on a Monday morning there would be so many queries to get through from the weekend that it was untenable; and many queries were not appropriate for the GP. Furthermore, this system encourages patients to be more dependent on the practice, when we instead are trying to ensure patients take personal responsibility for their health and instead use the practice and the clinicians as a resource as needed.

There was a general acknowledgement that we would never come up with something that is going to work for everyone; however, it may be that the time has come to review the appointments system once again.

- **Increased use of video calls**

RC asked what proportion of consultations were done via video in the practice. SS responded that she didn't know the exact figures but that it would be very low – c.1/2%. LMF noted that when video consultations were first made available the GPs were using them a lot; but they have realised now that either they need to bring the patient in for a face-to-face examination, or actually it can be resolved over the telephone without the need for the video. She explained that GPs as a group are very risk averse since their license to practice is always 'at risk' and therefore they would always bring patients in if they need seeing.

RC commented that he had used video consultations quite a lot with hospital consultants recently and that he had found these extremely useful, and that they felt almost as good as a face-to-face appointment and he wouldn't imagine that it takes much longer? LMF noted that we would feed this back to the GPs. MW commented that the wifi locally can be very bad, and that this would make video consultations almost impossible.

- **No clinical presence in Long Crendon, and also reduced opening hours for reception/dispensary**
- **Lack of consistency of GP** – therefore not always able to build up relationship. The issue is, most GPs now are part-time e.g. 4-6 sessions, so this cannot always be helped.
- **Phone lines often engaged** for long periods of time in Brill – we are aware of the issues and are waiting for Bucks CCG to upgrade the telephone system. The timescales keep being pushed back.
- **Mixed reports on receptionist attitudes** – especially in Chinnor, Risborough and Brill.

JE noted that a 20 minute wait was not acceptable and suggested that next year we asked a question re. the waiting time on the phone and how happy/unhappy patients were with this.

- **Excellent organisation and roll out of COVID clinics and flu jabs** – “military precision”
- **More proactive check-ups / check-ins** – e.g. blood pressure, cholesterol and general wellbeing (well man/woman checks).
- **Holistic approach to care** - more advice and support for lifestyle medicine approach; advice on diet and overall wellness.
- **Patient newsletter** – most patients don't seem to know about this. We need ideas for how to advertise this better...

The discussion went on to flu vaccinations and JE asked how the recall system worked. LMF explained that we order in enough flu for 70% of the eligible groups. It is however a risk to the practice as each year we cannot predict what the uptake will be, and neither situation (wasted flu

SS to feedback to GPs comment re. video consultations.

	<p>or not enough and therefore unvaccinated patients) is particularly satisfactory.</p> <p>LMF explained that some practices hadn't even started their flu vaccinations, but thankfully we had ordered early before the supply issues began. We first send out a text to the over 65 year olds and those under 65 but with a long-term condition (as these are the most clinically vulnerable groups). Later we would then text the 50-64 year olds with no long-term conditions. There can be issues if patients have changed their mobile number, or have never given this to the practice. In this case we rely on patients knowing that they usually receive the flu jab and them calling in to book this.</p> <p>It is a tricky balance but the message to patients really is: wait for the surgery to contact you in the first instance about your flu vaccination, but if you don't hear from us by mid-autumn to call the surgery to check. SS noted that in future years it might be helpful to patients if there was an actual date after which they should call if they haven't heard from us. VS noted that it was the same for shingles.</p> <p>LMF noted that we had managed to get some more flu vaccinations to arrive next week, and therefore we would shortly be sending out an invitation to all with future clinics.</p> <p>RH said that he was slightly concerned that in quite a lot of questions we were not as good as last year – that he felt there were issues that needed to be addressed, but he was not sure exactly what these were. LMF suggested that we reviewed the National GP Patient Survey results to see if there were any common themes (and then these should definitely be on the action plan); that is not to say that we would not look to address something that only came out as a theme in one of the surveys. Having discussed both surveys we would then discuss what we as a group felt were the key things that needed to be addressed. [Post-meeting note: there was not time to agree this in the meeting, so SS has asked for feedback via email instead. SS will then produce an action plan to be discussed and finalised at the next PPG meeting.]</p>	<p>SS to ask PPG members for comments on key areas to be included in patient survey action plan.</p>
<p>4</p>	<p>National GP Patient Survey Results 2021</p> <p>SS explained that this is the annual national patient survey done by Ipsos Mori. 306 surveys were sent out at random to our registered patients; 154 received back.</p> <p>https://gp-patient.co.uk/report?practicecode=K82047</p> <ul style="list-style-type: none"> • SS noted that although these were not massive numbers, the results were still statistically significant. It is helpful as the survey provides 	<p>SS to send around link to national patient survey results.</p>

	<p>comparators to the CCG and national average (as opposed to just the prior year as we compare for the Unity Health survey).</p> <ul style="list-style-type: none"> • It was really positive that in a couple of the areas we were more concerned about from the Unity Health survey, we are actually performing extremely well vs. other practices, sometimes 10 or more % points better! <ul style="list-style-type: none"> ○ Getting through to us on the phone (despite the Brill issues); ○ Helpful receptionists; ○ Experience of making an appointment and satisfaction with appointment offered (despite the desire for more face-to-face appointments expressed in the patient survey); ○ Getting to speak to preferred GP; • The weaker areas on this survey were as follows (although it is worth noting that we were still very close to average in these areas – 1 or 2 % points): <ul style="list-style-type: none"> ○ Time given by healthcare professional during last appt (88% vs. 90% for CCG or 89% national) ○ Confidence/trust in the healthcare professional they spoke to (96% vs. 97% for CCG and 96% national). ○ Specific time given for last appointment (88% vs. 92% CCG or 91% national) – SS noted that this was also reflected in the Unity Health survey results. ○ Also at CCG average (albeit above national average) for: the healthcare professional they saw treated them with care and concern; and was good at listening to them. • Overall: 93% describe their overall experience of the practice as good (vs. 84% CCG or 83% national average). 	
5	<p>“Getting to know Unity Health staff”</p> <p>Two members of the new Primary Care Network (PCN) team came to discuss their roles: Debbie Smith (Care Coordinator) and Vivian Slater (Health and Wellbeing Coach).</p> <p>The PCN was set up about 18 months ago, but the team is just starting to grow. They cover all 5 sites, as well as Cross Keys in Princes Risborough</p>	

	<p>and Chinnor, and Haddenham.</p> <p>The aim of their roles is to provide more help and support for patients.</p> <p>Care Coordinator – Debbie explained that they review all the referrals to the PCN team from the surgeries and decide who within the team they need to go to. They help to put in place frailty and care packages and, for example, they look at patient discharge letters to see if there is any information they can get from these to try and help the patients in a way that GPs aren't able to.</p> <p>Health and Wellbeing Coach – Viv explained that she deals with patients in a holistic way who have multiple things going on e.g. chronic long-term lower back pain, sleep issues etc. If this role wasn't in place, this person would be being referred to lots of different organisations. The idea is that the coaches can deal with everything together, and prioritise in terms of what is important to the patient.</p> <p>JE asked whether patients could contact them directly. The answer is no, and that currently all referrals need to go through the practice. Patients can ask the receptionists or clinical staff for a referral however.</p> <p>They explained that there are several other members of the PCN team (14 in all) including: a social prescriber, paramedic, community nurse practitioner and a pharmacy team. There may be some additional funding in the future for other roles including an Occupational Therapist, Physiotherapists etc.</p>	<p>SS to circulate some more info on PCN team and roles.</p>
<p>6</p>	<p>AOB</p> <p>COVID boosters and flu vaccinations</p> <p>LMF explained that we are doing the COVID boosters (all Pfizer), together with Cross Keys and these are taking place at the Princes Risborough Community Centre. The boosters can only be administered > 6 months (182 days) after the second dose. The team will be texting all eligible patients, and then calling any non-responders. Nationally the request is to call patients in the order in which they received their first and second vaccinations.</p> <p>RC noted that he had not yet received a text from Unity Health, but had received the national text and therefore booked elsewhere. LMF explained that everyone will be sent the national invitation too as some practices are not doing the boosters. This is so that nobody is missed.</p> <p>LMF went on to explain that the immunosuppressed may never initiate</p>	

an immune response to the vaccination, and therefore they will be having a third dose. These are to be timed at the point at which they are least immunosuppressed. We are currently seeking advice as to how this would work as we would not have this information.

Newsletter – timing and content of next edition – PPG member views to be sought via email post-meeting.

Update on LC surgery

LMF explained that the Parish Council called a meeting the other week on a Saturday morning, which she attended. The purpose of the meeting was to let the residents know the position re planning permission (there are still conditions that the Parish Council has to meet before planning permission is granted) and where they are with funding. They have applied to the government for funding and hope that they will be successful in getting this. However, they do have a 'plan B' in case this is not successful. The Parish Council seem to still be very confident that they will raise the funds and the build of the Community Health and Wellbeing Centre will proceed.

LMF explained that we control nothing as a practice, it is all in the hands of the CCG, since they fund the rent of the building (every GP practice has their rent paid).

The CCG have previously turned down an application to build a new GP surgery in Long Crendon three times – this is because the rules are that no new building can be developed that serves less than 10,000 patients. However, given the centre would be privately owned and run by the Parish Council, the CCG have now agreed to this as it is private, not NHS. There seems to have been an impression that there would be a GP on site every day. This is not the case and LMF explained that Unity Health had been very clear on this from the beginning.

There would however be a GP there occasionally, as well as nursing/HCA. LMF explained that actually looking at the appointment data, it is HCA appointments that are used most at Long Crendon. Furthermore, that the overwhelming feedback from the survey done at the time of the consultation was that the dispensary was the main thing that the villagers did not want to lose. This would be maintained in the new Wellbeing Centre.

Query re. our receptionists – PPG member views to be sought via email post-meeting.

Discussion on future meetings – PPG member views to be sought via email post-meeting.

	<p>Volunteers for stewarding vaccine clinics – PM raised that Denys who organises these is currently short of volunteers. If anyone on the PPG could help, or they knew of any family or friends who could it would be much appreciated.</p>	
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