



UnityHealth

Patient Participation Group (PPG) meeting minutes

22nd November 2022

14:00

Princes Risborough surgery

#		Action
1.	<p><u>Attendance / Apologies</u></p> <p>In attendance: LM-F - Lesley Munro-Faure, MM - Michael Mulholland, AH - Adam Holder, JH - Jackie Highe, PM - Pat Mullan, JE - Jenny Edmans, MB - Matt Bateman, YH - Yvonne Hook, RH - Rob Holdaway, RC - Richard Clemmow, RDH - Richard De Havillande (via teams)</p> <p>Apologies received: John Petitt, Brenda Jefford, Paul Bradley, Marion Wilkes, Monica Marshall, Louise Smith</p>	
2.	<p><u>Introduction of the new Senior Business Manager</u></p> <p>LM-F introduced AH and noted that Laura is currently out of the business.</p>	
3.	<p><u>Review of the actions from the last PPG meeting</u></p> <p>LM-F apologised that there were no previous meeting minutes and asked if anyone knew what was discussed.</p> <p>The PPG participants confirmed that the meeting was based on local and national patient surveys, the website, wellbeing practitioners and the action plan.</p> <p>Post meeting note, it seems the above information was relating to an earlier meeting as the agenda for Junes meeting was found and included different discussion topics. Although the initial plan was for LM-F to produce minutes this is not possible now since she did not attend this meeting.</p>	

<p>4.</p>	<p><u>New website introduction</u></p> <p>MM demonstrated the new style website which was well received.</p> <p>LM-F noted the reasons for change were to give more control to Unity Health in terms up updates/changes and to make it user friendly with the aim to go live from Monday 28th November 2022.</p> <p>The PPG discussed the new website and provided feedback on the appointment and prescription pages in relation to the amount of text displayed. The group questioned if urgent alerts or messages can be displayed easily and confirmed that they were impressed with the new format and praised the change. MM noted some of the clinical information needed to be updated with an example being that the recommended number of alcohol units consumed per week had changed.</p> <p>JH expressed that the patients should be made aware of the new website by email/text to aid the patient navigation process.</p> <p>RH questioned if the website had been fully reviewed and tested. LM-F responded that whilst checks are still underway, the PPG would be invited to provide feedback once live which can be submitted to AH directly.</p>	<p>AH to investigate where urgent alerts or messages will appear and review all clinical information.</p> <p>PPG members to view website and provide feedback to AH.</p>
<p>5.</p>	<p><u>New patient appointment booking system</u></p> <p>MM presented a PowerPoint presentation regarding the reasons for change and the benefits of the new patient booking system “Klinik”. This included the current demand on GP time, what is changing and that the demand is due to factors such as people living longer, new house builds and an increase in population all of which are adding to the waiting lists for GP appointments, hospitals and/or procedures.</p> <p>LM-F noted that we currently have no symptom online tool so a change to the way patients can book appointments is needed to aid care navigation and reduce time triaging. MB questioned if this requirement could be met by using the functionality of patient access? LM-F responded that you can search for advice by condition in patient access but it is limited as to what you can do and it’s not then linked through to the symptom checking to book appointments which is now a contractual requirement.</p> <p>MM expressed that the values of Unity Health are not changing with listening, empowering, evidence and improvement still are the forefront of focus for patient care. LM-F confirmed that staff have agreed the current demand is chaotic and that we need to rebalance to ensure patients are not missing out on appointments by seeing the right patients, at the right time and providing the correct care.</p>	<p>AH to send the PowerPoint presentation with minutes of the meeting.</p>

MM stated that this is a national contractual requirement to meet the growing demand and if we can utilise technology and the process to further speed up access and continuity, this will be welcomed. Klinik would aid GP's saving time by having all triage information before any appointment thus cutting overall appointment time and can be accessed via the website, by calling reception teams or walk-ins.

MM continued that the system directs patients to the correct place the first time and that all reception teams have been trained as care navigators. HCA's have been trained to be GP assistants who will be part of the support teams and will be scheduling appointments proactively for our most complex patients with a trial planned within the next few weeks at a single surgery and likely to be Princes Risborough.

MM then showcased how the system will look on the website which was a similar tile based system layout as the new website and also an example of the process confirming that if it is a case for the hospital it will alert the patient as soon as possible rather than making them wait in the queue. You will be asked for your availability so appointments can be booked easier with a simple email or text response further saving time.

MM noted the GP end displays all information on a single page for visibility and is colour coded red, green or yellow depending on the urgency. An example was that a child under 2 years old would be moved to an earlier appointment time rather than currently waiting until 5:50pm in the worst case scenario.

MM stressed that there will be a Klinik management group set up including LM-F, AH, MM and CJ to discuss the structure, the process, how it will work and ensuring it's all set up correctly with the first meeting taking place after the PPG meeting.

PM asked how it would work if the patient only wanted to talk to a GP rather than explaining the problem to the reception team. MM explained the necessity of patient education as it would slow down their care. It would likely take 2-3 months for this process as patients learn the new system.

RH asked if video appointments would be an option. LM-F noted that after the triage had been completed then the surgery could offer a video appointment if required but stressed that the number of video appointments requested had recently dropped off.

RH followed up by asking what percentage of the population would likely use the new system. MM responded that others had reported over 70% of their patients use the new system and that Unity Health's local population are

	<p>elderly but embrace technology so expected it to be well received.</p> <p>MB wanted to confirm if he could he fill out the form at 10pm rather than ring up at 8am and still be on the same list? MM confirmed that would be the case.</p> <p>RC asked how much of the new system was controlled by the AI element and was that overseen? MM responded that the clinician has full overview and feedback from other surgeries had shown that the system is cautious.</p> <p>JH stated that the PPG and Unity Health needed to think how to educate the patients regarding this system and the best way to communicate out. LM-F reminded the PPG that all the receptionists had already been trained as care navigators and were already working with the GP's. The PPG members all agreed that patient education was paramount to the success for this change whilst utilising the new website and other communication methods available to us.</p> <p>MM explained data from other surgeries already using similar systems was already showing that it works and that they were now seeing patients that they otherwise would have potentially missed when using the older systems. The continuity will come from seeing the same teams, following the same processes but not necessarily the same doctor. This means more than one doctor will be aware of your records and progress to aid patient reassurance.</p> <p>YH asked if the demographic will be looked at differently for a single site as opposed to the 5 locations. LM-F confirmed that all sites are fairly similar with Chinnor having a slightly younger demographic. From the patient survey there were not many differences in opinion/experience across the sites.</p> <p>JE questioned if the NHS health checks were still happening and if the system will catch those who are not coming in for yearly for appointments. LM-F confirmed the NHS health checks are still happening for a specific group of patients (those aged 40-74 who do not already have a cardiovascular disease) but these occur every 5 years, not annually.</p> <p>PM suggested we communicate out that the new system was an improvement rather than change. The PPG members all agreed to this.</p>	<p>LM-F/MM/AH to plan how we will communicate to patients and the reasons for this change / improvement.</p>
<p>6.</p>	<p><u>Discussion of staff training and ways to communicate out</u></p> <p>Various discussions broke out relating to ways we can further improve patient communication when we close for the PLT training afternoons. AH noted that the new website would aid this as it had a new section we can now add to when we wanted to along with the potential to have urgent news / information displayed if services were affected. An example of this was if the phones were to go down.</p>	<p>AH/CJ to explore using coloured waiting area notice signs and the website along with text / email re PLT.</p>

	<p>JH suggested using coloured paper up to a month in advance within the surgery waiting areas and replace it each time with a different colour to draw patient's attention.</p> <p>LM-F asked for feedback relating to the texts patients receive as you cannot opt out for single messages and only opt out for all messages. Recently the texts included wording that if they do not want to see this to delete the message. The PPG agreed this was a good addition as we don't want people to opt out as that will cause further communication breakdown.</p>	
7.	<p><u>Steering group question for PPG</u></p> <p>JH explained that Barry Lynch from the Haddenham PPG wishes to step down from a position within the wider PPG committee network and she wanted to check if anyone from the Unity Health PPG would like to take on the role. She explained that the role was to provide information to local PPG's and allow feedback and asked if the Unity Health PPG wanted to play a larger role in the overall direction for the wider PPG committee network. The meetings were usually via Teams but due to other commitments she was unable to do it herself.</p> <p>PM volunteered for the position and JH confirmed she would arrange Barry to make contact before the next meeting which will be on the 18th January 2023.</p>	<p>JH to arrange contact between Barry Lynch and PM.</p>
8.	<p><u>Questions / any other business</u></p> <p>Monica Marshall asked a question via email regarding if patients can now request face to face appointments and if so how? LM-F stated that this is already happening when needed following the initial telephone consultation with the GP. The need for a face to face appointment should be a joint decision between the GP and the patient.</p> <p>LM-F asked MM to produce a paragraph as to what the reception teams can tell patients who wish to not disclose their problem to a non-clinical member of staff and the benefit of getting the information at the point of contact. MM agreed to write this and stated it was important to utilise our care navigators to get all the information before hand to aid appointments and reduce appointment time.</p> <p>RC asked if some "how-to" videos would aid communication. MM stated a PPG interview with GP video would be worth exploring. RC noted he was happy to help with this.</p> <p>YH questioned the new phone system and how it works. LM-F explained that the first point of call would be at the local surgery but after a defined period it would then hunt to other branches / staff to reduce the overall patient waiting</p>	<p>MM to write a paragraph relating to why the patient should inform the receptionist of the problems rather than stating it is private.</p> <p>MM to arrange a video interview between the PPG and GP to aid patient education.</p>

<p>times but stressed as it was new that it was being tweaked and monitored. LM-F continued that there was now another piece of the new phone system now activated that would allow us to call patients back if they opt for that service.</p> <p>PM asked for an update on the Long Crendon surgery? LM-F replied that the terms have been sent across and we are still waiting for a response but any other news will be shared as soon as it was received.</p> <p>RH asked if the new system would be described as Klinik to patients. LM-F confirmed we will probably not refer to it as a Klinik but invited suggestions to of alternative names.</p> <p>LM-F closed the meeting by stating that the next meeting will include planning of the next patient survey including questions to be asked. This is due to be sent out within the first quarter of the new year between January and March 2023.</p>	<p>AH/CJ to include information on the new systems and problems / what's happening on the website.</p> <p>Suggestions of other names for the new patient booking system Klinik from PPG.</p>
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