Wye Surgery
Minutes of Patient Participation Group Meeting
24th October 2017

Present Chair – Penny Haynes **Action**
Secretary - Leonie Saint
Jo Shepherd – Practice Manager
Helen Goodman – Assistant Practice Manager
Paul Callaghan
Terry Donovan
John Fletcher
Pat Fletcher
Enid Gould
Alison Graubard
Rita Hawes
Marlo Johnson
John Makey
Dave Martin
Robin Pelham-Reid

1) **Bridging the Gap: a talk by Dave Martin and Terry Donovan**

Their aim was to raise the concerns of people who were not conversant with modern technology in the light of the surgeries on-line system of communication for patients, including the appointments system, to see if there was any way of improving the interface between patients and surgery.

The changes were discussed and it was thought that an ambassadorial system might be set up, using places such as the village library for people to learn more, and also register their concerns. It was mentioned that the phone-in system can be unfriendly and unhelpful, causing stress and possibly delays in diagnosis. It was acknowledged that the NHS as a whole was in difficulties in meeting patients' needs and demands: there is a shortage of GPs nationally and experienced senior staff such as: Paramedics, Advanced Nurse Practitioners are also under a lot of pressure of work, necessitating telephone consultations as a replacement for face-to-face contact with patients. Many patients diagnose themselves or simply avoid facing the need to 'go to the Doctors'.

It was suggested that a group of PPG members should meet to discuss the need for Ambassadors to help resolve some of the communication needs, Penny will arrange this. **PH**

A reduction of Dave Martin and Terry Donovan's presentation: entitled: Bridging the Gap

(sent by Dave Martin to Leonie, who circulated it to PPG members following the meeting)

1.Communication with the Surgery for older people

Impact of telephone and online booking and consultations on older patients

The purpose of the discussion was to consider positive responses to the issues around communication and, in particular, how to obtain a

reflective picture of how it affected patients (especially older people, the frail and vulnerable).
The three issues were:
a)The telephone appointment system- dissatisfaction from some
b)The general move to get patients to register and use on-line system
c)The arrangements for complaints and raising concern
The fact is that most GP practices are struggling to cope with demand and are aware that a proportion of their consultations (for each of which they must allocate a minimum of 10 minutes) are taken up by patients who do not need to see a doctor, which may mean that someone who has greater need is not seen. So they are developing strategies to prioritise the needs.
Every GP practice has to meet the target of getting at least 20% of patients using the online services by the end of the year. This is quite a modest target. Many PPGs are actively involved in helping and encouraging patients to use the online facilities, but neither of these initiatives mean that all elderly patients will have to use them. It is well understood that there will always be some people who are prefer not to or are unable to do so.

2.Professor Helen Stokes-Lampard's Royal College General Practitioners Conference 2017

a)Stokes-Lampard stated that GPs needed to have less pressurised schedules so that they had enough "time to care" for socially isolated patients.
b)In 2010 research published in PLOS Medicine looked at 158 studies into the health effects of social isolation and loneliness involving over 300,000 people. - The findings indicated that lonely people had a 50% increased risk of early death compared to those with good social connections.
c)More recently – just two years ago - a US meta-analysis of 70 studies, involving nearly three and a half million participants - published in Perspectives on Psychological Science - looked at how social isolation, loneliness and living alone affects premature mortality.
d)It found that for those who reported being lonely, the likelihood of early death was increased by 26%, for social isolation it was 29% and for those living alone likelihood of early death increased by 32%.

"*And I want to deliver personalised care to every single one of my patients. To restore the joy in general practice. Deliver the GP Forward View in England in full; as the College has repeatedly said, But resources and workforce aren't everything… Give us the freedom to deliver the care our patients need. Give us the time to care - don't make us spend it ticking boxes, preparing for inspections, or worrying that we haven't followed guidelines for fear of repercussions. Trust us to be doctors - let us treat our patients like human beings, and tailor treatment to their needs."*

3.Evaluation of telephone first approach to demand management in English general practice: observational study

BMJ 2017; 358 doi: https://doi.org/10.1136/bmj.j4197 *(Published 27 September 2017)*

Objective To evaluate a "telephone first" approach, in which all patients wanting to see a general practitioner (GP) are asked to speak to a GP on the phone before being given an appointment for a face to face consultation.

Conclusions

The telephone first approach shows that many problems in general practice can be dealt with over the phone.

The approach does not suit all patients or practices and is not a panacea for meeting demand.

There was no evidence to support claims that the approach would, on average, save costs or reduce use of secondary care.

Patient perspectives on telephone first system

The report is important as the telephone first system has been introduced into many general practices without a proper evidence base.

Writing as representatives of a major patient charity, we think the authors have not paid enough attention to the adverse effects patients experienced and the extra costs incurred by hospitals.

Telephone first essentially converts many GP consultations from face to face to telephone consultations and it is now clear that GPs are not as effective in these much shorter consultations where they cannot observe or examine patients.

In general practice, as patients, we do regret the significant shortening of GP consultations as longer duration is associated with greater quality and being more patient-centred.

Telephone first is a doctor dominant system that reduces patient autonomy, which is why patients see the GP of their choice significantly less often. It can force patients to discuss embarrassing symptoms on the telephone with a doctor they have never met.

N.A.P.P therefore opposes this system.

Letters Editor *BMJ* 5th October 2017

Stocktake of access to general practice in England

a)Older patients were more likely than younger patients to be able to get an appointment, more likely to rate the appointment as convenient, and more likely to receive continuity of care if they wanted it. This is likely to reflect that a higher proportion of younger patients are in employment so may find it difficult to attend appointments during working hours. We also found that younger patients have different expectations: they are more likely to expect same-day or next-day access to general practice than older patients.

b)However, patient satisfaction with access has declined gradually but consistently. Further, there is considerable variation, with different patient and practice characteristics appearing to have a significant effect on patient experience.

Worsening access to general practice matters: if patients cannot

access general practice they are more likely to suffer poorer health outcomes, or to use other, more expensive, NHS services such as A&E departments.

c)The latest data on the extent to which different age groups use general practice, these date from 2008-09. The data showed that:

i)on average, people aged 85 or over had 13 general practice consultations per year, compared with fewer than 4 for those aged 15 to 24

ii)the oldest age groups also had the highest growth between 1995-96 and 2008-09, with rates almost doubling for patients aged 85 and over;

iii) an estimated 30% of consultations were with patients aged 65 or over. These patients comprised 16% of the population at that time.

4.Telephone consultations are increasing but still represent a small proportion of the total:

a)8% of patients in 2014-15 reported speaking to a GP or nurse on the telephone, up from 5% in 2011-12.

b)however, there is some evidence of patient dissatisfaction with telephone consultations.

c)Our analysis of the GP Patient Survey found that patients who wanted to see a GP at the surgery but instead had a telephone consultation were more than twice as likely to report that it was an inconvenient appointment or that it was a poor experience of making an appointment.

c)The Prime Minister's GP Access Fund evaluation in October 2015 found telephone consultations were more popular and successful than options such as Skype or online consultations, but that more work was needed to find the model which provides optimum patient satisfaction and cost-effectiveness.

d)27% of patients in 2014-15 said it was not easy to get through to the GP practice on the telephone

e)Availability of appointments

f)The proportion of patients reporting they were able to get an appointment fell from 91% in 2011-12 to 89% in 2014-15.

g)Patient satisfaction with the process of making appointments has declined each year since 2011-12 e.g. in 2014-15,27% of patients reported it was not easy to get through to the GP practice on the telephone, compared with 19% in 2011-12.

h)In September 2015, a survey that we commissioned from Ipsos MORI found that only 30% thought it was acceptable to wait longer than 4 days for a GP appointment. These findings are supported by the GP Patient Survey, which found that in 2014-15, 52% of patients wanted an appointment on the same day or next working day, and a further 24% wanted one a few days later.

The government has committed that by 2020 all patients aged over 75 will be guaranteed a same-day appointment with a GP if

they need it.

However, people also think it is important to be able to book routine appointments in advance. Our survey found that 67% of people said it was important to be able to book a routine appointment at least a few days in advance, compared with 56% who said it was important to have same-day access.

5.Digital exclusion and older people

Moving public services online without adequate support is:
a)making it harder for some who do not use the internet to access services,
b)could deter people from seeking the support they need
c)can increase dependency.
d)Some groups are at particular risk. **Three out of ten people aged 65 to 74 and two-thirds of those aged 75 and over are not online. There is also a link to social disadvantage.**
For example, while only 15 per cent of people aged 65 to 74 in socio-economic group AB do not use the internet, this rises to 45 per cent in group DE.
A.**The key barriers**, which are explored further below and set out in more detail in the full research report, are:
i)A lack of basic skills, knowledge and experience of the internet.
ii) Low to no 'top of mind' awareness that they are missing out by not being online – typically they felt satisfied with their life as it is and could not imagine what they would use the internet for.
iii)A perception that the internet is 'not for them' – while they might see advantages for some other people, it was not necessarily something for them at their life-stage.
iv)A strong feeling that using computers/the internet is very much outside their comfort zone.
v)A feeling that the internet is an 'unsafe place.'
vi)A perception that the cost of equipment and internet connection were prohibitive, notwithstanding knowledge that you can save money shopping online.
vii)A feeling that using the internet could have disadvantages such as not getting out of the house, or reduced time meeting people face-to-face or talking on the phone.
viii)Not needing to be online because they could use the internet 'by proxy' through family, even though this had some disadvantages

B) In order to ensure that those who do not use the internet are not disadvantaged by digital transformation in the public and private sectors, we need three complementary approaches:
a)Greater support to increase digital inclusion
b)user-friendly technology and design,
c)appropriate alternative access for people who are not online.

C)Seeing beyond the Age:

Negative attitudes about ageing and older people also have

significant consequences for the physical and mental health of older adults.
Older people who feel they are a burden perceive their lives to be less valuable, putting them at risk of depression and social isolation.
Recently published research shows that older people who hold negative views about their own ageing, do not recover as well from disability and live **on average 7.5 years less** than people with positive attitudes.
A unique aspect of **age-based prejudice** compared with prejudices against other groups, is that our own perceptions of other older people ultimately become self-relevant and applied to the self.
This **self-stereotyping** causes people to restrict their horizons if they see themselves as too young or too old to pursue certain activities or roles.
There is clear evidence that age stereotypes, whether one's own attitudes to ageing or through discrimination from others can:
a)negatively impact on the ageing processes by influencing health and wellbeing
b)influence decision making processes and performance on cognitive or physical tasks
c)discrimination in health and social care settings.

D)Age stereotypes can also affect other health related behaviours and motivations. For instance, older people who were made aware of negative stereotypes of ageing reported feeling lonelier and displayed more frequent help-seeking and dependent behaviours.
Also, amongst older adults (mean age 70), triggering negative old age stereotypes, even outside of conscious awareness, can be sufficient to reduce their motivation for a longer life, known as *will-to-live*.
Both threats to performance and changes in *will-to-live* are routes through which **age-stereotypes impact negatively** on individuals, and have potential to bias medical assessments leading to inappropriate diagnoses and unsuitable levels of support.
Older people are reluctant to make complaints about substandard healthcare – or do not know how to go about doing so – and could be suffering in silence, according to a report by the parliamentary and health service ombudsman.
It found 56% of people over 65 who had experienced a problem had not complained because they were worried about how it might impact their future treatment.
Almost one in five did not know how to raise a potential complaint, while about a third felt that complaining would not make any difference.
a)Making it easier for older people to have a voice when public services fail them is essential - not just so that individual wrongs can be put right, but so that services can learn from past experiences and improve.
b)Through a combination of personal testimonies from focus groups with older people, information from a national survey we conducted, and evidence from our own casework, our report highlights the

significant barriers that older people can face when looking to complain about their care and we found that older people i) lack information about how to complain, and don't know where to go; ii)They don't want to make a fuss and worry about what will happen if they do; iii)Feel complaining would make little difference; and they iv)Can lack support to complain

E.Too many older people are "suffering in silence" when things go wrong with their NHS care, the Parliamentary and Health Service Ombudsman (PHSO) has said:

a)The NHS needs to make clear to patients that their care will not be compromised if they, or a relative, makes a complaint, and could be suffering in silence, according to a report by the parliamentary and health service ombudsman.
b)Among those who had raised concerns, half said it was "difficult" to complain and only 37% said they felt their concern was listened to and taken seriously.
c)Only 27% said they felt their complaint made a difference.

F Our conclusions and recommendations
There is evidence that older people can find it hard to know how to raise a concern or a complaint and feel less confident to push for what they need. We think this is for three reasons; they can lack the confidence and knowledge of how to go about complaining, they worry about the impact complaining might have on their own care and treatment, and they can also lack support.
a)Healthwatch England said a universal, independent complaints advocacy service that was easy to find and simple to use would improve the situation.
b)Providing targeted support and information for older people and their carers, via advocacy groups, was something older people and their carers felt was incredibly useful.'

G The National Association of Patient Participation Groups states that:
In practice, PPGs can play a number of roles, including:
a)Advising the practice on the patient perspective
b)Organizing health promotion events
c)Communicating with the wider patient body
d)Running volunteer services and support groups to meet local needs
e)Research into the views of those who use the practice and their carers
f)Influencing the practice or the wider NHS to improve commissioning
g)Fundraising to improve the services provided by the practice

PPGs are charged with the aim of making sure that their practice puts the patient, and improving health, at the heart of everything it does.

PPGs can provide the patient perspective by:
1. Conducting patient surveys or collecting feedback in the waiting room
2. Advising the practice and patients of new systems and treatments
3. The telephone appointment system- dissatisfaction expressed from some

The discussion centred on how to gauge reasonably the degree of dissatisfaction without appearing to "stoke" dissent as well as distinguishing between simple dislike of change with there being genuine adverse effects.
Whilst the degree of pressure upon the practice was acknowledged and how best to assess and use the Drs time effectively for face to face appointments were there people who were receiving a poorer service which affected their care adversely?

Suggestions for Wye PPG

It is proposed that there be conversations and discussions arranged with specific groups and locations such as – Options club, Brambles, Luckley House, the Community lunch.
This would simply open up a general discussion about what are people's experiences, how might we improve, what works well rather than seeking criticism.
This would be an attempt to gauge a consensus amongst a "snap shot" of older patients.
An anonymous satisfaction survey – this could be conducted through the Our Place Newsletter, Parish Magazine but would need data analysis.

The general move to get patients to register and use the on-line system.

It was recognised that there was a low use of the internet by older people in the community (**Parish Council estimate 2 years ago only 60% of the community were on line regardless of age**).
The general move for public services to the use of online was alienating for older people.
The process of registration was not user friendly, especially if not adept at online usage and sign up.

Suggestions

A.The Surgery/ PPG could offer assistance with online registration... to explore perhaps linking with the Library, possibly the new Our Place Building Buddies project may assist with training and support.
The PPG could try out members "Mystery shopping" to find out the experiences of on line registration with a view to improving the process and pointing out glitches.

The arrangements for complaints and raising concern

B.It had been acknowledged at the PPG meeting that older people tended not to complain, possibly due to concern that their treatment might be adversely affected as "punishment".
C.The discussion about raising concern not full-blown complaints could be incorporated into the general conversations/ discussion at the groups as above.

Patients could be encouraged to comment and/or to raise matters with the PPG – highlighting this via communications such as the Parish magazine, perhaps the surgery having a section on the new face book page?
Perhaps some PPG members are seen as "ambassadors or advocates" with whom people could voice general comments both favourable as well as suggestions for improvement.
Following the meeting Dave circulated the web sources for much of the evidence, as follows:
Professor Helen Stokes-Lampard's address
https://www.theguardian.com/society/2017/oct/12/loneliness-as-bad-for-health-as-long-term-illness-says-gps-chief
Evaluation of telephone first approach BMJ 27.10.17
http://www.bmj.com/content/358/bmj.j4197
Patient perspectives on telephone first system NAPP BMJ 5.10.17
See attached letter in full.
Stocktake of access to general practice in England National Audit office 27.9.15
https://www.nao.org.uk/wp-content/uploads/2015/11/Stocktake-of-access-to-general-practice-in-England.pdf
Digital exclusion and older people - AGE UK Later Life in a Digital World December 2015
https://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Later_life_in_a_digital_world.pdf?dtrk=true
References to Ageist implications – Ageing and ageism: the impact of stereotypical attitudes on personal health and well-being outcomes and possible personal compensation strategies. 6/7/17
http://www.tandfonline.com/eprint/U6DdV29MbXcxaQnFpMNp/full
Breaking down the barriers: Older people and complaints about health care – Parliamentary and health service ombudsman - December 2015
https://www.ombudsman.org.uk/publications/breaking-down-barriers-older-people-and-complaints-about-health-care/executive-summary

2) **Apologies** Sally leaver, Margaret Rose, Judith Timms, Penny Skilbeck

3) **Minutes of October 24th Meeting**
The Minutes were agreed, but the PPG secretary was asked to correct Helen Goodman's job title to Assistant Practice Manager.

4) **Matters Arising**
John Fletcher reminded us that the PPG was designed to be a Critical Friend, expressing concerns rather than complaints.
The Secretary was asked to request Agenda items from PPG members three weeks before a meeting, i.e. one week before the Agenda and Minutes were circulated.
The secretary was asked to circulate Penny's parish magazine articles to the PPG.
Volunteers to form the group to discuss Ambassadors were asked for: **JF PF DM AG RH PH**

5) **Chairman's Report**

Penny said there was not much to report. We are due to pay our next PPG subscriptions during 2018, and must now raise funds to pay it, suggestions were invited for ways of raising the funds: tombola, coffee morning. Further ideas were requested for the next PPG meeting. Date of next meeting will need to be changed as December is such a busy month for everyone. It was decided that the next meeting should be January, bi-monthly thereafter, making the AGM in March, and avoiding August.

6) **Surgery Matters**

Jo told us that the Advanced Nurse Practitioner Gail Curry has passed away, suddenly. It was agreed that a card should be sent by the PPG. Another nurse is on sick leave, she has chronic disease speciality skills. Dr Silva has moved up north. The receptionist supervisor has now had her baby.

Jo thanked the PPG members who helped at the Flu vaccination day.

CQC findings – Wye Surgery is among only 4% of practices which have been rated as Outstanding.

The surgery's aim with online access of patients is to reach 20%.

It was suggested that the NHS should stop making contractual changes without consultation – they are trying to force changes on surgeries: Context – at Wye a greater proportion of patients are in the over 60s age group, actual is 14%.

The old system on the Wye Surgery website will be phased out soon to the new online service.

Paul asked whether the younger patients prefer telephone consultations.

To register for online access to their surgery information everyone must come to the surgery in person bringing ID documents.

The surgeries' services are under pressure with the departure of Dr Silva, there has been difficulty in replacing her also in obtaining a replacement for the Advanced Nurse Practitioner, so there has been a temporary reduction in services (1 -2 months) affecting phlebotomy, extended opening hours (6.30 – 7.00 4 nights a week).

The Cake Sale was very successful – another is planned.

7) **News from APPG**

Marlo said the last meeting was unsatisfactory, a survey had been prepared which showed the level of dissatisfaction. Those who attend the meetings are very dissatisfied – there is no news from the CCG, Minutes are not circulated. STP is available online but not provided at the APPG. John thinks it is now a non-functional group, but will attend the next meeting.

There was discussion about Practice Core hours, comments on surgery closures (e.g. 10 Wednesday afternoons – which are for training), Out of hours telephone contact – when callers are diverted.

Our Place Wye – is continuing to develop its range of contact and provision – Building Buddies, Facebook, News Letter, their next

meeting is 12th November 12.00 – 2.00, when the subject will be Loneliness.

8) **News from Virtual Group**

Judith was not present but had made the following requests:

1. Could the surgery ansa phone message be a bit louder as some people who are hard of hearing are having difficulty hearing the options? (Already in hand).

2. Could there be an update from the surgery on the progress of the STPs and the impact on local services? **Surgery**

3. Could the secretary let Judith have an early sight of the minutes to pass on the answers to the virtual group? **LS**

9) **Any other business**

Changes in the two monthly routine of PPG meetings was discussed, mentioned above in the Chair's report

Next meeting: Tuesday January 16th 2018, at the usual time of 7.15.