

Patient Participation Group Meeting – University Medical Group

Thursday 15th of August 2024 – 6-7pm

Agenda

- **Proposed closure of Whitley Villa Surgery**
- **Friends and family test**

Chair: Dr Elizabeth Johnston, Senior GP Partner

Minutes: Fiona Mullin, Office Manager

1. Proposed closure of Whitley Villa

The meeting was attended by members of the PPG, in person and virtually via MS Teams. Also in attendance were Cllr Kate Nikulina and Simon Shaw from Healthwatch.

Dr Johnston welcomed everyone to the meeting. She explained that a patient consultation exercise was running throughout August and September regarding the proposed closure. The practice needs to consider the ramifications and will be writing a formal paper to BOBICB (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board) as we would need to gain approval before Whitley Villa can close. We have asked for comments from patients and will continue to welcome these throughout August and September. The University Medical Group merged with Whitley Villa 8 years ago.

Dr Johnston delivered a presentation and slides regarding why the practice has proposed closing Whitley Villa branch surgery:

1. Inadequate accommodation for healthcare services
2. Inefficient use of staff
3. Will improve services
4. Will save NHS money

As part of the consultation process, Healthwatch asked the practice to look at ethnicity for Whitley Villa patients as there is a large Nepalese population in the area. An audit undertaken showed only 14 patients who had provided their ethnicity at Whitley Villa were Nepalese.

An audit was undertaken over a 5 week period from the 18th of June to the 26th of July of patients who specifically requested to be seen only at Whitley Villa and only 18 patients specifically asked to be seen there. During this period, the practice switchboard answered the following calls:

- 7757 patient calls requesting GP appointments
- 1465 patient calls requesting Nurse/HCA appointments
- 706 patient calls requesting Minor Illness appointments
- 339 patient calls requesting Pharmacist appointments

The postcodes for the patients specifically requesting Whitley Villa were:

- RG1 – 8 patients – all have been seen at the University Health Centre site
- RG2 – 9 patients – all have been seen at the University Health Centre site

- RG30 – 1 patient – who has been seen at the University Health Centre site

Dr Johnston went through some of the questions submitted from the PPG.

***How many patients that use Whitley Villa only will have to start using the University Health Centre?
Could this lead to space/waiting area problems?***

- Bloods clinics which have the greatest “footfall” have already been moved over fully to UHC
- Whitley Villa is already closed 2 days a week
- Dr Johnston displayed a table that showed the few clinicians currently working there
- Two rooms are being reconfigured at UHC for clinicians

What would happen to patients who would not be able to get to the University Health Centre?

- All the local surgeries have been informed of the proposed closure of the branch surgery in case some patients choose to register with them.

Patients who will be affected are also likely NOT to take part in the consultation – for health or access to technology reasons.

- All patients registered to Whitley Villa have been sent a message and for those patients where the SMS has “bounced” or they do not have a mobile, they have been sent a letter if they use Whitley Villa surgery.

In addition, information leaflets are available in the foyer at the University Medical Practice and a notice board has been prominently displayed at Whitley Villa surgery with the reception team advised to give each patient who attends Whitley Villa for an appointment a leaflet.

Whitley Villa patient concerns

1. Concerns about transport to UHC for blood test and need to catch two buses.

The blood clinics have already moved to the University Health Centre as the clinic at Whitley Villa was always the slowest to fill as patients preferred UHC. Patients can book blood tests at the Royal Berkshire Hospital if better for transport.

2. Better to make full use of lovely building.

Dr Johnston had photographs which she shared with the meeting which showed rotten window frames, damp in the waiting room and clinical rooms, a sloping floor in one of the upstairs GP rooms and signs of subsidence in the ground floor HCA rooms with an uneven floor.

3. More intimate venue for those who find large site more overwhelming

This is true, there are so few patients being seen at Whitley Villa now that there are usually just one or two patients in the waiting room. The main site however has appointments from 8am up to 7.30pm so these would be quieter times for patients and there is also usually a Saturday morning clinic. Measures can be put in place if patients want a quieter time to attend, eg 1st appointment in the clinic so they would not likely have to wait for long to be seen.

4. Will there be a reduction of appointments?

No.

5. Staffing will always be an issue regardless of location.

The practice has no gaps in staffing at the current time. There is an issue with providing medical supervision for the nursing staff and Physician Associates who need a doctor onsite with them and there is always a doctor present at the University Health Centre during opening hours. Sometimes there is one doctor and one receptionist at Whitley Villa and they have had to manage unexpectedly unwell patients without the backup of the full team which are present at the main site. On one occasion, one of the paramedics from UHC was called upon to assist with a patient at Whitley Villa. There are also security issues as drug addicts use the side of the building.

Dr Johnston opened up the meeting to any more questions and comments from the attendees.

Q. Of the 18 patients from the audit, how did that come about? It's subjective.

A. The 18 patients were those who called for an appointment and specifically only wanted to be seen at Whitley Villa surgery during the audited period.

Q. Are there other surgeries at that end? Are there alternatives?

A. Milman Road, Longbarn Lane, London Street. All the local practices have been written to to let them know of the proposal.

Q. Who owns Whitley Villa and who gets the money if it's sold?

A. It is owned by the previous retired GPs. The rent that is currently paid to them would go back to BOBICB as they hold all the budgets.

Q. Concern about issue of ventilation which was emailed in but not addressed in the questions already and the extraction of air. Whitley Villa is more spread out and it's not so close to other people. If you are sat further away from the door at UHC, you don't get ventilation from the doors.

A. We have seen your email with your concerns. Thank you and we have already discussed this issue with the Practice Manager who will have a look at the reception area and ventilation. There are automatic doors which allow ventilation but there is no air conditioning in the downstairs waiting room because of the automatic doors opening and shutting all the time. We are also going to look at seating options and can we use the space better as well as how to get patients to use the upstairs waiting room.

Q. On the analysis of postcodes, have you one of where they live eg 2 buses away etc?

A. We have looked at postcodes but it is quite difficult to assess who would need to get 2 buses. The vast majority of services are at UHC now which has evolved since the merge and the vast majority of feedback is positive for UHC.

Q. Will parking be more difficult?

A. The practice will be getting more spaces at the University car park for staff.

C. The issue of only 1 disabled parking bay was raised, there should be a minimum of 2 bays where the practice only has 1. The concern was for safety as well as convenience as when needing to exit the vehicle to the road side, it is difficult as it can be a very busy road.

- A.** We need to make the site work well and will look at the issue.
- Q.** I prefer using Whitley Villa as it is walkable for me. It is difficult to walk to the main site which means I then have to drive. Will the closure lead to a reduction in appointments?
- A.** No, the same number of appointments will be offered. Another doctor is joining us soon so appointments will go up.

It was commented that disabled access is appalling at Whitley Villa. Dr EJ also commented that WV is not DDA compliant and the site is inaccessible. Any patients who cannot manage the stairs have to be seen downstairs and the doctor has to come down.

- Q.** What are you doing with the scaffolding that is all around UHC?
- A.** Soffits and fascia are being redone – the building was extremely scruffy and the landlord had some funding left over so earmarked it for the work.

2. Friends and Family Test

Dr Johnston's presentation continued with some slides and information about the friends and family test and results. In the last 12 months, the practice's results have been consistently above 90%. We would not be happy if it dropped below 90%. The friends and family test is just one of the measures that we look at for patient satisfaction and we look at themes. Dr Johnston went through slides of themes for negative comments and what we do about it:

Clinics running late

- There is a process in place. Clinicians running more than 20 minutes late should let reception know who can advise patients to keep them informed. Sometimes, this is unavoidable if patient very unwell and needs more time. Patients are told that it is one problem for a 10 minute appointment. Some consultants are faster than others and unfortunately, some patients can be inconvenienced.

Unable to book appointments in advance

- Many appointments are bookable in advance eg nurse, physio, blood tests, HCA appointments, contraceptive, mental health practitioner, pharmacy appointments. GPs and Physician Associates have their own appointments they can use to follow up with patients. The majority of DNA appointments are those that have been booked in advance which is a huge waste. We have no plans to change to booking in advance for GP and Physician Associate appointments.

Practice DNA (did not attend) process

- Some patients are unhappy when they receive a DNA letter when they are late for or miss an appointment. This is managed by a senior member of the practice staff who contacts patients with any disputes, checks call recordings to confirm if any errors on our part and phones patients who have missed more than one appointment to see if there is anything they need help with or don't understand about appointments, how the practice works and how to cancel them. All patients who register now receive a copy of the DNA policy on registration so there should be no surprises. Ultimately, we do remove patients from the list who continue to miss

appointments without a good reason but they are fully informed along the way and it is not undertaken lightly.

Unhappy with calling at 8am

- Need to call for an appointment with a GP/Physician Associate at 8am. Practice bookable slots for reception to use for patients who need extra help and don't have someone at home to make the appointment for them eg elderly patients. We monitor the calls closely to keep wait times on the phone as low as we can. We have introduced different options which open at different times so that 8-9am is just patients who need to see a GP/Physician Associate/minor illness clinician that day. Nurse line opens at 9am and prescriptions and reception line opens at 10 am. This keeps the beginning of the day freer for more urgent calls.

Alternatives - online booking. GP appointments can't be booked online as when we did operate this service, a large proportion were in appropriately booked eg minor illnesses and would involve the management team having to cancel these appointments and contact patients to book more appropriately. This time is now freed up for them to actually answer the calls in the morning. The reception team would not be able to manage the volume of calls that come in in the mornings now that the queue is unlimited with the cloud based telephony service so every member of the administration and non-clinical management team, part of their role is to answer the phone calls for the morning 8am rush. Typically, there will be between 10 and 15 staff answering the phones in the morning.

Online request forms eg Anima to replace phoning – this was discussed at the meeting and the general consensus from the attendees was that this would not be their preference. The practice decision on this was the same. These options have been considered but no change is planned at present.

Some other feedback and comments: since the new phone system, never failed to get an appointment on the day and really like the call back service. Even though there are a lot of people in the queue, it does move very quickly. A member of the group had a question about the pharmacy team process. There is a new prescriptions email address that is specifically for prescription queries and requests. If patients call in with a request, they will be asked to send to the email inbox for the pharmacy team if they are able to do so.

A question was asked about how we respond to friends and family feedback and that it should be available for patients to see what we do with that feedback. The practice results can be obtained via a link on the website.

A comment was made that calls from the practice some up as unknown or withheld and asking if the surgery number could be displayed as had missed calls in the past due to it being unknown or withheld. The practice will investigate whether this is a possibility.

Actions:

- Can Friends and Family feedback be shared with patients? – Friends and family test will be included as a standing item at PPG meetings going forward.
- Can the surgery number be displayed when calling patients – Management Team to review

- Review disabled parking – Management Team to review
- Ventilation in main reception area – Management Team to review