

Village Surgeries Group (VSG) Patient Participation Group

Review by the Communications Sub Group

January 2023 (DRAFT VERSION 7)

1. Context

Our GP Practice Team works tirelessly to maintain and improve Primary Care Services for our patient footprint which numbers 8,683 patients (as at June 2022) and which covers a large rural area to the south and south east of the City of Chester, including the larger communities of Tattenhall, Farndon and Holt across the Welsh border.



The Village Surgeries Catchment Area

The Practice Team has experienced intense and increasing operational pressures in recent years, not least throughout the Covid pandemic. In addition, the NHS has recently requested GPs to arrange appointments for patients within 2 weeks. Patients have high expectations of services which, in the context of increasing demands on clinical services, can create challenges.

In 2019, the Royal College of GPs published its vision for Primary Care (Ref.1). It identified the need to recruit and retain and improve staffing levels; address job satisfaction; and improve IT systems (offering patients the choice to see a clinician of their choosing, and to opt for face-to-face, video or telephone appointments). It was felt that this would empower patients. It also recognised a funding shortfall which, if addressed, would enable GPs to spend more time with their patients. However, it also recognised the requirement to develop an expanded clinical team using multi-disciplinary approaches with expertise in a range of fields to meet patient needs.

GPs can only make recommendations; it is up to Central Government to action change.

The King's Fund health think tank (Ref. 2) published a report recently which describes the complexity of factors which have contributed to the pressures now faced and include; 'levels of funding, investment in and capacity of the health and care workforce, beds, equipment, facilities and technology to deliver health care'.

The NHS Business Plan (Ref. 3) is recently published and includes ambitions around Primary Care access:

1. Support the NHS to attract and retain more people, working differently in a compassionate and inclusive culture
2. Continue to lead the NHS in responding to COVID-19 ever more effectively
3. Deliver more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards
4. Improve the responsiveness of urgent and emergency care and increase its capacity
- 5. Improve access to primary care**
6. Improve mental health services and services for people with a learning disability and/or autistic people
7. Deliver improvements in maternity care
8. Prevent ill health and tackle health inequalities
9. Drive the integration of care and enable change
10. Improve productivity and reduce variation across the health system

However, this plan is yet to be implemented and there remains an NHS shortfall in funding of £30billion (Ref. 4). There will be an impact for patients. Patients' conditions may need to be prioritised so that the most serious are treated most urgently; minor conditions may need to be self-managed. Difficult choices may need to be made about what will and will not be provided by the NHS and Social Care Services.

In this context and in a rapidly evolving communications landscape, the PPG has been tasked with reviewing one of its principal aims, namely

- to act as a communication channel between the Practice Team and the community and to help patients be aware of the services provided and changes to them. The group will influence the development of policies in the Practice by representing patient views and this will inform patients to make the best use of the facilities available.

2. Purpose

Established in 2017, 'communications' are at the core of our PPG Constitution (upgraded at the AGM/PPG October 2022). Effective communication, however, must recognise and respect the diverse communication preferences and capabilities within our patient population. Poor or inadequate communication generates frustration and confusion, whilst good communication generates the opposite.

This Review seeks to support the Practice and the community it serves by examining the existing communication and engagement channels used by the VSG. The aspiration is that by achieving excellent communications with our patient community, patients will be well informed, confident about available services, knowledgeable about the roles of team practitioners and better equipped to deal with issues should they arise. It is hoped that such a review will address current misunderstandings, mitigate challenges and provide positivity within our community.

The PPG Communications Sub Group will use this Review Document to provide a discussion framework for ourselves and for others and from which recommendations and actions are likely to be generated.

The Review will consider communication in the broadest sense, but will include:

1. General or health-based information to be shared with patients
2. Guidance for 'new Patients' to include the 'Practice Leaflet'; available on the VSG website, information on registration, new patient questionnaire completion, Patient Access, adequate signposting to languages other than English.
3. Written communications
4. Verbal communications
5. Processes for successful interaction with key stakeholders e.g., Local Pharmacies
6. Patient groups who may have specialised communication or signposting needs, for example those with early onset dementia; mental health issues; sight or hearing loss; neurological conditions; Veterans or ex-military personnel.

It will also consider the communication format whether that be through electronic means, web-based, social media platforms, letters or verbal communication. If necessary, support should also be provided for patients with issues which may affect their ability to communicate e.g., dyslexia, hearing, or sight impairments.

The Review will also seek to establish some basic principles which should be deployed in all communications with patients.

3. Setting the Scene

a. Knowing our Audience.

The PPG advocates communicating accurately with our footprint, being fully transparent and engaging our patient population.

Representation at the PPG is open to all, irrespective of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition (Ref. 5).

Currently (2022), the age profile of the PPG Committee, does not accurately represent the patient demographic, however this is the case for most PPGs.

The composition of our Patient Practice Population by age and gender is shown in the table below but confirms that rounded up:

- Those aged 65 and over comprise 25% of our patients
- Those aged between 45-64 comprise 30% of our patients
- Those aged between 15-44 comprise 29% of our patients
- Those aged 14 and below comprise 16% of our patients

Whilst those aged 65 and above comprise only ¼ of our patient footprint, they (as is the national picture) more than proportionately access the services provided by our VSG.

The composition of our Patient Population by age and gender (as of Dec 2022)

Age Group	Male	Female	Totals	%
0-4	197	197	394	4.5
5-14	505	480	985	11.3
15-44	1290	1253	2543	29.3
45-64	1250	1324	2574	29.6
65-74	564	542	1106	12.7
75-84	351	422	773	8.9
85 and over	131	177	308	3.5
Totals	4288	4395	8683	100

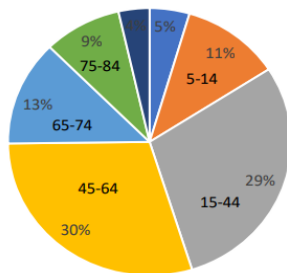
The composition of current PPG by age and gender (15/16 responses)

Age Group	Male	Female	Totals	%
45-64	1	5	6	40
65-74	1	3	4	26.7
75-84	3	2	5	33.3

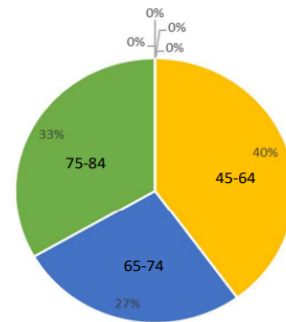
Village Surgeries Group

Age profiles

Total patient group



Patient Participation group



b. Current Forms of Communication

General and Health Information is provided via:

- The VSG Website
- The Newsletter
- Social media – Facebook, Instagram
- Practice Noticeboard

New Patient Information is provided by:

- The 'Practice Leaflet'
- VSG Website

Written Communications are:

- Electronic: Emails; used for distribution of the PPG Newsletter
- Newsletter
- VSG website

- Text messages using accuRx
- Letters

Verbal Communications are made by:

- Telephone calls
- Face-to-face
- Video conferencing
- Answer machine messages

4. **Good Communication Principles**

Key Expectations in written communications ... should:

- Add value
- Be timely
- Be accurate
- Be Patient focussed: from their perspective only
- Be personalised, addressed to the individual
- Provide ownership; be addressed from an individual or team leader
- Be clear and transparent
- Use plain English
- Use good grammar and spelling
- Explain why you are contacting them
- Explain what you would like them to do
- Explain when should they do it
- Explain where and how they action/access the VSG request i.e., clear next steps
- All key formats of communication e.g., newsletter; website, letters should be subject to regular (frequency to be determined by the work plan) review to ensure that they remain current and adopt a modern approach

Key Expectations in verbal communication.... should:

- Listen carefully and actively
- Be polite
- Be positive
- Be timely
- Be Patient focussed – i.e., from their perspective only
- Be personalised – i.e., say who you are/providing ownership
- Be clear and transparent
- Add value to the patient
- Use plain English
- Explain why you are contacting them (if that is what you are doing)
- Explain what you would like them to do
- Explain when they should action your request – clear next steps
- Explain where and how they do it/ access the service required
- Always offer support and help – what you can do
- Offer a choice/ alternative – choice is positive
- In conclusion, check that they have understood the messaging - ideally get them to verbalise back what they have understood/actions required and anything that remains unclear

5. How can patients express their views?

As at December 2022, patients may express their views via:

- The VSG patient survey
- The friends and family survey
- Compliments and complaints
- Via PPG members

6. Where are we now?

This Review has identified that our largest patient populations lie within the demographic age ranges of 15-44 and 45-64. This is in line with the national picture. However, the most frequent users of our VSG services fall into the older age groups (65 years and over). It is relevant, therefore, to question whether our communication mechanisms fulfil the needs of this patient profile and whether they are 'Fit for the Future'?

Similarly, are the needs of our younger patients being met?

System reviews required to regularly monitor e.g., the Website, Facebook, the use of social media, written and verbal communications? In 2017, the Practice had 113 Facebook followers; in 2022 this figure has risen to 1023. The use of Instagram was initiated in Dec 22 with 100 users. Due to time constraints of the practice this is currently ad hoc and would benefit from the support of the PPG.

During the first quarter of 2023, a broader engagement exercise will be undertaken in the form of a Patient Survey to establish the needs of the full patient footprint.

From the data that has been collated, our PPG is not representative of our patient age profile; we would strive to recruit younger members.

Conversation and wider consultation on this document may generate actions or reviews required

References

1. *Fit for the Future. A new plan for GPs and their patients. Royal College of GPs, 2019.*
2. *King's Fund, Dec 2022. Strategies to reduce waiting time for elective care.*
3. *NHS Business Plan, 2022.*
4. *NHS funding 2022; NHS Support Federation.*
5. *VSG*

Live List- Communications Sub-group Actions:

	Updated		20.01.2023
	Task	Action	Outcome/ follow up
	Produce and circulate an accurate demography of our patient footprint and of our PPG	11/10/22	Complete
1	Finalise Communication Review Document	Jan 22	Ready for final Practice review
2	Undertake survey with patient re their needs	March 22	In development
3	Contact Practice re potential for PPG Sub-group reps to attend practices to observe communications from and to patients (JFS email to Trevor)	Jan 23	Agreed – dates arranged.
4	Consider access to a practice rep for information	Jan 23	Has been NR via Mags R attendance at the group
5	When telephoning for appointments- could patients be advised where they are in 'queue'? National implementation of cloud booking – establish practice's position. Review access to appointment booking for patients without internet/ patient access.	To be discussed	PPG agenda item
6	Understand how letter content is derived and review letter(s) formatted (circular e.g. inviting for routine check-up vaccination)	To be discussed	From observational visits
7	To understand process for 'verbal training' of the reception team that may influence patient interaction.	To be discussed	Subgroup to attend practice for observation / PPG item
8	1400 patients live in Wales and /or access Welsh services: Understand the differences in services and patient impact	To be discussed	For further discussion – agenda item PPG
9	Refresh/Update Website/Social media platforms on policy/pathways/visual appeal etc to better support/inform/instruct/communicate information to patients.	To be discussed	Agreed PPG Ownership with practice overview. To discuss editorial constraints.
10	Agree process for PPG involvement in regular answerphone message review.	Date tbc	For regular review.
11	Review New patient Information Leaflet	Date tbc	For review