

High quality flexible patient care sensitive to the individual needs of all patients

Patient News & Briefing Note: Autumn 2018



## Next meeting date

The next meeting of the Main Patient Group will be on

## Thursday 27 September commencing at 1800 for an hour or so

This Briefing Note will be used as an agenda, to inform the meeting & to update those patients who are unable to come. As always all patients are most welcome to attend. These items are in no particular order.

Kuldeep Virdee, Clinical Pharmacist will attend the meeting to explain his role and answer any questions from patients.

www.peartreemedicalcentre.nhs.uk

Rated 'Outstanding' by the Care Quality Commission

#### **Award Nomination**



We were delighted to be informed by Healthwatch Derby in May 2018 that they had independently nominated our surgery for an award under the NHS AT 70 award scheme. The nomination paperwork refers to the work with the Patient Groups, health and well being support for patients and an openess to learn. Well done everyone! Subsequently we were told that we had been shortlisted for this national award with the result announced in the Autumn.

So much of our work is done in partnership with others & we have been careful to recognise all contributors to patient health & well being.

#### **Key Patient Messages**

After discussions with our patient groups, we agreed as part of our Action Plan for 2018-19 to promote a number of key points to patients through SMS messages in particular. These messages are summarised below.



Did you know? Repeat medication for you or your family can be ordered online. Dr Singh or Joseph can then send your prescription directly to the Pharmacist of your choice. Most pharmacies offer a home delivery service too. Interested? Contact the surgery for more information.



Did you know??? You can now book appointments online, order repeat medication & view your patient record online? Securely. Easily. Avoid the phone queues and try this service. Ask our Reception staff for more details.



Did you know ??? FREE advice is available from your local Pharmacist for a range of minor ailments including sore throats, earache and diarrhoea. Drs Singh and Joseph ask you to use the Pharmacy First scheme and to use GP appointments wisely. More scheme details from the surgery, pharmacy or our website



We are pleased to offer patients the services of our Care Coordinator. Aneesa is here 2 days per week to explain wider health and social support and to answer questions for those looking after others. She has contacts with other agencies eg the Council. Ask at Reception to talk to her.



We are pleased to offer patients the services of our Clinical Pharmacist. Kuldeep is here most Mondays for blood pressure clinics, to discuss any medication issues, conduct medication reviews and help GPs manage chronic conditions. Ask at Reception to talk to him if you need extra advice.



Did you know ?? Some patients book to see Dr Singh or Joseph then dont turn up. All patients wanting to see a doctor will have more choice if together we can reduce this waste. Please tell friends and family to cancel if they are not coming. Leave us a message on the phone or cancel online. Thank you.



If you or a family member experience chest pains, do not delay seeking medical help. Dial 999 immediately. Do not wait for our surgery to open to seek help. This has happened twice recently and could have been life threatening. Thank you

Our records indicate that over 84% of patients 16+ have a mobile number registered with us (July 2018). The number of text messages despatched are shown in Appendix A.

Reception staff have also been contacting patients over the summer who do not have a mobile number recorded to see if one can be registered. We should then increase the audience accordingly. The messages are also accessible on the Latest News section of the website & also at the Patient Information Point in the surgery.

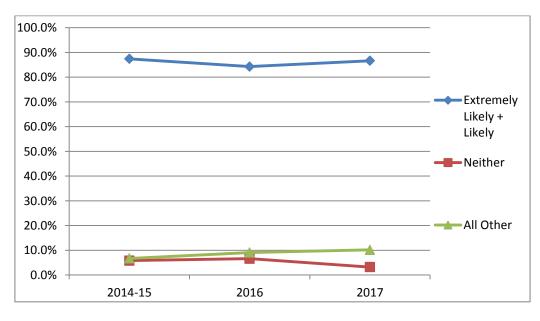
Regrettably during this period, we have received notice from the CCG that the Pharmacy First scheme will cease as part of agreed cutbacks. It is understood that it will not be available for the winter of 2018-19. Text messages to promote this have therefore been suspended until this news is formally confirmed one way or the other. Reception staff will continue to promote pharmacy support for minor ailments but withdrawal of the scheme will remove any free medication previously offered.

We also issued text messages during the year to promotoe Lorraine's walk (see below), to offer advice during the summer heatwave, to warn about the appropriate response to chest pains & to tell patients about the Healthwatch Award nomination (see above).

#### Friends & Family Test (FFT)

We continue to solicit feedback from our patients via the Friends and Family Test. We do this through FFT cards in the surgery and also by sending out survey links via SMS messages.

Patients may recall that the FFT asks how likely patients would be to recommend their surgery to Friends and Family. The FFT started in the winter of 2014 so we now have three years worth of data to inform our assessment of any trends over time. This shows the following:-



FFT Responses 2014 to 2017

The marginal increase in 'All Other' responses is not statistically significant

The graph shows no alarming increase or decrease in ratings and is based on 650 separate items of FFT feedback over the three year period. Positive feedback remains high and unwavering.



The FFT also includes a further 'free form' question for patients to express any wider comments or concerns. Not all respondents choose to answer Question 2 with 490 answers being received from the 650 FFT votes received. This shows the following trends:-

#### 80.0% 70.0% 60.0% 50.0% Reception Access 40.0% Positive 30.0% Other 20.0% 10.0% 0.0% 2016 2017 2014-15

#### **Question Two Responses 2014 to 2017**

It is encouraging that GP access/telephony concerns represented a lower proportion of responses in 2017 despite this being perceived to remain as the one big concern for patients.

Adverse feedback on Reception staff service remains encouragingly low.

Positive ratings continue to represent at least 60% of all responses with a rising line.

The category covered by 'Other' covers a whole range of issues which tend to be specific to a particular individual at the time. This includes:-

- Clinical care including medication prescribing or not
- Home visits & phone calls timing, demands etc
- Want online services \*
- Want text message reminders \*
- Want female GP \*

It remains somewhat difficult to solicit patient feedback through the NHS Choices website due to language & literacy barriers and also due to lack of technology. The FFT has proved to be an appropriate means of garnering patient feedback in a short, concise & understandable way from our community. We will continue to promote this as the best way to test our services. If anyone wants to complete the NHS Choices

<sup>\*</sup> Of course some of these comments are now historic and we have responded already to concerns.

feedback they are of course welcome to do so but we will continue to focus our efforts on the FFT. Promotion of NHS Choices takes place in the surgery & we do also send out promotional literature with appointment letters— see Appendix B.

#### **Lorraine is walking !!**



With the support of the GPs through time allocated from her working hours, we are pleased to publicise a community walk led by our Health Care Assistant Lorraine.

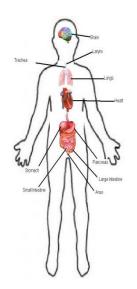
This is a first for the surgery and aims to encourage exercise amongst our patients.

The walk – organised in conjunction with Livewell – commenced on Tuesday July 17 2018 meeting either at 0900 at the surgery or 0915 at the Arboretum Park. It is scheduled for the same time every Tuesday. All patients & community members are welcome to join Lorraine. Our clinicians will also be promoting it.

#### **Organ donation**

Some patients have expressed their concerns to us about the current national consultation on implied consent for organ donation ie the proposal is that unless a patient specifically excludes themselves from organ donation, in future it would be

assumed that they have consented to donate their organs should they die.



This is still a consultation exercise as far as we aware and were it to become law, we will consider how to communicate any changes to patients.

It is our understanding that patients would still have the right to refuse organ donation but that they would need to respond accordingly.

It is perhaps pertinent to point out that for every organ donated there is a life changing gift to another human being. National figures show that the availability of organs for Asian families is much less than for other communities.

The latest press releases suggest that any Government action will not take place before 2020.

#### Welcome to the team



We are delighted to welcome Shabana Bhatti to our clinical team as Practice Nurse. She will be working alongside Becky Stuart (Senior Practice Nurse) and Lorraine (Health Care Assistant). Ann Sutton has retired but patients may still encounter her during busy periods when she will return to give us a hand eg flu season.

Harjeet Purewal has successfully completed her two year apprenticeship with us. She will remain with us as a bank receptionist ahead of her next career move. Maria Ahmed has replaced her as our apprentice on an initial one year basis.

Fiona Peach has joined us as Community Matron. This is a role that focuses on particularly vulnerable patients who are referred to her by the GPs.

Julie Harrison will be providing midwifery support to patients and replaces both Shovpreet and Luisha who now look unlikely to return to the surgery.

#### **General Data Protection Regulation**



There were significant legislative changes made to existing data protection legislation in May 2018. The changes were carefully considered by Practice staff and additional expert advice has been obtained to support us. Further detailed updates to our policies and procedures can be viewed on the surgery website.

The main purpose of the new GDPR was to make the previous Data Protection legislation fit for the digital age.

#### Report on recent Groups & meetings

We were pleased to welcome 11 patients in May for the annual session with the diabetologist, Dr Idris and his colleague who provided invaluable guidance to managing diabetes safely while observing the Ramadan fasting season.



A workshop was held on Wednesday September 5 to further promote the FREE Xpert training programme to support and educate our diabetics. 32 patients attended the session with 20 patients signing up to the programme. We were pleased to hear that 9 patients attended the programme in the first quarter of 2018-19 and 29 in 2017-18 following previous promotions.



With support from the surgery (over 2000 SMS messages sent), 200+ community members attended for 'chai with Heathwatch'. This was a community listening event by Heathwatch and feedback has been discussed with their staff.



Our new Care Co-ordinator is pushing ahead with establishing some very useful patient support groups at different locations. A Young Womens Muslim Group is meeting as well as a group to support Fibromyalgia/Arthritis sufferers. The latter was previously suggested by a patient from our Patient Group. More details are on the website but we were very pleased to hear there were 27 patients attending one group meeting in July.

#### National Diabetes Prevention Programme



Our patient SK has become a champion for this free prevention programme. She is appearing on publicity material for the scheme. The scheme was promoted by the surgery to her in 2016 and she was referred onto it by us in February 2017.

She has now made some lifestyle changes that have reduced her risks of developing diabetes and is happy to promote these to the Asian community. She is also walking with Lorraine (see above).

We will be looking to do more promotion work in the second half of 2018-19.

#### Smartphone app

We have expressed an interest in a new smartphone app being developed in conjunction with some NHS GP surgeries. There are two of us in Derbyshire. It could have some value for our patient population though there are some reservations about switching on all of the functionality. If you enter the link below onto a web browser, it explains a little more:-



#### http://www.sensely.com/asknhs/

Demand for GP appointments continues to rise and is the one regular theme that patients complain about. Could this app be part of a longer term solution? It would be helpful for the Practice and the implementation team if any patient can spare a little time to advise on this both as an app and also whether you think it is a worthwhile exercise for our patient population. You may advise that our population is not yet ready for this?

Anyone who would like to be involved if we decide to roll it out, please let us know...

#### **Patient Group Chair**



Our patient CW has decided to stand down as Patient Chair. We thank her for her valued contribution including many meeting hours since this Group started seven years ago.

If anyone is interested in taking on a higher level of involvement with the Group as Chair, please let us know. The role need not be onerous and can be tailored to individual interests or preferences.

#### **Action Plan: Interim Report**



Regular readers of this note or regular attenders at the Group meeting will know that we agree an Action Plan of service improvements each year with our Patient Groups. Progress in the year to date can be viewed in Appendix C. This uses the usual Red (no progress); Amber (ongoing) and Green (complete) coding to show the status of each.

We will return to this at the year end & at our next round of Patient Groups for a more detailed discussion.

#### **GP Access**



We have taken the opportunity to have another look at GP Access over the summer and we have drafted a formal audit report which will be available at the forthcoming meetings.

Appendix E sets out the main findings which we will discuss at the meeting in more detail. This will be the main agenda item for our meeting.

#### At a glance summary of key screening & prevention initiatives by the surgery

Appendix D sets out summary data for key prevention & screening initiatives which are promoted by the NHS and the surgery.

Cardio Vascular health check screening has been promoted by the surgery over many years and the current status reflects our commitment to this important health check.

Patients may recall that Dr Singh previously gave a presentation at the Patient Group meeting about the latest position on Prostate Cancer. Since that date we have been actively encouraging our older males to have the blood test to assess their risk. We have nearly doubled the rate of males tested and have a programme to continue to test.



Bowel Cancer Screening for the ages of 60 to 74 has seen a stepped improvement since the surgery started to actively promote screening in conjunction with Public Health colleagues. We continue to promote this screening despite the obvious reluctance of many patients.

Bowel Cancer Screening for 55 year olds only came into effect in January of 2018 and we are maintaining a 'watching brief' on this data and promoting it where we can through prompts on the clinical system.

Breast Cancer Screening and Cervical screening show high levels of compliance (compared to local and national averages) but there is more work to do to convince all patients of the merits of this.

A Breast Cancer workshop is scheduled for the Autumn when we will again target the unscreened cohort of about 30 female patients.

Mike Newbold Practice Manager

## Appendix A

| Value   Part   Value   | Target Groups   | Online Services   | Pharmacy First       | Role of CC           | Role of CP         | EPS               | DNA Warning        | Chest Pains  | New walk   | Heatwave   |
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|  |                 | for more details. | website              |                      |                    | more information. |                    | Thank you    |            |            |

#### **APPENDIX B**



Dr Singh and Dr Joseph would value your feedback

You can do this easily & quickly via NHS Choices.

## Simple Step By Step Guide



Google "nhs choices" or log on to www.nhs.uk



On home page scroll down to "Services Near You"; click on "GPs" & enter your postcode



From the list select "Peartree Medical Centre" and scroll down to the heading on the right hand side which says "Leave Your Own Review".



Click on this & follow the prompts. You can choose to remain anonymous if you wish.

Thank You For Your Time

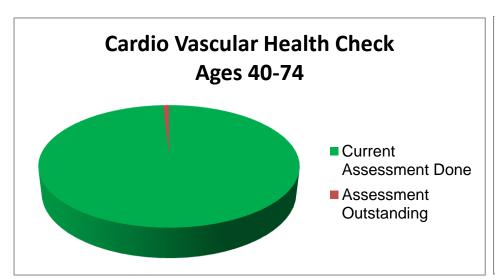
## Peartree Medical Centre Patient Services Improvement: Draft Action Plan 2018-19

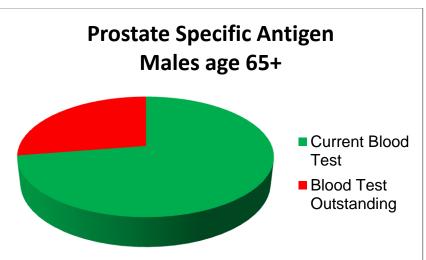
### **APPENDIX C**

| Theme                       | Agreed actions  | Nominated Lead                         | Timescale   |
|-----------------------------|---|--|---|
| Patient Health & well being | Continue to promote free diabetes & pre-diabetes programmes to our at risk patients and embed the Enhanced Diabetes Service for our poorly controlled diabetics on an individual basis. | Nursing team                           | Xpert workshop held on 5 September 2018.  More workshops on prevention planned for later in 2018-19 |
| Patient Health & well being | Continue to work with secondary care colleagues to improve the clinical outcomes for 'wheezy children' at risk of asthma exacerbations or A&E admittance                                | Nursing team                           | Awaiting further developments with Respiratory Team planned for second half of 2018-19              |
| Patient Health & well being | Liaise with the successor organisation to Derbyshire Carers to ensure that patients have access to wider health & social care through in surgery assessments.                           | Practice Manager                       | Await City Council plans  |
| Collaboration               | Continue to engage with peers and the SDCCG to promote more local services for our patient population.  | Practice Manager                       | Ongoing. See website Latest News & Patient Briefing Notes   |
| GP Access                   | Robustly manage and develop the new Reception triage system to improve the availability of GPs for more appropriate consultations.  | Practice Manager & Senior Receptionist | Ongoing but adversely affected by CCG decision to cease Pharmacy First scheme.                      |
| Patient Online Services     | Building on the dramatic increase in online users in 2017-18, with the Peartree Patient Groups, consider ways to best promote the benefits of all online services                       | Practice Manager                       | Supported by text messaging strategy (see above). Ongoing   |

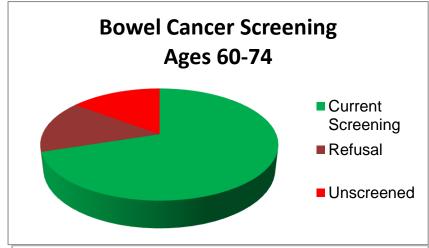
### **Appendix D**

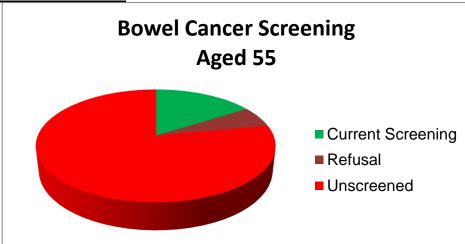
# At a Glance Summary of Key Screening & Prevention by Surgery Note: GREEN IS GOOD!

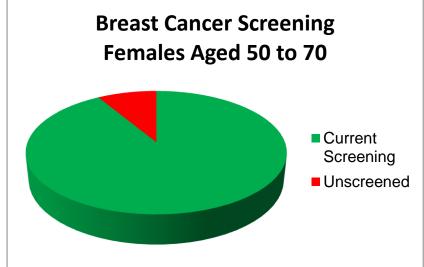


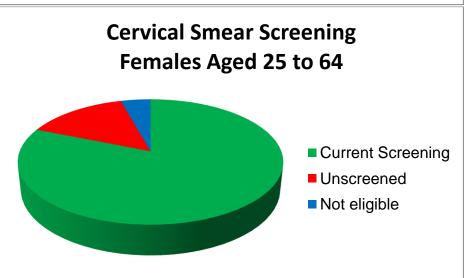


# At a Glance Summary of Key Screening & Prevention by Surgery Note: GREEN IS GOOD!









# Appendix E

## **Audit of Access Related Initiatives: September 2018**

| <u>Initiative</u>   | Lead   | Outcome Assessment  | Future Potential  | RAG |
|---|--|---|---|-----|
| 'Frequent Flyers'.  3% of our patients take 17% of our available GP appointments. Can we deliver care differently or with different solutions to this cohort to reduce their disproportionate access needs? | Care Co-ordinator (CC)                                     | Some progress but limited so far due to availablity of previous Care Coordinator.   | Care Co-ordinator hours doubled in 2018 so potential for more proactive work. Significant challenges around changing patient behaviour & culture but considerable scope if patients respond positively. |     |
| Promoting patient self-help through community health programmes   | Practice Manager<br>with clinical<br>support               | Multiple initiatives to promote improved patient quality of life with potential for commensurate reduction in access needs for patients.                  | Difficult to quantify in access terms but must be having an impact. Part of Practice Vision to deliver individual care and support.   |     |
| Carers Assessments: Deliver targeted support to carers & cared for  | Derbyshire<br>Carers in<br>partnership with<br>the surgery | Carers assessments undertaken with significant cohort. Proactive care and support with potential for commensurate reduction in access needs for patients. | Still many patients/carers to assess but threatened by reducing council resources and breakdown in previous personal working relationships with Derbyshire Carers. Little progress in last 12 months.   |     |

| <u>Initiative</u>            | Lead              | Outcome Assessment                       | Future Potential                            | RAG |
|------------------------------|-------------------|--|---|-----|
| Identifying vulnerable       | Care Co-ordinator | Contacted vulnerable                     | Difficult to quantify in access terms but   |     |
| patient cohorts through data |                   | patients with no known                   | must be having an impact. Part of Practice  |     |
| audits for proactive support |                   | carers & blind/sight                     | Vision. Scope for further proactive work to |     |
| or help                      |                   | impairment patients to assess needs      | better understand patient needs.            |     |
| Improved out of hours        | Primary Care      | Hub at Peartree Medical                  | Direct impact on patient access needs.      |     |
| provision                    | Plus              | Centre. 1034 (20%)                       | Further services to be developed.           |     |
|                              |                   | Peartree patients                        | May help surgery to access further          |     |
|                              |                   | accessed 1613 appointments in first year | funding via CCG or NHS England.             |     |
|                              |                   | of operation                             | However, Normanton needs may be             |     |
|                              |                   | or operation                             | diluted by needs of other Derby City        |     |
|                              |                   |  | communities.                                |     |
| Clinical Pharmacist (CP)     | Dr L Joseph       | CP in surgery one day per                | If resourcing were to increase,             |     |
|                              | -                 | week for direct patient                  | considerable scope for reduced pressure     |     |
|                              |                   | facing services. Now                     | on GP time but no immediate prospect.       |     |
|                              |                   | qualified to prescribe.                  | This has affected the assessment of the     |     |
|                              |                   | Developing role                          | role's potential full impact.               |     |
| Pharmacy First Scheme for    | MM                | 672 'uses' of the system in              | CCG financial woes has led to cessation     |     |
| minor ailments.              |                   | 2017-18. Minor ailments                  | of scheme. Some reports of abuse of the     |     |
|                              |                   | dealt with by community                  | system through unethical behaviour. Minor   |     |
|                              |                   | pharmacist rather than                   | ailments reverting back to surgery          |     |
|                              |                   | GP.                                      | commencing winter 2018-19.                  |     |
| Wastage of GP                | Practice Manager  | Robust management has                    | Robust management will continue but         |     |
| appointments through         |                   | led to significant drop in               | concerns that some patient behaviours will  |     |
| patient 'Did Not Attends'.   |                   | wastage over time. Now                   | not change and there will always be a       |     |
|                              |                   | running at around 50% of                 | level of DNAs which is perceived to be      |     |
|                              |                   | previous rates but still                 | normal & acceptable. Must continue to       |     |
|                              |                   | significant                              | challenge and deduct patients in worst      |     |
|                              |                   |  | cases                                       |     |

| Initiative                                   | <u>Lead</u>            | Outcome Assessment  | Future Potential   | RAG |
|--|------------------------|---|--|-----|
| Reception Triage                             | Senior<br>Receptionist | Reception team formally trained in triage 2017.  Most patients now accept this and has helped in conjunction with Pharmacy First to redirect minor requests away from GPs | Future potential considerably reduced by loss of Pharmacy First but still worth pursuing and directing to Pharmacists where appropriate  |     |
| GP Triage                                    | Dr DNP Singh           | Pilot study of GP Triage in summer of 2018 with GP dealing with all patients by phone in the first place.   | Untested for any significant period and full resourcing and risks to be assessed.  |     |
| Face to Face & Telephone<br>Consultation Mix | GPs                    | Previous audits have identified benefits from increasing telephone consultations with a patient population very familiar to GPs.  | Will remain integral part of service delivery and may be expanded further (see GP triage above).   |     |
| Patient education via SMS text strategy      | Practice Manager       | Text messages being sent on rolling basis based on key messages agreed with Patient Group. Covers self-help advice, roles of CC & CP as well as avoiding DNAs.            | Important supporting strategy to keep key messages in front of our patients. Around 85% now registered for SMS messages (16+ population).  |     |
| Online services                              | Practice Manager       | Proactive campaign in 2017-18 to increase online registration to meet NHS 20% target. Not being extensively used yet but good platform.                                   | Relatively low levels of appointments available online (about 15%). Potential to do more as online usage increases. Will assist with some access issues.  Patient population need to be more 'internet savvy'. |     |

| <u>Initiative</u> | <u>Lead</u>      | Outcome Assessment           | Future Potential                             | RAG |
|-------------------|------------------|------------------------------|--|-----|
| Ask NHS           | Practice Manager | Pilot study to commence in   | Currently untested but may assist some       |     |
|                   |                  | 2018-19 to offer online      | patients to access services more quickly &   |     |
|                   |                  | triage & tasking tool.       | appropriately. Will suit those with internet |     |
|                   |                  |                              | access & other early morning                 |     |
|                   |                  |                              | commitments.                                 |     |
| Nursing Structure | Practice Nurse   | Following staff retirements, | Extra hours will be useful for GP support    |     |
|                   |                  | nursing mix has been         | and for GPs to focus on more complex         |     |
|                   |                  | changed to increase          | issues.                                      |     |
|                   |                  | available nursing hours      |  |     |
|                   |                  | through HCA and Junior       |  |     |
|                   |                  | Nurse.                       |  |     |

Managed reduction in Did Not Attends.

Drs: 2016: 27.2% of 2009 DNA rate Total: 2016: 56.4% of 2009 DNA rate 2015 Audit shows impact on access

Reception Triage including Pharmacy First but "churn" rate 75% +

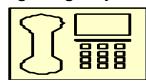
Appointment System

Limited pre-booking but...
Major impact on DNAs

Proven increase in clinical time

Wider Use of Telephone Calls

2015 Audit shows impact Developing triage system



Dr D Singh Dr Joseph Dr F Chouhdry



Ann Sutton Becky Stuart Lorraine Targetted letters & phone calls for chronic conditions

Patient Education: Website/community notice boards/SignPost/education events/see Patient Group minutes
Rolling programme

Online services including appointments booking

## Phone system

Unique language options
Patient Queuing
Phone response audit
Links to Patient Group

**Text Messaging Reminders** 





CCG attitude:inner city resources



33333

Locums, NP & CP role. Not just GPs!



Links with other surgeries/hub.
Evenings & weekends



Peartree "Frequent Flyers":

Role of CC

Benchmarks
Apptments/week
GP: Patient Ratio



But deprivation??