

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

## **Peartree Patient Group:**

## **Briefing Note for Autumn Meeting**



All patients are cordially invited to our next Patient Group meeting on:-

#### Thursday October 12 2017 from 1815 to around 1930

#### in the surgery waiting room.

This Briefing Note will be used as an agenda and to inform the discussion. An interpreter has been booked. The items are listed in no particular order.

Our colleagues from Healthwatch have been invited to the meeting and will have ten minutes with us to explain their statutory role and will subsequently observe our meeting. They are most welcome.

### Improved access to GPs and nurses including Saturday mornings

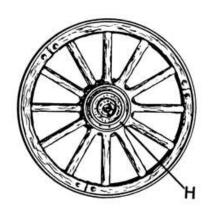


#### YOUR GP EXTENDED HOURS SERVICE

Since we last met as a Group in the Spring this year, this has been the major welcome development that we have been part of.

The Government has given a commitment to invest more money into primary care but they expect surgeries and other parts of the NHS to work together to receive this investment. This dovetails nicely with our core value to work with others whenever the opportunity presents itself to improve patient services. Drs Singh and Joseph have whole heartedly embraced this new way of working and are very supportive of developing services further.

We call this 'hub' working though its official badge is Primary Care Plus.



The hub comprises nine like minded surgeries across Derby City operating from two hubs at the Park Surgery in Chaddesden and also from Peartree Medical Centre. We now open 3 evenings per week and Saturday mornings at each hub. Appointments with the GP and nurse at each hub can be booked in the usual way and patients from any of the nine surgeries can attend either of the hubs. It is possible that a third hub will be opening shortly at Coleman Street and that we may also be opening on Sundays.

Peartree patients have used the 'hub' hours extensively since this started enhancing access significantly for our patients – particularly at times that they have not previously been able to see a clinician. ie evenings and weekends. This has been of help to working age patients and those for whom childcare can be difficult during the day. It has been well received as evidenced by Friends and Family Test feedback. Since the start of the hub, we have been able to offer 344 extra GP and nurse appointments to patients. Appointments are also 15 minutes long giving GPs and patients the opportunity for a fuller discussion. Further details are shown in Appendix B.

Regular attenders at this Group meeting will be aware that we have been offering extra community services from the surgery for some time and the intention is to mirror and expand these arrangements during hub opening hours. Derby City Council Livewell services including smoking cessation and the IMPACT team – improving asthma care - are already offering help to patients during the 'hub'.

There is also a wound dressing service on Saturday mornings.

Other services will follow as discussions continue. STOP PRESS: Phlebotomy clinic coming one evening & Saturday each week soon.

By positioning ourselves as one of the hubs, this should ensure that any new funded developments will be delivered at the heart of the Normanton patient population for the benefit of our patients.

It must be stressed that the 'hub' working is not simply an extension of Peartree Medical Centre. Peartree clinicians are not staffing it though some GP locums may be familiar to patients. Usual services like prescription collection and telephone consultations are not offered.



A Patient Group meeting for patients of all nine practices took place at Lister House on 28 September and it would be useful to hear any patient contributions from that meeting.

#### Access to clinicians

Regular attenders at this meeting will know that this is the main thorny issue that we have been discussing over many years. We are always looking to enhance access wherever we can.

The hub working (see above) is an obvious area of change.

We are also looking to introduce structured triage in future to ensure that patients are directed to the appropriate clinician or support (see the wider care family below). It's a system that's already working at other surgeries and we'll be developing training further in the Autumn. Patients may already be aware of this through the change to the opening telephone message on which Dr Joseph now speaks. We have also started to ask patients for the reasons for their consultation. We will discuss this further at the meeting.

#### The wider care 'family'



When you or your family are seen at the surgery, you might just think of the GPs and nurses providing the care. However, as the pressure on these clinicians increases, all surgeries are looking at how best to use a wider 'family' of support workers who can meet patient needs. This also fits in with the Triage work mentioned above.

Through this briefing note in the future, we will be explaining a little more about how these individuals enhance patient care. We will start with the Care Co-ordinator this time and move on to the others in the future inviting them to the meeting whenever it

might help the group. These other staff include the Clinical Pharmacist, Medicines Management staff, Community Pharmacist, Community Matron and Health Visitor.

Starting with the Care Co-ordinator:-

Rajvinder is the Practice Care Coordinator a member of the community support team and is based at Peartree Medical Centre every Monday. Rajvinder offers friendly advice/support on a wide range of issues – from mobility issues like getting the right equipment installed at home post discharge to referrals to other services/organisations, dementia support, home safety checks, Social Services/voluntary organisation too.



Rajvinder is employed by Derbyshire Community Health Services and is your link between all the different services and organisations in the City of Derby. All Care Coordinators based in each practice in the City work closely with the Community Matrons/District Nurses and GPs to give support to those living with multiple long term conditions and housebound patients.

If you are struggling at home or a family member or friend/carer or even a neighbour and feel you need some extra help or

support at home then Rajvinder can help you.

Her role covers many aspects, including:

- Home equipment e.g. grab rails, wheelchairs, commodes, Zimmer frames, perching stools etc....
- Mobility issues
- Housing issues
- Care packages through Derbyshire Social Services for patients/Carers struggling to look after themselves.
- Social isolation luncheon clubs, support groups and activities to get you out and about more.
- Referrals to Drug and Alcohol support group/Community Physiotherapy or Occupational therapy at home (for housebound patients), Social Services, Voluntary Organisations, Support for Carers DCA (Derbyshire Carers Association) Benefits advice and many more
- Falls support
- Many more.... let us know if she can help you.

#### **Extension & waiting room improvements**

The two new consulting rooms and the waiting room were handed over to us in June and after a few initial teething problems are now fully operational. Rebecca the Practice Nurse is using one of the rooms and the other is being used by the 'hub' and other staff such as the Clinical Pharmacist.

We will show patients the new room at the meeting if you would like to see one of them. We have also received very favourable feedback on the new waiting room.



A new computerised log in screen has been installed (and we can demonstrate it at the meeting) and a tv screen for health and well being messages.



A stand for bicycles is also being arranged to be positioned near the pedestrian gate.

#### **Action Plan**

At our last meeting, we agreed a set of actions to enhance and improve services. A mid-year update is given in the Appendix A. Activity is taking place on all actions and we will provide fuller updates at the meeting as required.

#### **Ladies Only Group**



Our Ladies Group continues to draw a regular flow of female patients where we can listen carefully to their perspective and opinions in a relaxed all female patient environment. Seven ladies came to the last meeting in the summer and it was good to see a few new faces. Surgery staff including Dr Singh and a nurse attend. Please promote this to your own family members. Minutes are posted on the website and any issues arising reflected in this Briefing Note.

#### **Looking after the elderly and vulnerable**



Through a variety of actions, we have been steadily building up a more comprehensive rounded view of our vulnerable patients including the elderly. This supports the work of the Care Coordinator and highlights patients who may be of particular concern

The jigsaw of information has a number of key pieces:-



PIECE ONE: We were recently awarded recognition by Derbyshire Carers for our outstanding work supporting carers and the cared for. These registers are updated annually and identify key relationships in a community that cares for its own. We have no care home patients. We look at the following list plus others identified by the clinical team:-

- LD register;
- Dementia register;
- Autistic patients
- Cerebal palsy patients
- At risk of Dementia coded patients
- Housebound register
- All patients 75+
- Cold Weather Plan
- Heart Failure
- Blind and deaf patients
- Palliative register and
- the Care Plan register superseded by the Frailty Index



We also featured prominently in Derbyshire Carers Summer Newsletter.

We have been hosting carers assessments on site for patients that we feel may benefit. This service will continue and we expect to see Derbyshire Carers here a couple of times a month seeing up to six of our patients each month.



PIECE TWO: We have steadily built up a summary of Elderly Health Assessments which nurses have been completing over the last twelve months. 87% of these patients have a completed current assessment from a starting position of 33%. This four

page assessment collects key information and helps clinicians and the Care Coordinator identify any extra assistance that we can offer.



PIECE THREE: Our existing work identifying a Frailty Index and other detailed Chronic Disease monitoring informs the process. We regularly review our Dementia Register and identify patients who we believe are at risk of dementia. These are coded on our system so that we are aware of the 'at risk' patients.



PIECE FOUR: Have we seen the patient? We can use our systems to ensure that all vulnerable patients are seen at least annually. For many this is of no concern whatsoever but there can be patients who 'disappear' seemingly. Why? Are they ok?

All this data creates an 'information matrix' which can prompt the following:-

- If the patient is potentially vulnerable with no carer we might prioritise an Elderly Health Assessment to better understand their position. We might include them on our Winter Plan of patients.
- Where there is a mutual husband:wife caring relationship their independence may wane and a Derbyshire Carers assessment may be appropriate. We have several of these.
- Given the circumstances of a particular patient would we expect to see a carer? If so and there is no carer what other support might be appropriate?

All of this is underpinned by access to an encyclopaedic knowledge of the patient community from the GPs, nurses and reception staff alike!

We are also building up similar 'information matrices' for other vulnerable groups such as Learning Disabilities.

#### **Cancer Screening**

#### Bowel

We are continuing to promote screening with our patients. 74% of eligible patients have now been screened for bowel cancer which is in excess of the local surgery averages. Its also over double the rate when we started this work in 2014. We are

now looking at different approaches to those 70 or so patients who are slow to respond either to accept our recommendations or to decline the procedure.

#### Cervical

Our cervical screening rates are high for most at risk groups except the younger females of 25-30. We are looking to do some joint awareness sessions with Public Health England and neighbouring hub surgeries to improve this. It's a sensitive subject of course and will need careful planning.



#### **Breast**

The Senior Receptionist has arranged a workshop on October 18 to promote Breast Cancer screening in conjunction with the hospital screening service. No procedures will take place on the day but we are attempting to encourage those 30 or so eligible patients who are currently unscreened and therefore at risk.

#### Prostate

Drs Singh & Joseph have decided to look at Prostate Cancer screening this year. This involves measuring Prostate Specific Antigen in blood tests though it is not a definitive science. Both Cancer Research and Public Health England do not promote this indicative testing but Dr Singh will explain at the meeting how and why our approach will be delivered to all males over 65 years of age.

#### **New staff**

We are pleased to welcome Lorraine to the team as our Health Care Assistant. Lorraine has a wealth of NHS knowledge & experience and is working 4 days a week. Lorraine is able to do a lot of the tasks previously undertaken by the nurses thereby releasing them for more complex patient needs. She can also offer extra new services such as taking children's blood.

Zeneb Nawaz has joined us this year as a new bank receptionist. Having previously worked at the (now closed) Clarence Road surgery, she has good background knowledge on NHS processes and policies.

We have also extended the contract of Harjeet Purewal, our apprentice, for a second year. She has met all her work and training objectives and is a welcome addition to our team.

Helen Hamilton Practice Nurse has left.

Aalia Nawaz has also left the Reception team to pursue more hours in a local dental practice. Our good wishes for the future follow.

#### **Practice Leaflet**



Despite the digital age, we are required to publish a Practice Leaflet for the benefit of existing and new patients. If we are honest our old leaflet was looking a little tired and the new one will be distributed at the meeting.

#### A mine of information



Patients are reminded that there is a wealth of information including the Latest Surgery News on our website at <a href="https://www.peartreemedicalcentre.nhs.uk">www.peartreemedicalcentre.nhs.uk</a>.

Since the waiting room was enhanced we have also increased the number of health and well being notices in the waiting area. The TV screen will also help with this.

We hope that patients access this information regularly and that they find it useful.

#### **Care Quality Commission**



We were last inspected in September 2016 with a report being published in December 2016. We have been advised that another round of inspections is now starting and we may be visited again.

#### **Friends and Family Test feedback**



Appendix C sets out the data collected on the Friends and Family Test since this time last year. It is gratifying that whether online or by handwritten card, there appears to be a high level of satisfaction with services. 98 out of 107 respondents stated that they would be likely or extremely likely to recommend the surgery to Friends and Family. This is a satisfaction rate of 91.6% and is the highest reported to the Patient Group.

107 patients represents a sample size of 2.3%.

#### **National Patient Survey**



The results of this survey were published over the summer and unlike 2016 did not seem to excite much local media interest. 79 Peartree patients or 1.65% of our total patient population responded to the survey. The national team sent out over 300 forms and the response rate was 21%.

We were particularly pleased to see some high scores on appointment waiting times, care by GPs and nurses and 85% of the respondents stating that their overall impression of the surgery was Good. The results can be accessed online.

Mike Newbold Practice Manager September 2017

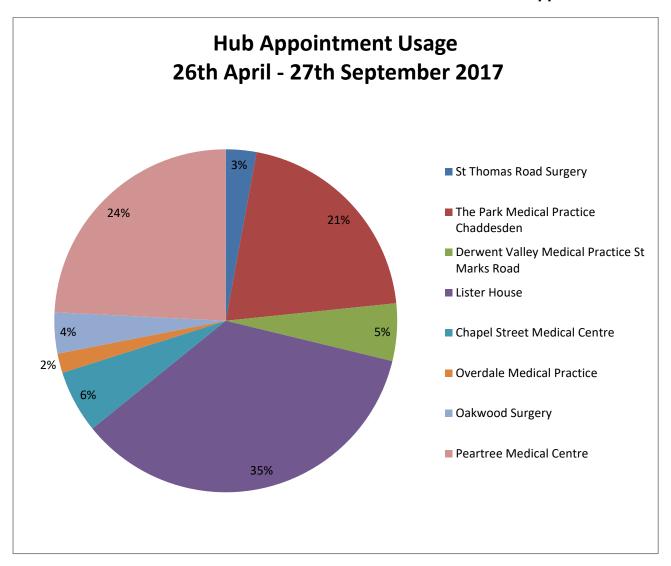
## **APPENDIX A**

# <u>Peartree Medical Centre Patient Services Improvement: Action Plan 2017-18</u>

Theme	Agreed actions	Nominated Lead	Timescale
Patient Online Services	With the Peartree Patient Groups, consider ways to best promote the benefits of all online services	Practice Manager	Data on interested patients to be collected during flu season. Patient Group member & surgery staff to deliver training sessions if required. 7.9% registered.
GP Access	Support the new Clinical Pharmacist to reduce the burden on GPs and to provide improved access to patients for medication reviews and advice.	Clinical Pharmacist	Ongoing. CP is now seeing patients.
Patient Health & well Being	To continue to promote the key health and well being themes for our patients to promote greater understanding and self help	Practice Manager with support from clinicians	PSA prostate cancer screening commenced. Other screening ongoing – see report. Community Services now also through the hub. PHE liaison for winter awareness etc

Theme	Agreed actions	Nominated Lead	Timescale
Patient Health & well being	Promote free diabetes & pre-diabetes programmes to our at risk patients and implement any offer from the SDCCG for an enhanced service for diabetes	Practice Manager/Dr DNP Singh	Workshops have been held as well as assessment sessions. Diabetes Enhanced Service specification drafted. Ongoing.
Collaboration	Continue to engage with peers and the SDCCG to promote more local services for our patient population.	Practice Manager	Hub working & collaboration
GP Access	Consider with the Care Co-ordinator ways to support Peartree Frequent Flyers which reduce the reliance on GP appointments	Practice Manager	CC is engaging with patients identified as Frequent Flyers from clinical system

## Appendix B



Registered practice	Number
St Thomas Road Surgery	41
The Park Medical Practice Chaddesden	291
Derwent Valley Medical Practice St	77
Marks Road	77
Lister House	503
Chapel Street Medical Centre	84
Overdale Medical Practice	26
Oakwood Surgery	55
Peartree Medical Centre	344

In addition Derby Family Medical Centre have used 280 appointments but these are recorded on a different system.

## Appendix C

