



Briefing Note for Patient Group meeting: March 2017

The next meeting of the Peartree Medical Centre Patient Group will take place on:

Date: Thursday March 23 2017
Time: From 1800 for about an hour or so
Venue: Surgery Waiting Room

This Briefing Note will be used as an agenda and to inform the discussion. An interpreter has been booked.

1. Care Quality Commission Inspection

This meeting is the first opportunity to formally share the outcome of the inspection with the Patient Group. The surgery was rated 'outstanding' overall and of the 11 specific indicators assessed, 9 were rated as 'Outstanding' with the other 2 rated as 'Good'. This outcome was a team effort and we would particularly include our Patient Groups in this. Thanks are extended to those patients who helped on the day; took phone calls from the CQC team of inspectors or who have contributed to this meeting in the past. Thank you to you all.

The CQC have now provided a copy of the summary report in Urdu and other languages. This translation can be accessed from the Latest News section of our website or by asking for a paper copy from Reception.



We also received the following comments from Heather Peet who oversees quality at the South Derbyshire Clinical Commissioning Group. (SDCCG).

We met with CQC manager LH and inspector CP last week for them to present a summary of their findings for SDCCG.

I just wanted to pass on their comments about your surgery. Apparently the national review panel stated that Peartree Medical Centre stood out nationally as 'exceptional' and everyone at the surgery should be commended for their dedication and commitment to their patients.

Following this, the SDCCG asked us to provide a presentation on our innovative approach towards health education and improving health outcomes for our patients to other practices in Derby. This was well received.

As far as, you, our patients are concerned, we hope that all of this gives you reassurance that all patients and their families will be well cared for at Peartree Medical Centre. That has been and will remain our number one priority.

2. Action Plan monitoring

This meeting has in recent times received an update on the Improvement Action Plan for the current year as well as looking at a draft plan for the coming year.

Appendix A shows the status of actions we agreed for 2016-17.

Appendix B shows a proposed set of actions for discussion with the Patient Group for 2017-18.

This is the main agenda item.

3. Health Education

Since the last Group meeting in September, we have hosted or been involved in the following events:-

IMPACT: Asthma clinic	This is a regular Thursday morning clinic to support particularly vulnerable asthmatics & those at risk of exacerbations. We are actively referring our patients into the service staffed by specialist asthma nurses.
Pregnancy Pals & Birth Buddies	This is a service where volunteers provide extra support, advice and reassurance to mums-to-be or recent mums. Volunteers are attending on the same day as the midwife.
Diabetes Prevention course	We have held workshops to promote this new FREE NHS service for those patients most vulnerable to developing diabetes. 37 patients attended and 20 have elected to find out more.
Xpert Diabetes course	We have held a workshop to promote another FREE NHS programme to help diabetics who find it difficult to manage their condition. A South Asian group of 8 patients is meeting regularly & we will be able to evaluate the outcomes shortly.
Keep Warm at Winter	Our friends at Public Health hosted sessions in the surgery waiting room and at the Indian Community Centre. Both events were designed to provide useful tips and advice for patients to safeguard their health & wellbeing over winter.
Derbyshire Carers Association (DCA)	We are now holding two regular sessions with DCA each month. Carers for patients are able to access a FREE carers assessment. This checks the provision of aids; benefits and other support for those performing the important role of carer. As at 14.02.17, 25 carers have been seen.
Breast Cancer Awareness	A workshop was held in the waiting room to promote better awareness of the benefits of screening for our female patients. A dozen or so ladies attended.
Smoking Awareness	Nine smokers attended a session to access free aids and advice on how to quit.
Ladies Group	Our Ladies Patient Group met in December .



More detail is available on the website.

We are looking to build on this education in 2017 and are currently developing a further programme of events.

4. Bowel Cancer Screening

Following our active promotion of screening for this particularly nasty and potentially fatal condition, we are pleased to report that our screening rate is now 68% of the target population. This is in excess of the Clinical Commissioning Group average (62%) and almost double the 2014 rate of 35% when we first identified this as a priority.

5. Digital Sign up to services

We have had a visit from the CCG engagement team and also emails from other NHS colleagues pointing out that we are below the national target benchmark of 10% of our population being signed up for online services. Our current rate is 4.7%. Services include online appointment booking; repeat prescription requests and access to patient records.

We are aware that for many of our patient population, this is not an appropriate service. We have sent out over 2,000 text messages to promote the service and our widely circulated generic access guidance also points this out.

Any feedback from the Patient Group is also welcome on how we might better promote this service.

6. Pharmacy First

This new scheme has been a welcome addition to patient services for the winter of 2016-17. Data suggests around 30 of our patients a month were using the service in the early months of operation. We hope that this relieves the pressure on GP appointments and patients receive a quicker and more appropriate service.

The scheme offers free advice and treatment for minor ailments, without a visit to your GP for:-

- Athlete's foot
- Dental pain
- Haemorrhoids
- Insect bites/stings
- Temperature/fever
- Bacterial conjunctivitis
- Diarrhoea
- Hay fever
- Sore throat
- Threadworms
- Constipation
- Earache
- Head lice
- Teething
- Thrush



Full details of the scheme and who qualifies is available from our Reception or your local Pharmacy.

7. Clinical Pharmacist

We are very pleased to welcome our new Clinical Pharmacist, Khalil Jamil who is working with us for one day per week. Khalil will be available to meet with patients to discuss medication reviews; provide health advice and will support the GPs through reviewing hospital discharge information for our patients.

8. Care Co-ordinator

Raj Shanker has attended previous Group meetings and she has now completed a full twelve months with the surgery. Like Khalil, she works with us for one day per week.

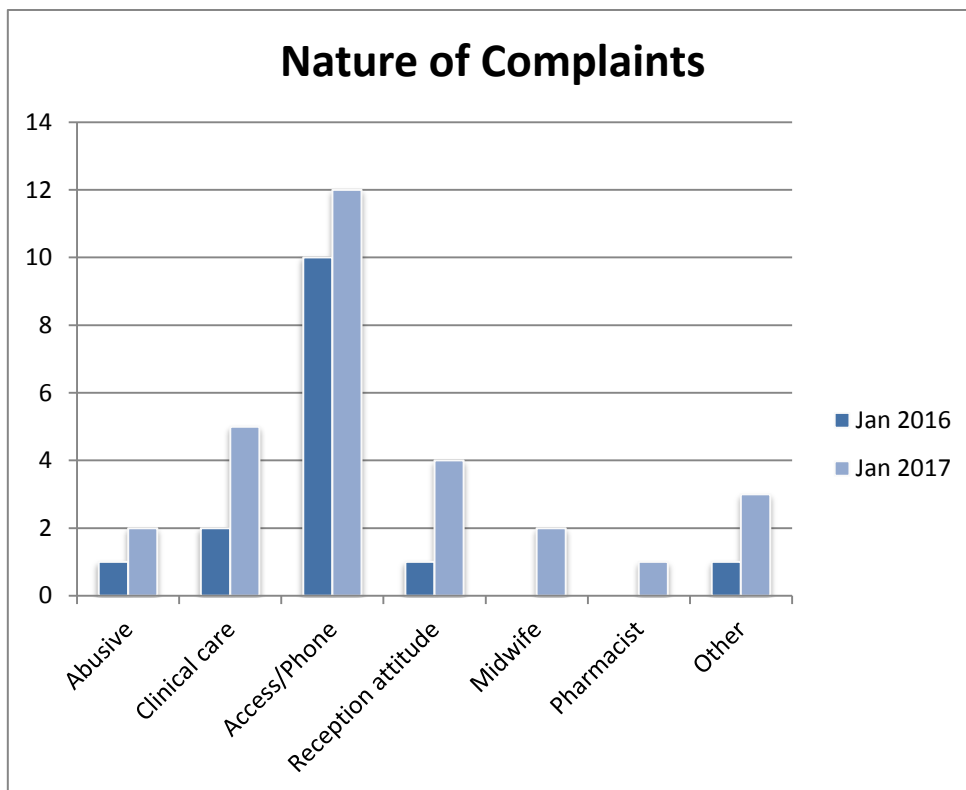
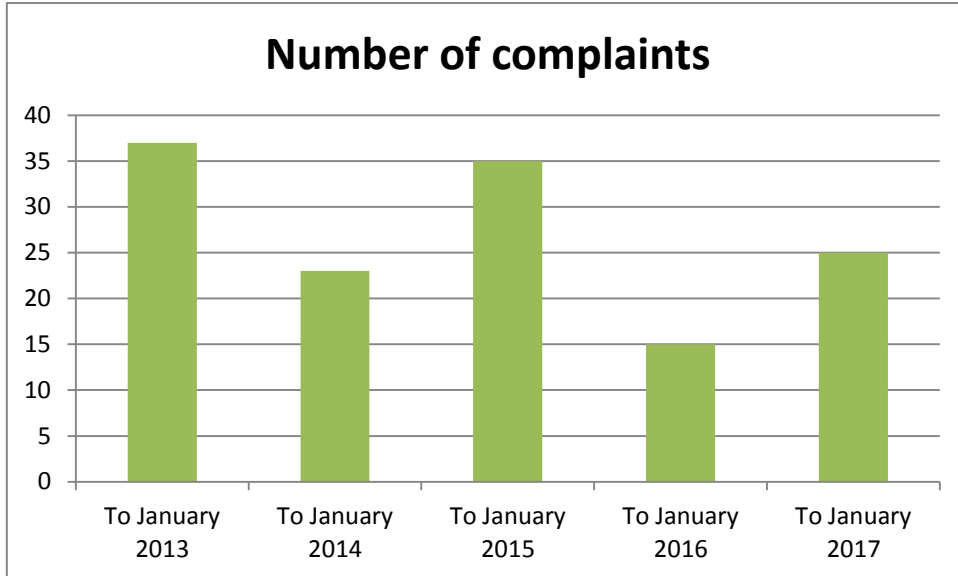
Raj reviews patients being discharged from hospital to assess their care needs. She meets regularly with the clinicians to discuss vulnerable patients each month. She will order equipment and aids for patients and has a close working relationship with the voluntary sector and social services.

Latterly she has been looking at those patients who are disproportionately high users of services to determine what other support might reduce their reliance on medical services. For example some patients & their family will be literally visiting the surgery every week when there is no specific clinical need. Managing their needs more closely may provide a more appropriate service for them and reduce the pressure on GP appointments.

She is also an important link in the work we are doing with Derbyshire Carers (see above).

9. Complaints Data

We have published our Annual Review of Complaints made to the Practice Manager in the year to January 31 2017. This can be found on the website or a paper copy can be obtained from Reception. Some key data from the report is set out below:-



Note: Complaints can sometimes include a number of inter-related concerns. The multiple nature of each complaint is reflected above and will not add back to the 25 complaints recorded above.

In an average week, it is estimated that there are approximately 660 direct patient

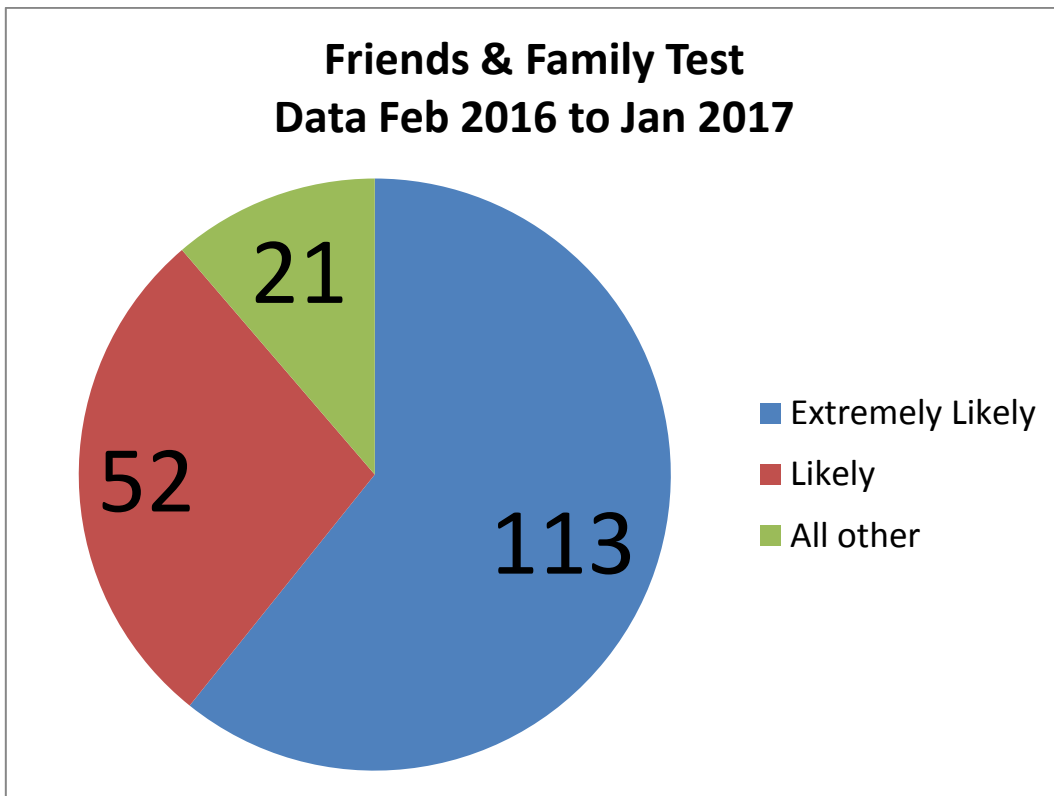
contacts with clinicians in the surgery (face to face & telephone) as well as an indeterminate number of contacts with administrative staff at the Reception counter or over the phone.

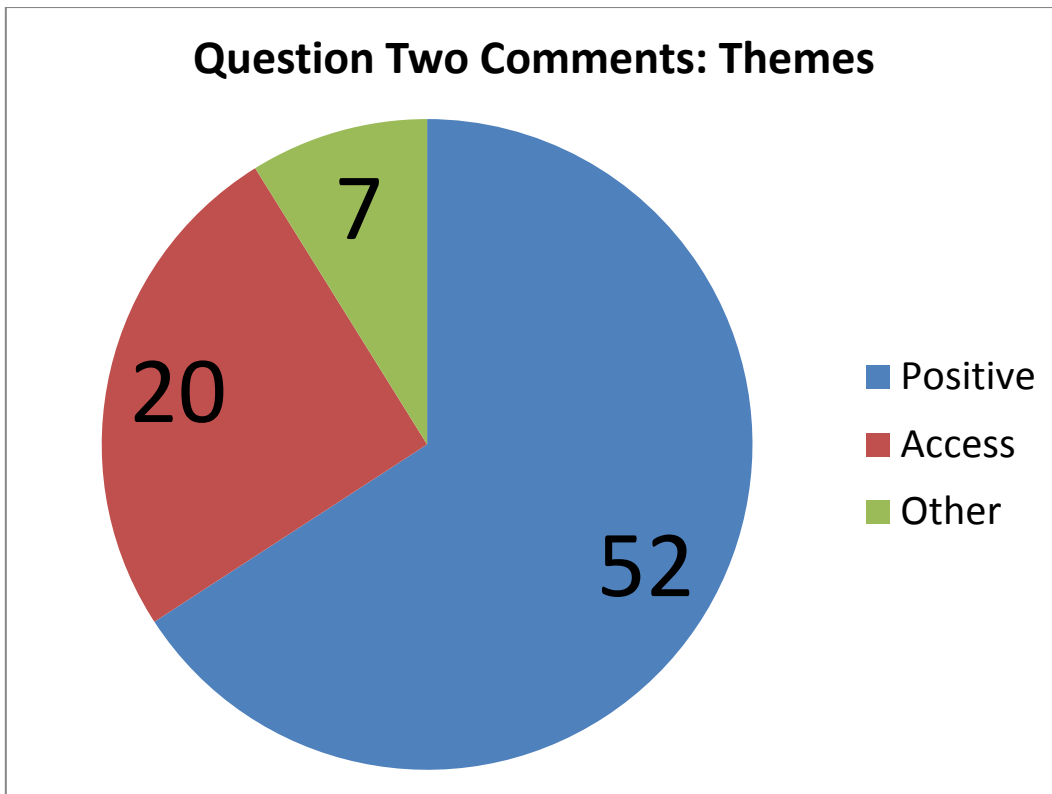
For a year, therefore, there would be conservatively 34,320 individual patient contacts. Complaints made to the Practice Manager, therefore, represent 0.07% of total contacts.

Access generally continues to be the most dominant theme as we are well aware. We are expanding the team of staff who can advise patients and there is no doubt that the wider use of telephone appointments is helping considerably.

10. Friends & Family Test data

Our FFT data for the last twelve months shows the following when patients are asked if they would recommend the surgery:-

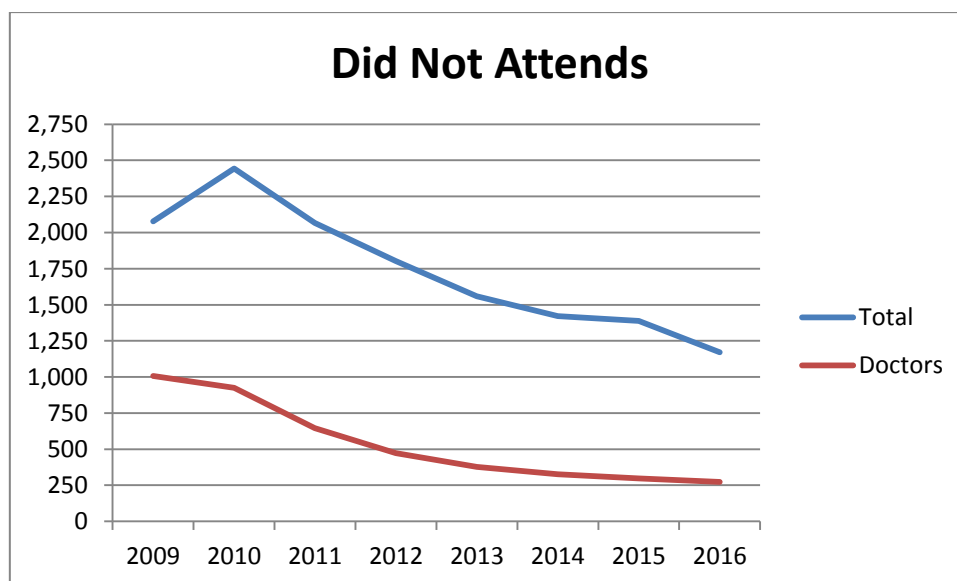




The questionnaire includes a second question asking for any other comments – positive or negative. The second chart above shows the spread of answers.

11. Wasted Appointments

Patients who book appointments and then do not turn up are being disrespectful to our doctors and nurses as well as denying other members of the community the opportunity to be seen. Regular attenders at this meeting will be aware that we have been managing this waste as tightly as possible over many years. We have seen another year on year reduction in wastage in 2016 for the sixth year running. Our overall data is as follows:-



Managing the wastage on GP appointments downwards from the 2009 levels means providing an 'extra' 750 GP appointments per annum or approximately 15 per week. Regrettably we still 'lose' on average around 25-30 GP appointments per month.

12. Wider service developments

Practice management have been working with colleagues from the Clinical Commissioning Group to provide an enhanced service for Diabetes and Pre-Diabetes Care. Our proposals are currently being considered by senior CCG management and we hope to have some positive news shortly.

There is a national drive for practices to work at a community or 'place' level with neighbouring surgeries & other providers. We are working with Lister House, St Thomas and Derby Family Medical Centre to develop better patient care through district nurses and community matrons. We are also exploring accessing additional NHS funding to provide more access to medical practitioners in Normanton outside normal working hours.

Much of this is very innovative and it remains to be seen what can be delivered in an affordable way.

13. Our extension

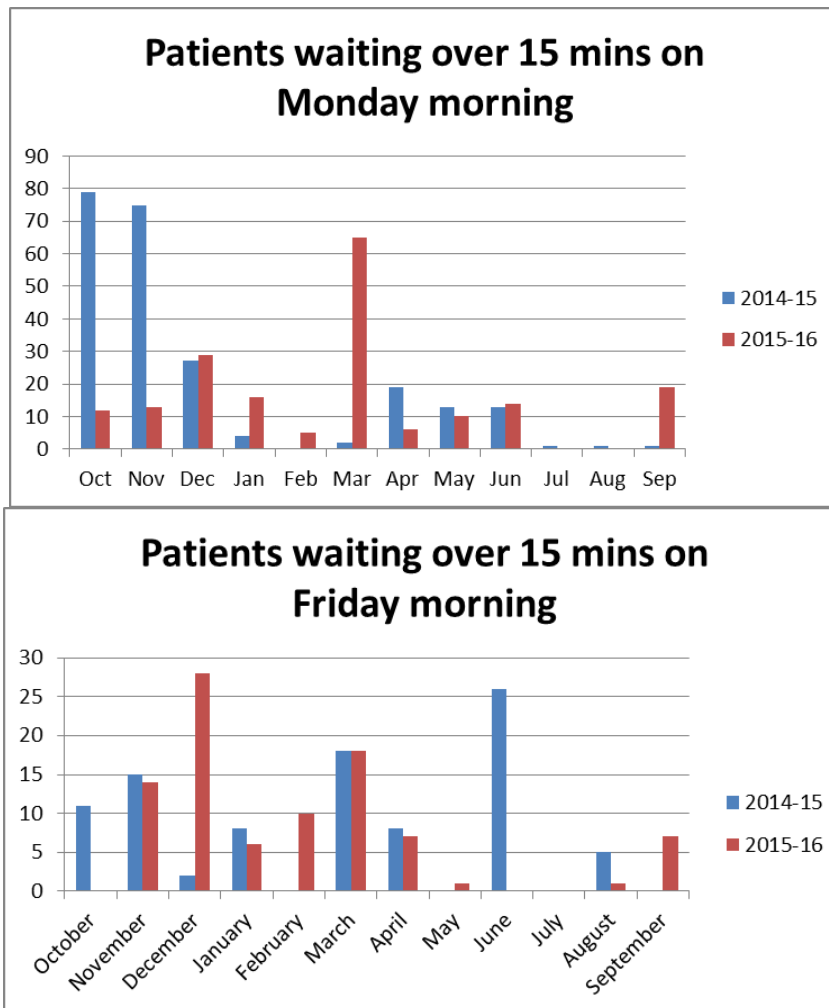
Oakmore Construction have been engaged to provide us with two extra consulting rooms and a clinical waste store. At the meeting, we will have plans to show the Patient Group who will also be able to witness the progress for themselves. After considerable planning issues then drainage problems, we are hoping that the new extension will be operational from June 2017.



14. Call handling

We previously agreed to look at data offered by our new telephone system to better understand the general patient perceptions about phone call answering.

An interim report was presented in the Briefing note in Autumn 2015. This showed that the data was enabling staff to see particularly adverse trends and to adjust staff rotas accordingly. At that point we were seeing an overall reduction in calls waiting longer than a threshold of 15 minutes. The latest position using two years full data shows the following trends on the two sample days of Monday & Friday:-



The call volumes are between 3100 to 3500 incoming each month and there is no doubt that Mondays & Tuesdays see the most traffic.

The Monday morning data for October & November 2015 were before any rota adjustments were made. Since then the number of callers breaching the threshold has always been lower and usually substantially so.

Patients have generally also welcomed the opportunity to book appointments 15 minutes before the doors open. This has benefited patients not in Normanton; those on the school run or at work.

Mike Newbold
Practice Manager

APPENDIX A

Peartree Medical Centre Patient Services Improvement: Action Plan 2016-17

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 including the detailed coded patient record (April 2016)	Practice Manager	Throughout the year
GP Access	Continue to analyse the phone logs to promote quicker telephone answering reporting to the Patient Group during the year. This will include the presentation of two year comparative data	Practice Manager	November 2016
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	Full year's programme to be agreed
GP Access	Consider with the Practice Pharmacist how best to promote the re-introduction of Pharmacy First with the aim of reducing pressure on GP appointments	Practice Manager	Slipped from 2015-16 and contingent on revised project timescale

Theme	Agreed actions	Nominated Lead	Timescale
Collaboration	<p>To engage with other local surgeries as part of the 'Normanton 4' to promote patient health & well being and to attract additional CCG funding for the benefit of the Normanton patient population.</p> <p>To engage with other partners who can have a positive impact for Peartree patients building productive relationships eg Derby City Council Public Health, Local Area Co-ordinator, JET, Community Centres, Schools</p>	Practice Manager	Throughout the year
Patient environment	To deliver an extended surgery through the addition of two consulting rooms engaging with the Patient Group over design considerations.	Practice Manager	Per the project timescale
GP Access	Consider with the Care Co-ordinator ways to support Peartree Frequent Flyers which reduce the reliance on GP appointments	Practice Manager	Slipped from 2015-16 .
GP Access	Introduce and trial a system where each morning the telephone lines are switched on 15 minutes BEFORE the front counter is opened. Present report back on findings & feedback later in 2016-17.	Senior Receptionist	Autumn 2016

APPENDIX B

Peartree Medical Centre Patient Services Improvement: Draft Action Plan 2017-18

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	Throughout the year
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	Throughout the year
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	Full year's programme
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	As determined by the project timescale
Collaboration	Continue to engage with peers and the SDCCG to promote more local services for our patient population.	Practice Manager	Throughout the year
GP Access	Consider with the Care Co-ordinator ways to support Peartree Frequent Flyers which reduce the reliance on GP appointments	Practice Manager	Slipped from 2016-17 ongoing .