



Patient Participation Group

Progress Report (DES) March 2014

Introduction

The purpose of Patient Participation is to ensure that patients are involved in decisions of their practices, by asking for and acting on their views. This includes decisions that lead to changes to the services their practice provides or commissions, either directly or in its capacity as gatekeeper to other services.

This aims to promote the proactive engagement of patients through the use of effective Patient Reference Groups (PRGs) and to seek views from practice patients through the use of a local practice survey. The outcomes of the engagement and the views of patients are to be published on the practice website.

One suggested aspect for practices to focus on is ensuring convenient **access** to the practice, and facilitating **access** to other health and social care providers.

Access must be flexible enough to meet the varying needs of individuals and requires sufficient capacity to meet the population's needs. Details of access arrangements (including opening hours) should be made widely available to the patient population to enable patients to exercise choice.

Reference:

Patient participation directed enhanced service (DES) for GMS contract 2013/14

Implementation

This is to a report of the progress of the Alexandra Park Surgery Patient Participation Group (PPG/ PRG) since the last report dated 2013.

The objectives of the PPG and how we intend to implement them are summarised in the table below:

1	Develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population	A Patient Representatives Group was launched in 2011. Membership is open to all patients and participants have changed during the intervening period. One patient member was nominated as co-chair. The PRG/PPG documents their formal discussion and shares with the public via a section on the practice website. In addition, the practice encourages informal communication from the public via e-mail. In the last year, the practice has also initiated a Facebook page, to engage people for whom social media is the preferred means of maintaining contact.
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2	Agree areas of priority within the PPG	Previous meetings have raised issues of access – in the form of opening hours, assistance for non-English speakers, availability of female doctors, range of services at the practice, limitation on the prescription of certain drugs, freedom to attend A&E depts, and opportunity for collaboration with the local community.
3	Collate patient views through the use of a survey	Patients were engaged in providing feedback to the practice through surveys during 2011-12 and 2012-13. (These previous surveys and reports are available on the practice website) After discussion with the PPG, the 2012-13 survey was adapted to follow up issues from 2011-12. In 2013, an electronic form of the survey was piloted. This was made available on the practice website, to encourage wider participation by patients and carers and enable anonymous contribution. A repeat survey has been conducted in February 2014, to follow up the issues from the previous year. The survey and report were scheduled for discussion at a PPG group meeting (see below).
4	Provide the PPG with the opportunity to discuss survey findings and reach an agreement with the PPG on changes to services	PPG meetings were held in 2012 and 2013 to discuss the surveys for 2011-12 and 2012-13 respectively. The latest PPG meeting was scheduled on 20 March 2014 to examine findings from the 2013-14 survey, and discuss the implications on services provided by the practice.
5	Agree an action plan with the PPG and seek PPG agreement to implementing changes	The PPG report 2013 stated the agreed aspirations to upgrade the practice IT system (including digital methods of communication between patients and the practice), ensure a smooth transition between NHS organisations, implement the new portal for out-of-hours services, expand the range of information and tools on the website (including forms for self-certification, requests for reports and self-referral), broaden support for non-English speakers, and investigate openings for building links with the local primary and secondary schools. Achievements should be reviewed for the meeting scheduled in March 2014.
6	Publicise any actions to be taken and subsequent achievements	Decisions from previous PRG/PPG meetings, and achievements during the following year, were published in the respective reports which are posted on the website. This report will be publicised similarly.

Reference:

Making a PPG Happen, interview with CEO Stephanie Varah, Practice Business magazine, NAPP (National Association for Patient Participation, October 2013: http://www.napp.org.uk/34-36_PB_October13.pdf

Latest meeting of the Patient Participation Group

Date	20 March 2014
Time	1:00pm – 3:30pm
Venue	Alexandra Surgery 125 Alexandra Park Road, London N22 7UN
Attendance	10 attended 5 apologies
Staff present	Dr N Sivananthan, Patricia Creed, Ms Abhirami Sivananthan, Dr S Hiew, Mrs Barbara Price, Mr Sohel Rana
Minuted by	Abhirami Sivananthan

Proceedings

	Topic
1	<p>Tour of the refurbished surgery</p> <p>The practice manager Patsy Creed (PC) conducted a guided tour of the expanded practice building.</p> <p>The first floor has been redesigned to provide 3 consultation rooms, plus an additional toilet for the patients.</p> <p>To make this space available, a second floor has been built to accommodate the administrative team.</p> <p>The flooring has been re-fitted to meet new health and safety standards, and additional fire doors and exits are being implemented to fulfil current legal requirements.</p>
2	<p>Introduction and welcome</p> <p>PC invited the participants to introduce themselves.</p> <p>On behalf of the team, Dr N Sivananthan (NS) welcomed the group and conveyed apologies from Dr Athee and Dr Haldar, who were attending training events.</p> <p>NS discussed the agenda for this PPG meeting.</p> <p>He briefly reviewed the minutes of the previous meetings where particular concerns were focused on access to the practice and to hospital services.</p>
3	<p>Presentation: “In the quest for world class”</p> <p>NS gave an overview of the history of Alexandra Surgery which spans over 50 years.</p> <p>He highlighted the milestones over the years, leading up to latest developments in the surgery.</p> <p>(The Powerpoint slides are appended to the end of this report)</p> <p>The results of the latest patient survey (in February 2014) were presented with data analysis.</p> <p>NS highlighted the focus on access and invited comments from the audience.</p>

4	<p>Questions and Answers</p> <p>Survey on access – response rate: The practice distributed 70 questionnaires; 50 were returned. The questionnaire was freely available from the practice website to anyone who was not approached.</p> <p>Survey – emphasis on access: An alternative view was put forward that while access is relevant, the quality of personal interaction may be more important in terms of patient satisfaction.</p> <p>Survey – telephone consultations: It is not always possible to reach patients on the telephone at a specific time. In case of failed encounter, a voicemail is left on personal numbers.</p> <p>Survey – access to telephone lines: It was pointed out that the phone lines are regularly engaged at 8:30am. Comments were raised that some staff members were more courteous than their colleagues.</p>	<p>Messages to take forward</p> <p>You wonder about numbers of people prepared to respond to the survey. We may try to make it look more simple, to encourage uptake. (The questionnaire is printed on 4 pages of A4 paper)</p> <p>You have previously discussed access to more doctors. We responded with two additional lady doctors (Dr Athee and Dr Haldar), who bring with them a range of special skills. As noted above, they are unable to meet the group today owing to an oversight of the diary.</p> <p>You have previously discussed access to the doctors over the telephone. We responded by introducing telephone consultation system, whereby these requests are channelled to doctors via the appointment system. We have noted that the daily volume of telephone consultations has nearly doubled. The doctor will endeavour to call back at the earliest opportunity. It may help if the patient needs to speak before a certain time makes this clear to the receptionist at the time of booking.</p> <p>You have previously discussed phone lines being busy. We have responded by acquiring mobile phones for use by staff to call out, and free up the land lines. You have raised issues on courtesy and while we acknowledge that our team work under pressure, we shall respond by further staff training and monitoring.</p>
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<p>Survey – text messages: It was explained that text messages will only be sent with patient’s consent. This involves completing a form which will be recorded on the computer system.</p> <p>Survey – prescription review: It was explained that prescription review has to be conducted at least annually, to safeguard the patients from treatment no longer warranted or drug interactions.</p> <p>Survey – choose and book referral: Lost passwords are not an infrequent problem; it was explained that a dedicated member of staff (Sohel) processes all the referrals, and it is possible to assist in retrieval of the details. Feedback was received that re-booking the appointment on the telephone is a difficult process, and it is better to do this at the hospital.</p> <p>Survey – website: Awareness is an issue not only of the existence of the website and the correct address (as discussed in the survey report), but also a matter of awareness of the range of contents that the website offers. People will access the website if they realise that the information they need is readily available.</p> <p>Survey – access to GP out of hours: It was clarified that out of hours provision has changed over the years; the current access is via telephone number 111. This is a national arrangement.</p> <p>Issue of access – GP out of area: It was confirmed that the government announced in November 2013 that from October 2014 people can register with a GP anywhere, although they may not receive home visits from their own GP if the surgery is far away.</p>	<p>You have queried that on occasion you have received a text message although you do not remember signing a consent form. We shall respond by looking into the process of activating the message function for individuals.</p> <p>-</p> <p>You have raised concerns about the hiccups in the system. While we have limited control beyond the point when referrals are sent, we shall respond by monitoring the situation and making enquiries to the secondary care providers if necessary.</p> <p>You have provided us with valuable insight and support. We shall respond by investigating ways to promote the website to enable more patients to benefit from the facility.</p> <p>-</p> <p>-</p>
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<p>Issue of access – “Tele Health”: It was explained that a new Remote Care Monitoring scheme will permit patients to communicate their condition to their doctors via a special device attached to their telephone line. Suitable patients will be identified and their consent will be sought prior to enrolment. It was noted that under the government’s latest plan patients aged over 75 will have a personal doctor to oversee their care.</p> <p>Issue of access – collection of NHS prescription It was confirmed that the practice has plans to join the Electronic Prescription service, which will remove the need to collect a paper prescription from the surgery.</p> <p>Issue of access – access to medical records by others The Summary Care Records scheme was discussed.</p> <p>Issue of access – access to hospital Comments were made about the diabetes services at Whittington Hospital. It was noted that Whittington Hospital has been transformed into Whittington Health and provides services in the community as well as the hospital site.</p> <p>Issue of access – access to points for feedback Attention was drawn to the NHS Choices website which invites patients to review hospital services and leave comments on the website.</p>	<p>You have expressed concerns about the personal care aspect. We shall respond by ensuring that technology and political changes do not affect the quality of personal care in an adverse manner.</p> <p>-</p> <p>You have expressed reservations on the confidentiality of this scheme. We have responded by making clear that individual patients can opt out of the scheme by signing a form to this effect.</p> <p>You have voiced concerns about the services in secondary care providers which are arranged by the practice. We shall respond by examining the quality of care which our patients receive. Where this appears to be a problem we shall reflect this to the commissioning body.</p> <p>You have suggested more avenues to provide feedback confidentially. We shall respond by looking into setting up special forums on the website or via social media.</p>
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Thank you and closure

PC and NS thanked the participants for their attendance and their input.
The meeting closed at 3:30pm.



In the quest
for
world class



- The past
- The present
- The future



THE STORY SO FAR.....

DR. SIVA

1989

Dr.Siva took over this practice -1480 patients - two receptionists

1990

Expanded the premises – widened the services-practice nurse

Started performing- minor surgery- maternity- CHS- family planning

1995

Expanded further- entire building came into use as surgery
Started fund holding- consultant visits were introduced

1999

Became a pms- provided service for vulnerable people





THE STORY SO FAR.....



Year 2006-2007

4th telephone line- extra receptionist at consultation time

Considerable improvement in management of 10 long term conditions

Increase in the number of patients having minor surgery carried out in the surgery- new protocol in operation

Choose and book on line- BEST IN HARINGEY

Tamilhealth. Net in operation – 41,000 VISITS BY PEOPLE

Pilot project with physiotherapist- satisfaction very high

Practice based commissioning - data analysis done



ALEXANDRA SURGERY IS 50 YEARS OLD!!
STARTED WITH ONE DOCTOR IN 1957.





Message from economists 'WANLESS' report

- Promote self care
- Enhance primary care
- Shift care from the hospitals
- Create competition in the health market

promote self care

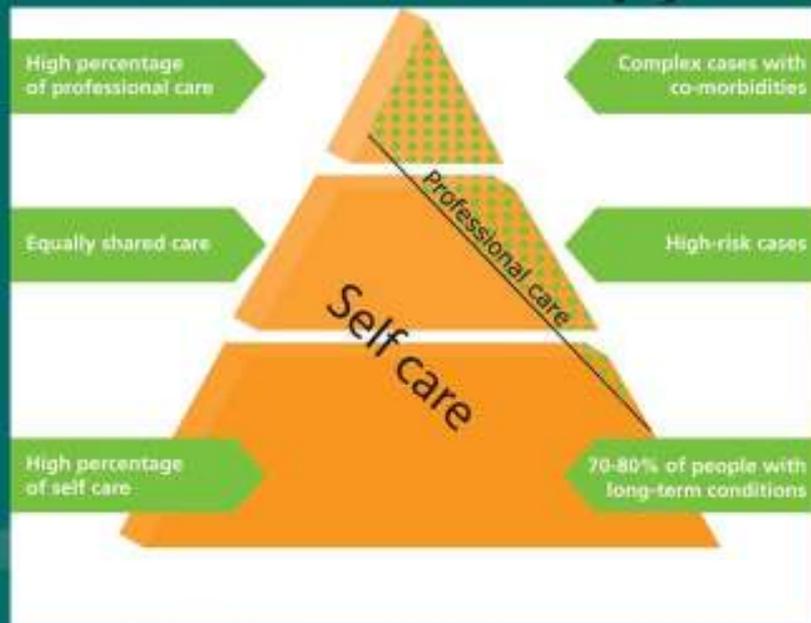
- At personal level- (coaching- expert patient programme)
- At provider level- partnership- e.g. co-creating health
- At population level- (family; groups- training)



ETHNICITY & HEALTH SCOPE- PROGRESS - TARGET

FOCUS	ASPIRATION	ACHIEVED SO FAR	TARGET DEC. 07
PERSONAL Individual patient Individual PHCT member	PERSONAL CARE, PATIENT HELD HEALTH RECORD. SPECIFIC IMPORTANT MEDICAL ADVICE IN TAMIL TRAINING OF DOCS, MEDICAL STUDENTS PHCTS	CONCEPT AND PROTOTYPE OF PATIENT HELD RECORD HAS BEEN DISCUSSED WITH FOCUS GROUP FIRST DRAFT UNDER CONSTRUCTION.	WIDER USE OF PATIENT HELD NOTES DISTRIBUTED BY PRIMARY CARE WORKERS
GROUP OF PEOPLE Eg. Practice; collaborative	POPULATION PROFILE DISEASE REGISTER ;CHART	SELF CARE MATERIALS HAVE BEEN COLLECTED TRANSLATIONS TO COMMENCE WORK ON PILOT PROJECT UNDER WAY A MODEL FOR DATA COLLECTION DATABASE BEING DEVELOPED	AN OPERATIONAL MODEL TO BE READY FOR USE AFTER EVALUATION OF PILOT
pct Integrated training centres	CONNECT WITH RESIDENTS PUBLIC HEALTH FOCUS – TEACHING CENTRES	RESOURCE MATERIALS HAVE BEEN COLLECTED PRIMARY CARE CENTRE	CRITICAL MASS FOR PUBLIC HEALTH INITIATIVES. COLLABORATION.
NATIONAL	TAMIL HEALTH RESOURCE CENTRE- PUBLICATIONS	COMPUTER DATABASE LIBRARY- PUBLICATIONS	NATIONWIDE NETWORK CONTRIBUTING TO HEALTH DEVELOPMENT
global	RESOURCE CENTRE – WORLDWIDE COLLABORATION UNIVERSITIES & COLLEGES OF FAMILY MEDICINE LINKED GLOBALLY		WEBSITE IN OPERATION

The healthcare pyramid¹



1. Department of Health (2006). *Self Care – A Real Choice: Self Care Support – A Practical Option*. London: Department of Health.

Promoting health literacy

Mother tongue

Multiple perspectives-

People; patients; providers; policymakers

Mobilising communities

*language;
chronic conditions;
professionals*

Mhn



The future



CHANGING CONDITIONS FOR GENERAL PRACTICE

- Rising expectations – people & government
- Choice agenda- primary care provision
- Competition for resources
- Explicit quality markers – league tables

Quality of service – the driver

NHS & national priorities

HOW ARE WE CONTRIBUTING

• ACCESS

- QOF ACIEVEMENTS
- BMI
- SMOKING CESSATION
- IM&T
- CHOOSE AND BOOK
- FLU UPTAKE
- CERVICAL SMEAR UPTAKE
- CHILDHOOD IMMUNIZATION TARGET
- PRESCRIBING COSTS
- CLINICAL DEMAND MANAGEMENT ON HOSPITALS
- ETHNIC MONITORING
- HEALTH EDUCATION & SELF CARE

**reaching target
on all of them**

ACCESS
QOF ACIEVEMENTS
BMI
SMOKING CESSATION
IM&T
CHOOSE AND BOOK
FLU UPTAKE
CERVICAL SMEAR UPTAKE
CHILDHOOD IMMUNIZATION TARGET
RESCRIBING COSTS
DEMAND MANAGEMENT ON HOSPITALS
ETHNIC MONITORING
HEALTH EDUCATION & SELF CARE



qof

- 1st practice to have qof assessment in LONDON IN OCT 2004

2005	1045.5/1050	2010	992/1000
2006	1047/1050	2011	994/1000
2007	997.8/1000	2012	997.8/1000
2008	996/1000	2013	990+/1000
2009	990+/1000	2014	988/1000

Patient Survey 2013-14



Introduction

A survey has been conducted between February – March 2014 among patients of Alexandra Surgery and their carers.

The aim is to evaluate aspects of our service that are intended to

“improve patient access”.

Design

The survey is designed as a series of yes/no questions to simplify the response process and encourage users to participate. Nonetheless respondents who wish to express more detailed opinions are invited to do so for each topic on the questionnaire.

The respondents remain anonymous but are requested to provide basic demographic data to help ensure the sample is representative.

Distribution

The questionnaire in paper form was freely available to patients/ carers visiting the surgery, and an electronic copy was also available on the website. (It is still available for download, although the formal survey period has closed.)

This follows a similar survey one year ago. No direct comparison between the previous and current results is intended, as the respondent sample has not been controlled for similarity.

Patient Survey 2013-14



Services under evaluation

- Booking telephone consultations
- Out of hours service
- SMS text message
- Choose and book referral
- Repeat prescription review
- Requests by e-mail
- Website
- Leaflets

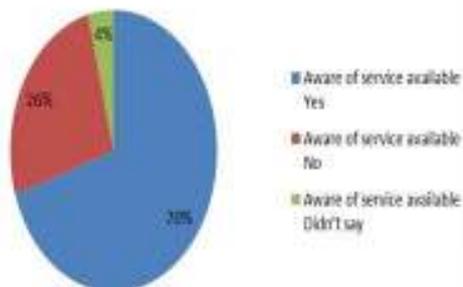
For each service, respondents are asked:

- Are you aware that this service is available?
- Do you feel this service is useful?
- Have you used this service?
- If you have used this service, were you happy with it?

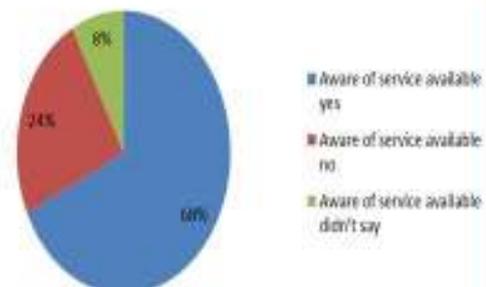
Let us discuss the survey report

• High lights 1

Booking Telephone Consultations



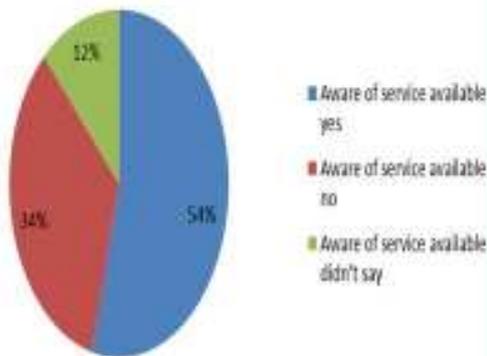
Out Of Hours Service



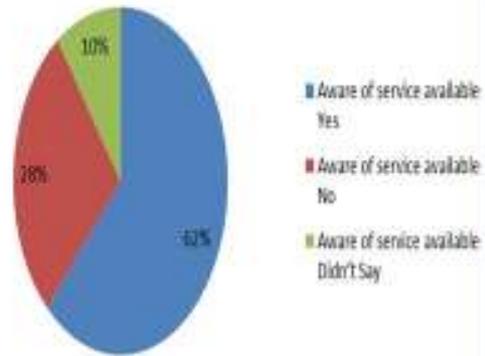
Let us discuss the survey report

Highlights 2

SMS Text Message



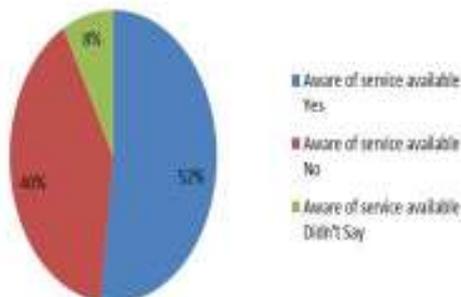
Choose and Book Referral



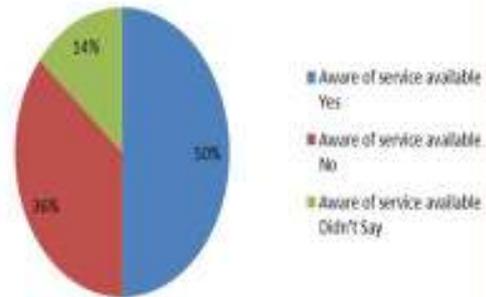
Let us discuss the survey report

• High lights 3

Repeat Prescription Review

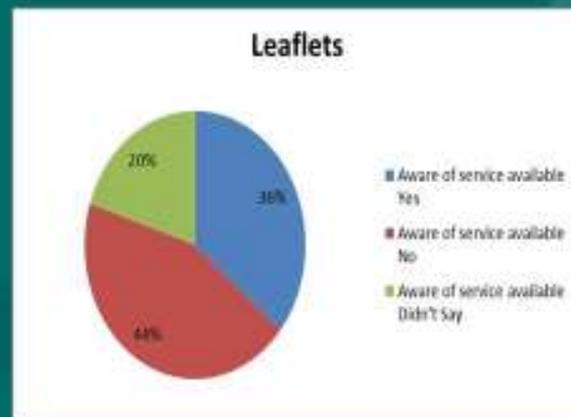
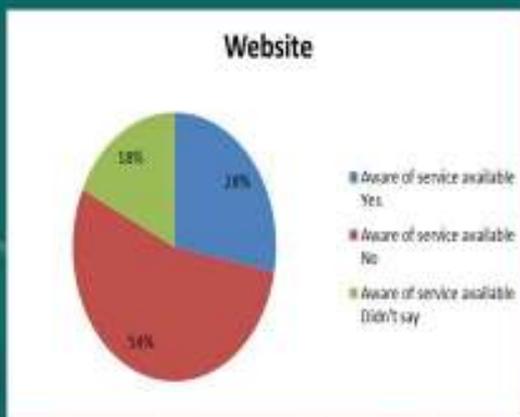


Requests by e-mail



Let us discuss the survey report

- High lights 4



Let us discuss the survey report

- Conclusion

- This year's survey results suggest that our services aimed at "improving patient access" are being developed in the right direction. However more efforts can be made at promoting awareness among patients/carers.



2013- 2014

- 2 new doctors have joined the Practice

Dr Gita Haldar MB BS DCH
Experienced GP and former hospital doctor

Dr Athee Sivananthan
UCL graduate , highly qualified (MRCGP, MINOR SURGERY, FAMILY PLANNING)

- Loft conversion- adding 3 more rooms to accommodate expanding work (4400 patients, more complex cases being managed by surgery, MINOR SURGERY, FAMILY PLANNING, more health promotion)

A learning organisation

**We are
committed
To
Continuous
Team
learning**

**" Team Learning
is the process of aligning
and developing
the capacity of a team**

*to create the results its members truly desire.
It builds on the discipline of developing a shared vision.
It also builds on personal mastery,
for talented teams are made up of talented individuals. ...*

*[When] teams learn,
they become a microcosm for learning
throughout the organization."*

[Peter Senge](#), [The Fifth Discipline](#) (1990)



- We hope to take up formal teaching of medical students , young doctors , gp training

In the quest for world class

WHERE DOES



FIT IN ?



what are our patients' views ?

- Question and answers
- **Suggestions for the future**

THANK YOU



20 - 03 - 2014

If you have any ideas to
share...

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