

Dr Murray and Partners Practice Evaluation Group Report for 2015-16

Practice Profile

The patient population at March 2016 is 11060 – an increase of 400 since March 2015. That number is split approximately 50/50 male to female with a slightly larger female population.

The practice population is made up of 478 children under 4 years old, an even spread of patients of all ages in the middle to 117 patients over 90 and 2 over 100. That represents an increase of approximately 10% of patients over 90 during the past year.

The practice population is made up largely of a population of patients of white British origin with a small percentage from other ethnicities. The breakdown of that population is much as last year with an increase of 6% other ethnicities as patients.

The Practice Evaluation Group is made up of a representative group from the patient list who are invited to join as a result of using the service. Patients who are on one of our chronic disease registers have been invited to join, members have applied via our website and others invited as they have expressed an interest. We will promote membership of the group again this year to service users in the hope of extending the diversity of the group. The group now stands at 397 members (a nett increase of 11 from 2015-16)

The Practice Evaluation Group has a percentage mix not dissimilar to that of the practice population. We invite a large number of people to join the group, selecting them only on the basis of being current users of services. This represents a fully inclusive policy for the whole patient list. Membership of the group is also invited through our website: www.doctorsinulverston.co.uk which is publicised in the waiting room of the practice. We will continue to invite members to join the group as time goes on.

Surveys and Action Plan

The standard GPAQ survey (v4) was again distributed to all members of the Practice Evaluation Group in March 2016. The General Practice Assessment Questionnaire, developed by the University of Cambridge, was introduced after the 2004 GP contract was introduced as one of two questionnaires approved as part of the Quality and Outcomes Framework – part of the mechanism by which practices are assessed. Results of the survey will be published on the web site in April 2016.

Last year's surveys raised a number of key areas which formed the basis of our action plan for this year. The outcome of those actions is noted below. We feel it would be helpful if there was a means by which patients can comment on services, but haven't resolved that question yet, since the forum established two years ago yielded no posts. We will look again at solutions to see what may be possible. Any sort of forum will though have names visible and it was this which seems to have prevented posts to the forum previously judging by questions to us.

Questions posed previously

- Minor Injuries Unit at UCHC
- The ease and usefulness of ordering repeat prescriptions on-line
- The new Electronic Prescribing Service
- Viewing medical records
- Confidentiality in reception

- Booking appointments on-line
- Approachability and helpfulness of reception staff
- Evening appointments
- Complaints
- Other services at UCHC
- Telephone appointments

Again comments made by patients have not been published at this stage but the content has been used as a basis for our Action Plan for 2014-15 and some comment is made below.

Results of our Action plan for 2015-16

The following were the principle areas decided by the group as being of the most important to be addressed during the year. We have annotated the plan with the outcomes during the year. Our comments are in red.

Access and opening times

The practice is open each day from 8am to 6.30pm and until 8pm on Monday and Tuesday each week to allow appointment times for those that work. These times are advertised in reception and on our website. Outside these hours Cumbria Health on Call can be contacted with their number announced on a message out of hours.

Comments on our action plan for 2015-16

<p>Publish comment from members of the evaluation group</p>	<p>We are keen to be transparent about your feedback to us. It is our intention to publish your comments about what we do on the website so you can see what everyone is thinking. We have looked at the matter of confidentiality and feel that excluding personal data submitted and specific comments about named individuals should allow us to publish other comments.</p> <p>We will also delete the large number of comments which say there is no comment to make but we will explain that when we do so.</p> <p>We haven't yet done this but will look again at this following this year's survey.</p>
<p>Development of on-line services</p>	<p>We propose to continue this as time goes on with increased promotion of on-line services. The government wishes us to develop the availability of patients' records on-line which we are investigating at the moment but there are a number of information sharing matters which need to be resolved legally before we can progress with that.</p> <p>Not least is the requirement for all patients wishing to have access to their records to prove their identity to us in a manner which will satisfy everyone. This is a considerable administrative burden for us which will need to be resolved before we can proceed.</p> <p>On-line access has continued to grow during the year. We now have 2690 patients with an account who are able to order repeat prescriptions, make appointments or view their record. The roll out of the more detailed patient record commenced in February 2016 initially to the patient evaluation group and from the end of</p>

	<p>the year to the whole practice population. The matter of identity has been resolved by means of a form for completion by patients who wish to access their detailed record which must be presented to us with a passport and proof of address. That seems to have worked well in the test phase.</p>
Confidentiality	<p>As discussed previous, this is of considerable concern to us and we will seek to find a solution to this during the coming year.</p> <p>We have had numerous meetings with our landlords, NHS Property Services Ltd, about confidentiality as well as the general state of the building. We have been given notice to move out of the building for a 3-6 month period which should have taken place during the past year. As a result of bureaucratic problems with the owner of the Gill Rise building behind the health centre, that move hasn't taken place and the £300,000 funding allocated to carry out the immediate replacement work on the hot water system in the health centre has been lost, so the entire process will have to start again.</p> <p>We are very disappointed that after only seven years in this building the replacement of the pipework was required. It is even more disappointing that we are, three years later, still waiting for this to be resolved, with the ever present danger there will be another burst pipe which will affect services. The building is very poor. It is the worst performing building in Cumbria with the highest cost for maintenance and running costs, but seems difficult to remedy. It is also too small and we are over capacity for the number of patients which both practices have, and double the capacity for the administrative staff for the allocated space. We have ongoing discussions with various bodies about the premises and will consult the patient group with a premises and access survey early in the 2016-17 year to gain their thoughts which we will publish on the web site.</p>
Complaints	<p>We need to review how the complaints' process working in practice and see if we can make it easier for patients to make a complaint if they wish.</p> <p>We reviewed the complaints process and feel that the existing system of patients wishing to make complaints either doing that verbally or in writing was the most effective.</p> <p>It is very sad that a few patients have taken to public Facebook pages to make unfounded complaints which have no basis which are abusive, extremely rude and in some cases threatening. We have chosen to ignore them. We consider if someone has a complaint we are welcoming of that and will try and deal with matters in the most sympathetic way possible. If patients have complaints of comments they wish to make they should contact either Tim Jackson, Practice Business Manager, or Hermione Pearson, Assistant Practice Manager, in the first instance. Both will try and resolve the problem as quickly as possible or refer the matter to the partners.</p>
Future services delivered locally	<p>This is a hot topic with Cumbria Clinical Commissioning Group in view of the state of finances. We will continue to press for a sensible development and provision of local services.</p> <p>This is ongoing and much has been discussed about the means to</p>

	<p>resolve the financial problems of the Cumbria Health Economy from north to south. GP services are funded separately from Cumbria's other services and so are not affected to the same extent but we are involved in the delivery of other services as a result of referring patients into it. We hope solutions can be found.</p>
Telephone appointments	<p>We will try and promote these more as well as the need for patients to speak to a GP about everything. We will aim to produce a list of matters which can be dealt with by staff.</p> <p>The use of telephone appointments increased dramatically during the year, which resulted in GPs spending another two or three hours each day on the telephone to patients. This was unsustainable and so this has had to be reconsidered. WE have had to change some face-to-face appointments to telephone slots, but a telephone appointment doesn't take much less time than a face to face consultation. We continue to look at how we cope with the ever increasing demand for appointments and contact.</p>
Parking	<p>A thorny subject. Patients frequently comment that there is a lack of parking. The problem comes from the publicity on the internet that parking is free at the health centre all day. There are many people either working or visiting Ulverston, or who are local residents, who park in the car park when they have no contact with the health centre. There are plans in place for restricted parking for those visiting us and for expansion of the staff parking areas. These require planning consent and will have to be agreed by local residents.</p> <p>Sadly the car park continues to be used by some people who have no contact with the health centre as a free car park in Ulverston. Notices placed on cars resulted in legal challenges from owners so we have been unable to ask people to treat the car park with respect for those that need it. Future plans as mentioned above continue to be discussed, but there are no funds available to implement them.</p> <p>We would say that patients visiting the health centre should allow sufficient time to park, either here or elsewhere in town if the car park is full. This is one of only a tiny number of practices which has car parking and so we consider we are lucky that is available. Not being able to find a space in the car park is not sufficient reason if patients are late for appointments and therefore cannot be seen. It is an increasing problem which frequently leads to abuse from patients.</p>
Opening times	<p>A political announcement during the weekend before Easter 2015 has suggested we will be opening much longer hours and days by 2020. That will need to be carefully considered so as to not reduce access to GPs during the working week and we will see what is agreed after the election. We do note that now 11% of patients in the group would like to see a GP on a Saturday and 6% on a Sunday.</p> <p>We will be sending a survey to the patient group early in April to ask thoughts about opening times, in view of the government's</p>

	announcements regarding this, and the lack of funds to enable it sensibly.
Communication	<p>We need to look at how best to provide information to patients. A scheme to install two television sets in the waiting area was scuppered firstly by our landlords who couldn't agree on the plan and then by the loss of funding to purchase them. This would have given us lots of scope to provide additional information to patients when they are in the surgery, alongside on-line information which isn't available to all. We realise that endless posters and leaflets aren't necessarily the answer. We will think more about this. If patients have ideas please let us know.</p> <p>We continue to examine this.</p>
Premises	<p>We continue to discuss the state of the building and future developments with NHS Property and with NHS England. We need for repairs to be addressed urgently and then how the premises can be developed to accommodate the increased population of Ulverston and the surrounding area.</p> <p>We will let you know what progress there is as time goes by.</p> <p>We have commented on the poor state of the building above.</p>

Plans for 2016-17

We propose to look at the following issues in the coming year having received comments from patients or are things which are ongoing:

- Premises
- Confidentiality
- Roll-out of detailed records access for patients
- Continuation of on-line access for more patients with a target of 50% of patients using the service by March 2017
- Opening hours
- Communication from and to patients
- Chronic disease monitoring systems
- Expand the patient group membership

And finally

Having re-read our "And finally" from March 2014, we are tempted to say it all still applies. There are also extraordinary pressures on the local health economy, especially surrounding Morecambe Bay Hospitals Trust and the Cumbria Partnership Trust, which are being considered by local health managers as to a solution. Add to this the political aspirations of many, massively increased demand from patients and a shortage of doctors and things are particularly challenging.

Again the past year has been a time of enormous change in the NHS. General Practice has continued to see changes imposed on it over the past year combined with increased monitoring, audit and box ticking, whilst at the same time reduced funding. That has exacerbated the pressures on the service at a time when demand is rising due to expectation, enhanced treatments, and aging population and poor communication.

<http://www.kingsfund.org.uk/projects/nhs-65/alternative-guide-new-nhs-england>

We have included the link above in our report last year and I would still recommend patients to look at it as it simply demonstrates where we are. The King's Fund produced this animation at the time of the top down changes in 2013-14. The film very simply sums up the complexity of the NHS as it now is, compared to the previous set up. There have been many changes since then and many more to come after the election.

We continue to try and not let that fog get in the way of providing good healthcare to our patient population. We will always treat that very seriously and hope in the main we get it right. Sometimes it may not go as planned and would reiterate that if you have any queries or comments which you wish to make please do let us know by contacting Tim Jackson, our Business Manager, in the first instance. We always study all the comments made in the surveys and do pay attention to the adverse comments as they give us good feedback about things we need to consider. They are anonymous so if you have a specific point or query please contact us directly.

We also love to hear if we get it right as well, that really helps a difficult day along. Thanks for all the positive comments which have been made in the recent surveys.

Best wishes for the coming year.

Tim Jackson
Dr Murray and Partners

March 2016