



Bolton Community Practice CIC



Patient Advisory Group

ANNUAL REPORT OF THE CHAIR OF THE PATIENT ADVISORY GROUP - 2017

INTRODUCTION

The Articles of Association of the Bolton Community Practice (BCP) require the establishment of a lay Advisory Group to advise the Directors. The Patient Advisory Group (PAG) is intended to help BCP provide services for the benefit of all patients and to keep patients up to date with service developments. The objectives include helping to create a strong voice for patients in the delivery of services and to have a patient-led service.

The Chair of the PAG must prepare an Annual Report on the main issues considered by the Group.



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MAIN ISSUES CONSIDERED BY THE PATIENT ADVISORY GROUP IN 2017

1. CARE QUALITY COMMISSION INSPECTION

A CQC inspection rated BCP good in all areas, and outstanding in relation to its care of vulnerable and challenging patients; there were no areas identified by the CQC as “requiring improvement”.

http://www.cqc.org.uk/sites/default/files/new_reports/AAAF8723.pdf

2. PAG BOWEL CANCER AMBASSADORS

PAG has been working with the Pennine Care NHS Foundation Trust on a Health Campaign to help people know more about bowel cancer and to encourage people to take part in the NHS Bowel Cancer Screening Programme.

Bowel cancer is the fourth most common cancer in the UK and the second highest cause of cancer deaths: the earlier bowel cancer is detected, the better the chances of survival. The Movement is looking for volunteers to train as Bowel Cancer Ambassadors, and Kathleen Delaney and Sohema Patel, two PAG Members, have trained as PAG Bowel Cancer Ambassadors to provide information about the bowel screening programme and its beneficial effects.

BCP clinicians will now compile a list of persons who have not returned the Bowel Cancer Screening Test and who have also agreed to be contacted by a PAG Bowel Cancer Ambassador; those persons will be contacted accordingly.



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3. NEIGHBOURHOOD HUBS

The Bolton Clinical Commissioning Group, NHS Foundation Trust, Bolton Council, GM Mental Health NHS Foundation Trust, Healthwatch Bolton, Bolton GP Federation and Bolton CVS have formed the Bolton Health and Social Care Partnership to implement changes in health and social care in Bolton through the Bolton Locality Plan.

The Bolton Locality Plan puts into action a method of dealing with the forecasts of a financial gap of £162 million for health and social care in Bolton by 2020. It is designed to tackle a fall in workforce numbers, finance and the increasing demand on hospital care. There is a Transformation Fund over the next three years to develop integrated plans to deliver a different kind of service to the community.

In the first year £28.8 million had been allocated to the Transformation Fund; a number of Initiatives are being investigated. As an example, Bolton GP Federation (working on behalf of all GP Practices in Bolton) are involved in the creation of Neighbourhood Hubs made up of different GP Practices. The Neighbourhood Hubs will provide joint services (for example, physiotherapists, mental health practitioners and community pharmacists).

PAG will continue to monitor developments.



4. YOUNG CARERS

PAG has sought to raise awareness of the plight of young carers under 18 who presently have very little service provision.

The position is that Bolton Council launched the Carers Strategy 2017-2020 on Tuesday 14th June 2017 which is an all age strategy. It is a two-phase document that will evolve as more work is completed. The Young Carers Section is part of phase two, but a lot of the groundwork has been completed. This is not yet written into the Carers Strategy, but the key priorities for young carers will include:

Identifying young carers,

- Providing good information, advice and guidance for young carers,
- Providing a young carers assessment for all young carers and developing a care plan when required,
- Training staff in Organisations where young carers may be found – for example, schools, youth and play settings, sports and other clubs,
- Developing policies in Organisations that support young carers,
- Developing the market so that young carers have a range of support from support in schools and with Carers Organisations and specialist services when things are not working, and
- Ensuring that the person the young carer supports has the right level of help and support so that the impact on the young carer is reduced.

The commissioning of support for young carers will be determined as part of the Strategy. For the purposes of the Young Carers Strategy, a young carer is defined as a child or teenager under the age of 18 (25 if he or she has Special Educational Needs) who helps look after someone in their family with a physical or mental illness, has a disability or who misuses drugs or alcohol.

The 2011 Census estimated there were about 1,190 young carers in Bolton. Young carers often worry about the person they care for, but are afraid to ask for help as they fear letting the family down or being taken into care. They can become isolated, with no relief from the pressures at home and no chance to enjoy a normal childhood. Caring can affect a young person's health, social life and self-confidence. Many young carers struggle to juggle their education and caring responsibilities causing them pressure, anxiety and stress. In a survey, 39% of young carers said that nobody in their school was aware of their caring role.

The overall aim of the Young Carers Strategy is that young carers will:

- (1) have a life outside their caring role,
- (2) be treated as individuals; at all times with respect and dignity, and
- (3) have their rights recognised, respected and promoted.

PAG will continue to press Bolton Council to complete the Young Carers Section of the Carers Strategy 2017-2020.



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5. CARELINE

On 3rd May 2017, PAG received a presentation on Careline, one of a number of personal alarm systems; this particular one is operated by Bolton at Home (01204 335733).

When a person needs help, he or she presses an alarm button on the installed unit or on his or her pendant putting the user in touch with Careline staff who assess the situation and respond how they think best. The response could be sending a doctor, friend or relative or one of Careline's mobile staff members if a user lived in the Bolton Borough. Careline could also contact the emergency services.

Careline also now provide a new type of monitoring service which enables a user to tell Careline he/she is fine at the touch of a button. It is called the I'M OK service and, by simply pressing the green flashing button each day Careline know that a user is well; if a user did not press the button Careline would be alerted that something was wrong.

Other add-ons such as smoke alarms, leaking water detectors, and secure daily tablet dispensers are also available.

PAG noted the vital importance of services such as Careline.



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6. PATIENT FEEDBACK

At PAG Meetings patient feedback about the overall Service is monitored; the following feedback mechanisms are in place:

- (1) BCP Complaints and Compliments Reports
- (2) Suggestion Boxes and Talk-Back Boards
- (3) BCP Website
- (4) PAG Website
- (5) National GP Patient Surveys
- (6) BCP Patients Surveys
- (7) NHS Choices Website
- (8) Friends and Family Tests
- (9) Questionnaires on Appointments (both on and off line)
- (10) Bolton Clinical Commissioning Group's Quality Contract Progress Reports



7. APPOINTMENTS

The patient feedback shows there remains a mixed response from patients regarding the availability of appointments. The system continues to get better, but some patients feel it is still difficult to get an appointment, and some are frustrated that they are unable to see the clinician of their choice.

The results of the National GP Patient Survey 2017, made public on 7th July 2017, bear out this mixed response relating to appointments:

The three results for BCP that are the highest compared to the average were:

88% of respondents say the last GP they saw or spoke to was good at involving them in decisions about their care, Local average: **84%**, National average: **82%**

90% of respondents say the last GP they saw or spoke to was good at giving them enough time, Local average: **87%**, National average: **86%**

96% of respondents say the last nurse they saw or spoke to was good at giving them enough time, Local average: **92%**, National average: **92%**

The three results that are the lowest compared to the average were:

33% of respondents usually get to see or speak to their preferred GP, Local average: **55%**, National average **56%**

58% of respondents describe their experience of making an appointment as good, Local average: **76%**, National average: **73%**

61% of respondents find it easy to get through to this surgery by phone, Local average: **78%**, National average: **71%**.

In response, BCP have developed the following Access Action Plan 2017:

1. We would like all our clinicians to be positively perceived by our patients, although recognise that patients will always have personal preferences for GPs of a certain gender or with a particular consulting style. We will be encouraging all our clinicians to complete individual patient surveys as part of their multi-source feedback for their annual appraisal to identify areas of improvement in relation to patient experience. Each GP's particular skills are promoted and the names of our regular GPs are clearly indicated in the reception areas.



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2. We have long engaged in continuous review of our Friends and Family test. We can identify that our on-line services are very appreciated and valued as a means of both being seen on 'the same day' and booking with a clinician of choice in advance. Approximately 30% of our patients regularly use on-line access and we continue to push access to on-line services at all sites and monitor uptake.
3. We recognise that we require increased phone answering staff across the practice and particularly in the early morning. Currently reception rotas are being reviewed to increase phone answering at site level as well as within our central team.
4. We have added a question on phone access and will add a question on on-line access to our F&F internal monitoring in order to monitor progress in both these areas.



THE NEW ALTERNATIVE PROVIDER MEDICAL SERVICE CONTRACT

The new Alternative Provider Medical Service Contract was awarded to BCP from 1 July 2017; the bid to continue to provide primary care services to the patients of Bolton Community Practice and the Bolton Violent Patient Scheme was successful.

9. BOLTON QUALITY CONTRACT TARGETS

PAG monitored some Bolton Quality Contract Targets in 2016/2017: Carers' Health Checks, High Risk Reviews, Outpatient Follow-ups, NHS Health Checks, Cervical Screening, Breast Screening, Flu Vaccination and Bowel Screening.

The following Table sets out the Results of those BCP Targets monitored by PAG in 2016/2017, together with the comparative figures for 2015/2016.

TARGET AREA	TARGET 2016/2017	POSITION - 31.03.2017	POSITION - 31.03.2016
Carer's Health Checks	224	220	174
High Risk Reviews	206	182	183
Outpatient Follow-ups	11,574	12,811	11,510
NHS Health Checks	2,389	2,066	1,415
Cervical Screening	2,257	2,062	1,997
Breast Screening	1,131	1,028	928
Flu Vaccination >65	80%	75.90%	73%
Flu Vaccination <65	60%	52.40%	46%
Bowel Screening	1,136	1,018	965



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The following Bolton Quality Contract Target Areas were achieved by BCP in 2016/2017:

Dementia Reviews
Mental Health Reviews
Learning Disability Reviews
Audit Cs
Screening for Diabetes
Best Care Atrial Fibrillation
Best Care Heart Failure with LVD
Clinical reported incidents
Over 75 non-elective admissions
Care plans for over 75s

In 2017/2018 PAG is monitoring the following BCP Bolton Quality Contract Targets:

Outpatient follow-ups
Prescribing Costs
Best Care Asthma (5-11 years)
Best Care Asthma (12 years +)
Cervical Screening
Breast Screening
Bowel Screening

10. HORWICH HEALTH AND WELLBEING CENTRE

PAG reviews the progress of the proposed Horwich Health and Wellbeing Centre; the operational target date is December 2019. The plan is to develop a multi-housed GP practice facility (the three existing GP Practices in Horwich) with Community and Social Services also operating in the same building.

A Patient Questionnaire was circulated to help design the Centre.

11. LITTLE LEVER SURGERY

PAG welcomed the move of the Little Lever Surgery to refurbished premises on the site of the former Tesco Store on Market Street; the operational target date is November 2018.



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12. LADYBRIDGE SURGERY

The Ladybridge Surgery was refurbished following a serious incident of flooding in February 2017. PAG was pleased to note that the soundproofing work (which PAG had been pressing for) was undertaken as part of the overall remedial works, and the Surgery was redecorated in dementia friendly colours.

13. BCP-PAG NEWSLETTERS

PAG produces the monthly BCP-PAG Newsletters, and patients can subscribe electronically to the Newsletter.

14. SPECIFIC ISSUES RELATING TO EACH OF THE FOUR BRANCHES

At each PAG Meeting there is an opportunity to raise specific issues relating to each of the four Branches.

15. PAG WEBSITE

The Deputy Chair maintains updates and develops the PAG Website and has kept patients up to date with what is happening; the Website is very popular.

16. DEVELOPMENT OF A BOLTON CARE RECORD

BCP is one of a limited number of Pilot GP Practices in the operation of the Bolton Care Record.

The Bolton Care Record is a secure and confidential health and social care record that pulls together key information from several different health and social care records into one system and presents it as one combined record. This combined record enables health and social care professionals to view all the key information about previous treatment, test results and other clinical information to help them improve the care they provide.

At any point, a patient can say “no” to any health or care professional who asks to view his or her information. A patient is also able to opt out completely of having a Bolton Care Record.



17. MEDICATION REVIEW AND/OR ALIGNMENT OF MEDICATION

PAG raised the issues of whether or not patients could ask for a medication review and/or alignment of medication.

PAG was informed that a patient at any time ask for a medication review and/or alignment.

If a patient is due a medication review, he or she may be booked in to see BCP's clinical practice pharmacist. The review or alignment can also be done on the telephone. A patient can also request for his or her medication to be brought into line so that all medication can be ordered together.

18. ENHANCED PRIMARY CARE TO CARE HOMES SERVICE

PAG was informed by BCP of an "enhanced primary care home service" to Care Home residents, operative from 1 November 2017, which links GP Practices with at least one named Care Home, either nursing or residential or both. BCP is linked to Astley Grange, Bakewells, Hazelbrook and Rivington View. Residents in these Homes who were not already registered BCP patients will be asked to change their registration to BCP. Similarly, BCP registered patients resident at other Homes will be given the choice to register with that Home's linked GP Practice.

BCP states the service is aimed to provide increased consistency and continuity of care.

PAG was not consulted for its views on this.

19. TELEMEDICINE SERVICES

PAG was also informed by BCP that Care Homes are also being offered access to Telemedicine Services as their point of access for primary care to support the care of their residents.

Telemedicine is delivered remotely by a dedicated Digital Care Hub staffed by a highly skilled NHS workforce via a secure video consultation.

PAG was not consulted for its views on this.

20. FAMILY PLANNING SESSIONS

Dr Dhanjal is qualified in advanced family planning, and it is intended to commence Family Planning Sessions across the Practice.



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21. GREATER MANCHESTER MAYORAL HOMELESSNESS FUND

BCP is in initial talks relating to the Greater Manchester Mayoral Homelessness Fund with a view to helping the Greater Manchester Mayor in his Initiative to improve access to health services for patients who may be homeless. It is hoped BCP will become a Homeless Friendly Practice.

22. REDUCING COSTS TO THE NHS

PAG noted that it may be necessary to change a patient's medication to a suitable alternative with a view to reducing costs to the NHS. This will be in line with changes recommended to BCP by Bolton Clinical Commissioning Group. The alternative medication prescribed will be equivalent to what a patient has previously been issued, and the patient will be told of any changes.

It may also be necessary to ask a patient to purchase medication from the local pharmacies instead of issuing a prescription during a consultation or review. This will only happen for medication readily available from pharmacies and will again help in reducing costs to the NHS.

23. PHYSIOTHERAPY SERVICE REFERRAL TIMES

PAG has sought to put pressure on the Bolton Clinical Commissioning Group to speed up Physiotherapy Service referral times.

24. PODIATRY SERVICE REFERRAL TIMES.

PAG has sought to put pressure on the Bolton Clinical Commissioning Group to speed up Podiatry Service referral times.

Bill Lawley
Chair

December 2017