



**Woodgrange
Medical
Practice**

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Patient Participation DES

Patient Survey and Extended Hours Report

2012/2013

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The Extended Hours and Patient Participation Local Enhanced Service (PP-LES) aims to increase patient access to GP and healthcare professionals outside of core hours, increase patient choice and improve patient experience. It also seeks to encourage more patient engagement and involvement in the planning and provision of local healthcare services.

Staff and patients at Woodgrange Medical Practice has been working together to ensure that patients' views are heard and acted upon. This report shows how the PPG and the practice, together with a wider consultation period with patients, have proactively made a difference to the way in which information is shared.

Patient Participation

Patient participation (PP) aims to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned, by their practice. This includes patients being involved in decisions that lead to changes to the services that their practice provides or commissions, either directly or in its capacity as gatekeeper to other services.

The PP- LES aims to encourage and reward practices for routinely asking for and acting on the views of their patients, to promote the proactive engagement through effective Patient Participation Groups (PPGs), and use of local practice survey, that promote improvement in services. An important aspect of PP is to achieve 'excellent access' to Practice healthcare and Practice facilitated access to other health and social care providers.

Woodgrange Medical Practice Patient Participation Group

Woodgrange Medical Practice has a successful Patient Participation Group running since July 2011; the representation has not changed since then and this is our second PPG survey report.

This year, we concentrated on patients taking charge of their health and being responsible for their weight and blood pressure. We discussed this at our PPG meeting on 10th October 2012 and it was agreed that this would be a good indicator on how much our patients are aware of the huge problem of weight and high blood pressure in the community.

The aim was to provide weighing scales and BP monitoring machine in a Triage room next to the Reception area where patients could go in and weigh themselves and take a blood pressure reading. This would be manned by a receptionist who would be trained at this and or a healthcare assistant. Should the reading be abnormal the member of staff will alert the duty doctor who would then take over and advise the patient accordingly. This way high blood pressure would be picked up early and also those with high blood pressure already can routinely come in to the surgery and check this without having to wait for a booked appointment with a HCA or a nurse.

The questionnaire was devised at our following PPG meeting, PPG also had a sub meeting at a representative's home and we met up at the Practice again on 22nd November 2012 to finalise the survey. Having experienced the complexity of the previous year's survey, we planned to devise a simple, 6 questions only questionnaire which required only a YES or NO answer and a final 'Any comments' box at the end for any comments from the patients. We all agreed that simple and to the point questionnaire about patients' blood pressure and weight would be better received by the patients and discovered that this was certainly the case.

The questionnaire was finalised and ready to be circulated in November 2012.

As the survey was being conducted in the Practice the results were put on a spread sheet for analysis. All 166 surveys results were collated and information imputed on the spread sheet ready for our next PPG meeting on the 17th January 2013.

On 17th January 2013 the PPG met up at the Practice and the results discussed and analysed.

WMP confirmed that 166 completed surveys had been received and input on to a spread sheet. It was agreed that the shorter questionnaire with simple yes/no answers had been easier for patients to complete and resulted in fewer incomplete surveys being submitted.

The raw results of the survey were presented and discussed, these showed that the majority of respondents had stated that they were concerned about their weight and/or blood pressure and would welcome equipment within the Practice to measure this themselves.

The benefit to the Practice, of such equipment was queried; Dr Parmar explained that it would result in healthier patients and patients who were more aware of their own health and its importance. It would be a way to engage patients. He also stated that it would assist the Practice with one of their targets ie testing 80% of patients' blood pressure.

It was noted that there may be a number of interesting comparisons to make from the data compared with the Practice and Borough demographics and the responses from the previous survey.

The report following the survey has to be completed and published on the Practice website by 31st March 2013.

Report on the Survey Data

A patient survey was conducted from November 2012 to January 2013 to see whether patients would find it useful to have a set of scales and blood pressure machine in the practice for self-checking. The survey had 6 questions concerning the usage of these appliances and then some questions about ethnicity, age and gender so we could see the diversity of the respondents. A total of 166 patients were surveyed.

Information on High Blood Pressure

- Cost of drugs: £1bn
- 12 million people in the UK have hypertension with further 6 million undiagnosed
- 12% of consultations
- High Blood Pressure can lead to a number health problems including heart problems such as angina and heart attacks. It can also cause stroke, and also precipitate kidney problems.

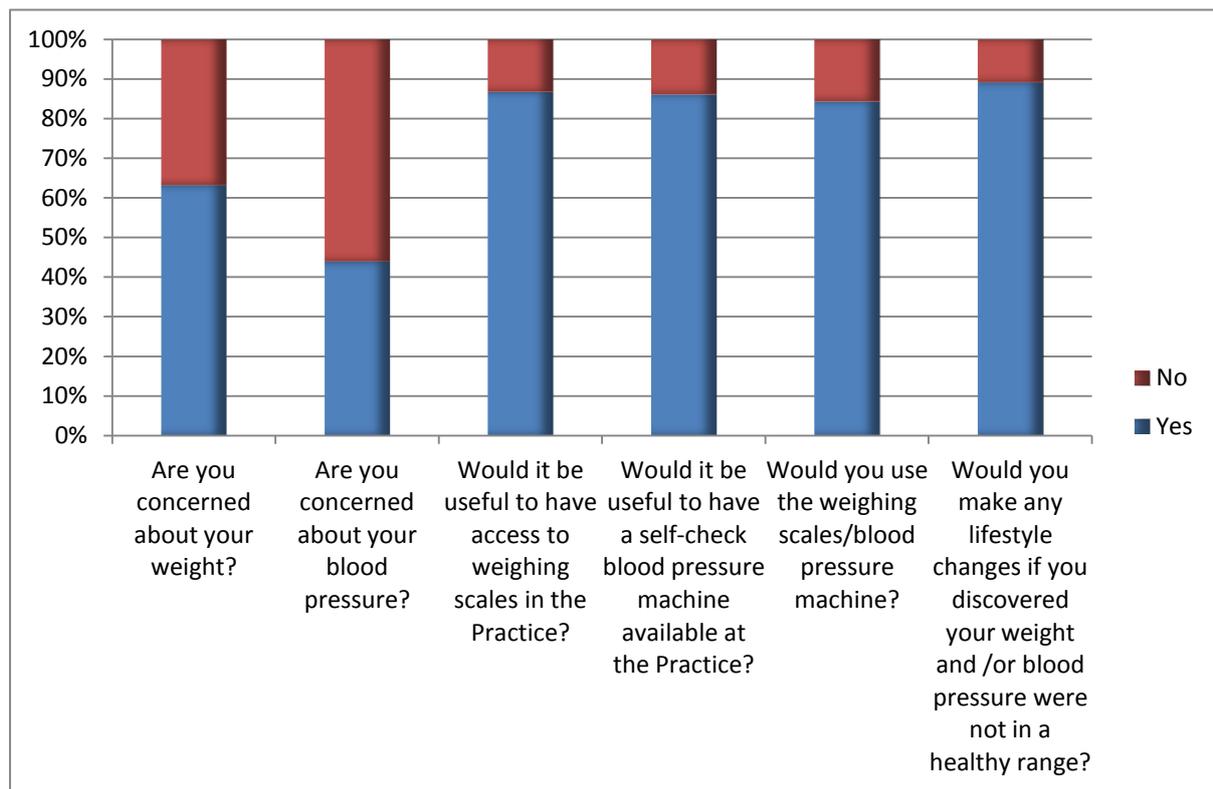
Information on Obesity

- Obesity also increases the risk of heart problems, kidney problems, stroke and diabetes.
- Nearly half of the UK population obese by 2030
- obese people's medical costs are 30% higher than those of normal-weight people
- Cost to NHS over £5 bn per year

The respondents had the option to reply yes or no to the following questions:

- 1- Are you Concerned about your weight
- 2- Are you concerned about your blood pressure
- 3- Would it be useful to have access to weighing scales in the Practice
- 4- Would it be useful to have access to blood pressure machine in the Practice
- 5- Would you use the weighing scales/blood pressure machine
- 6- Would you make any lifestyle changes if you discovered your weight and/or blood pressure were not in the healthy range

The results of the patient survey conducted in the practice are shown below:



About 64% of respondents were concerned about their weight whilst around 44% were concerned about their blood pressure. It is not surprising that patients tended to be more concerned about their weight than blood pressure since weight has a visual aspect to it whereas hypertension is largely asymptomatic until it leads to complications. Despite this the vast majority of respondents felt that having access to weighing scales and a blood pressure machine within the practice for self-checking would be useful and that they personally would make use of them. It seems likely that access to these measures would increase their health awareness.

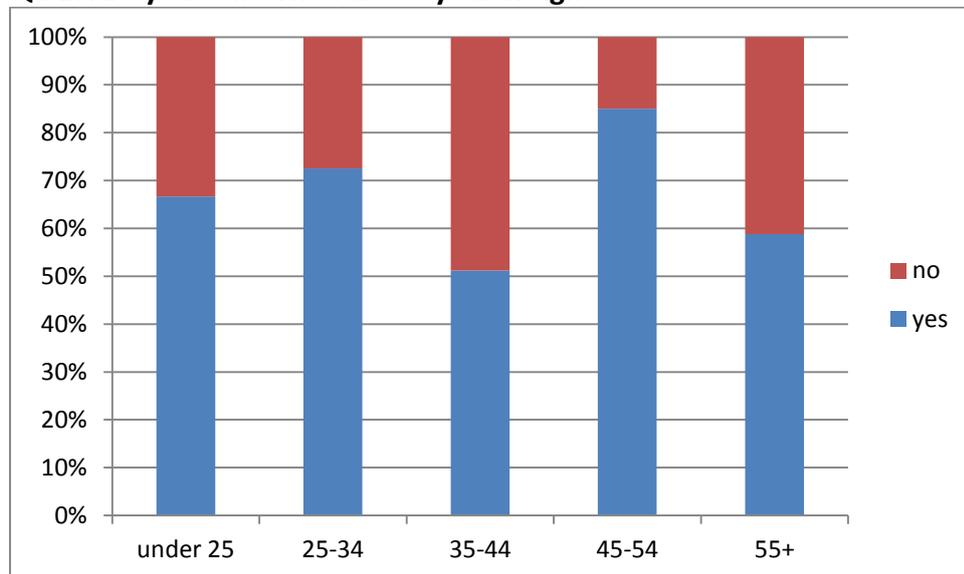
Given that nearly 90% of respondents said that they would make lifestyle changes if they were to discover their weight or blood pressure were outside of the healthy range it would seem that the presence of a set of scales and blood pressure machine would lead to increased awareness amongst the patient population of their weight and blood pressure. This would provide them with the information to act upon with regards to making well informed changes to the lifestyle to improve their health. Access to these appliances would seem to empower patients to take control of these aspects of their health.

Comparison of results between different age groups

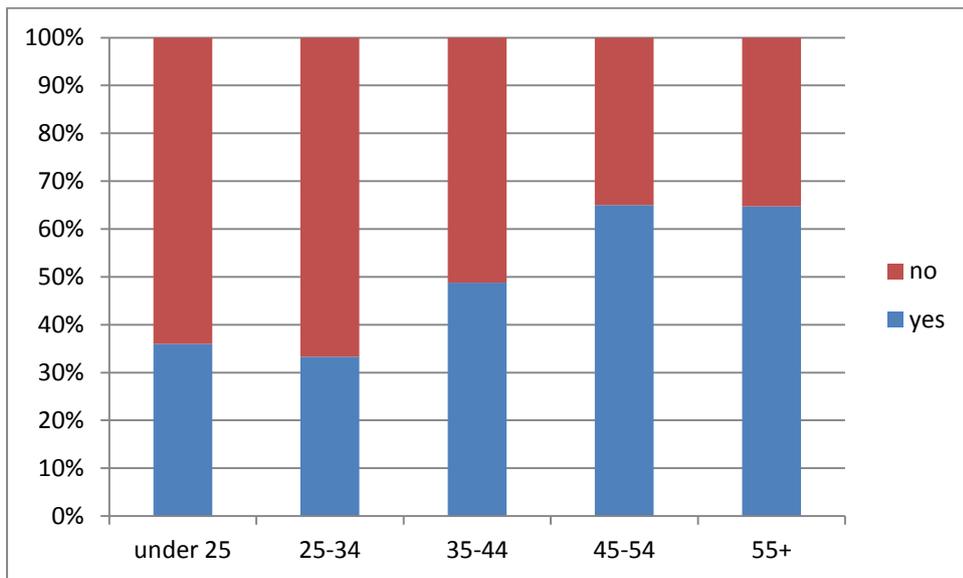
The results were broken down further to see whether there was any age or gender bias to these figures. The patterns seen from considering the figures all together are replicated across all age groups with no gender differences. So the conclusions drawn above would be applicable across the breadth of the respondents who we hope are a fair representative of the patient population at this practice.

However, there were some differences in the focus on respondents' health concerns. We have produced separate charts for each question showing the differing responses by age group side by side to provide further information:

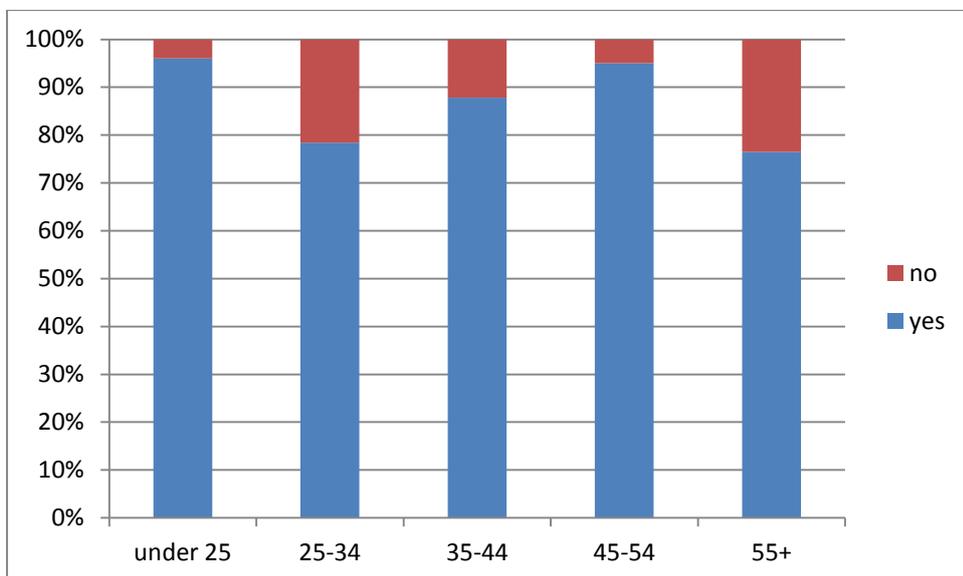
Qu 1: Are you concerned about your weight?



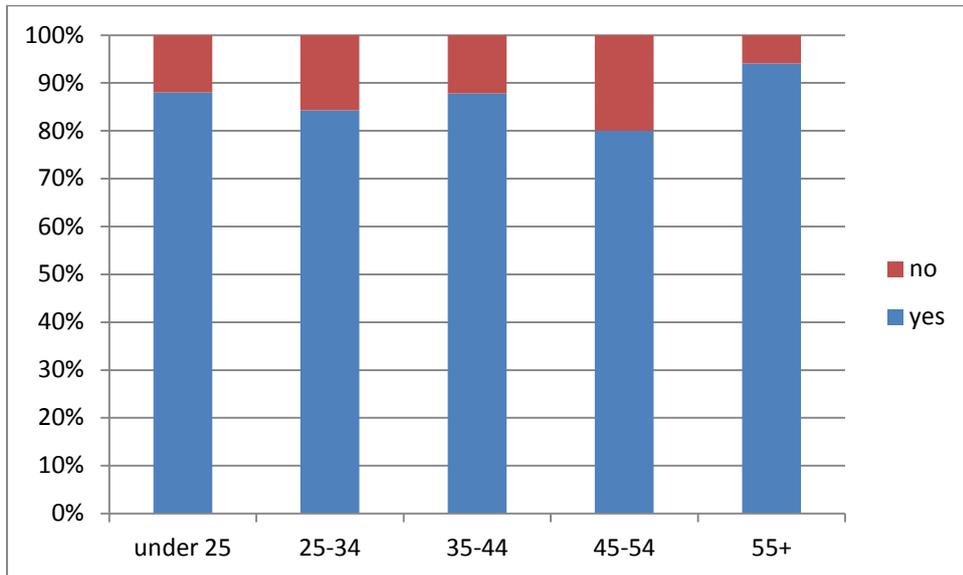
Qu 2: Are you concerned about your blood pressure?



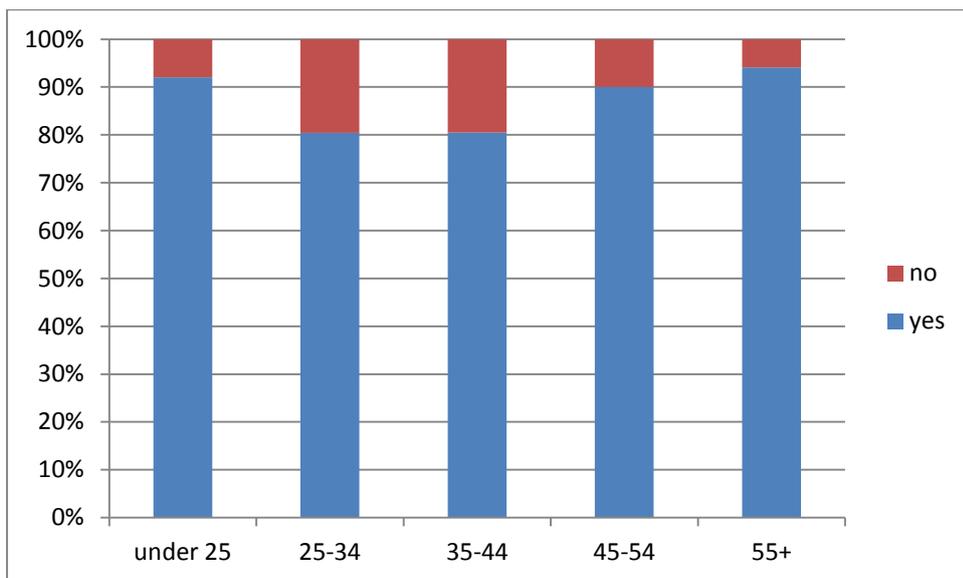
Qu 3: Would it be useful to have access to weighing scales in the Practice?



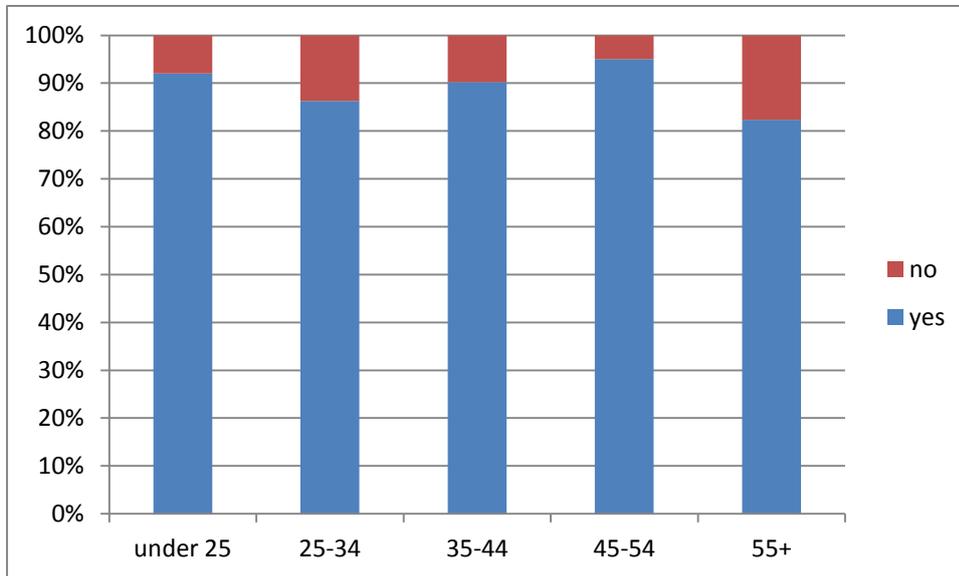
Qu 4: Would it be useful to have access to blood pressure machine in the Practice?



Qu 5: Would you use the weighing scales/blood pressure machine?



Qu 6: Would you make any lifestyle changes if you discovered your weight and/or blood pressure were not in the healthy range



We can see that the under 25 age group are more concerned about their weight but far less concerned about their blood pressure. This is a finding one might expect amongst the young since high blood pressure is seen as a disease of old or middle age whilst they are more concerned by body image and hence weight. The findings are also very similar for the 25-34s.

In the 35-44 age group there is reduced concern about weight amongst this age group but an increasing concern about blood pressure.

In the 45-54 age group there is concern about both weight and blood pressure in this age group. This probably reflects the spread on health related concerns in this age group and advice given by health professionals in the management of chronic diseases which may start to manifest themselves in this age group.

Profile of respondents

There were 166 responses to the survey from a patient population of approximately 12,063 patients (as of 17th April 2012) . This is a very small sample of patient opinion so we should be careful in drawing too many conclusions from the data and extrapolating them to the patient population as a whole. There were slightly more female than male respondents (52% vs. 40% with 8% not stated) though this probably reflects the fact that female patients are more frequent users of primary care services.

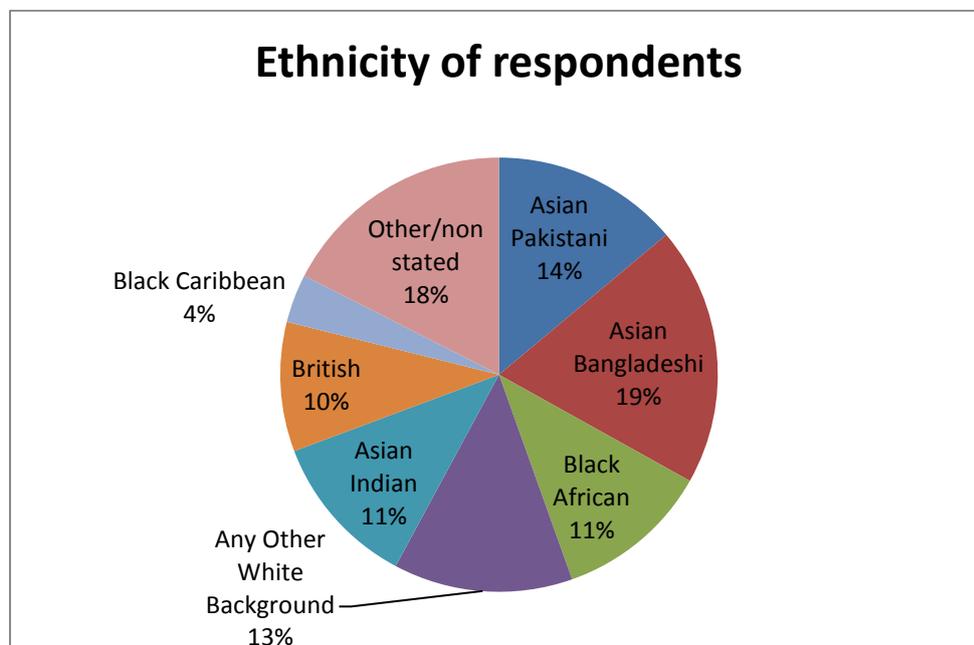
It is important to know whether the respondents to the patient survey are representative of the practice population so we can be sure that any conclusions drawn from the data reflect the wishes of the practice population as a whole.

Below is a table that compares the age profile of the patients with the parameters of the practice as a whole:

	Actual Practice Population	Survey Population
Age Groups		
under 25	37%	15%
25-34	29%	31%
35-44	17%	25%
45-54	9%	12%
55+	8%	10%
TOTAL	100%	100%

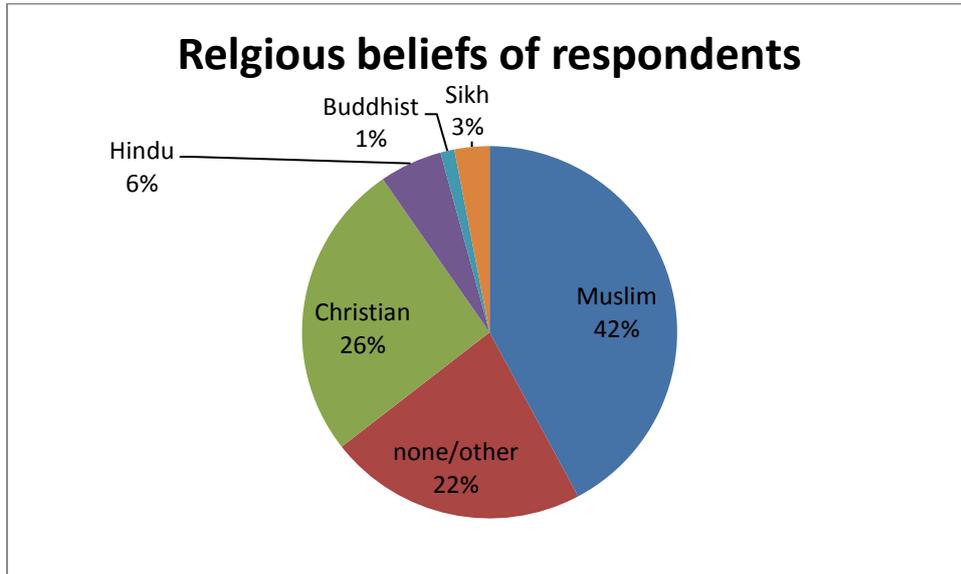
The age profile of the respondents reflects the age profile of the practice population once we remember that the under 25 age group in the practise includes a large number of patients under the age of 16 who would not have been asked to participate in the questionnaire.

Below is a chart showing the ethnic diversity of the respondents:



There was a large ethnic diversity amongst the respondents with a large number of respondents identifying themselves as Asian. This reflects the ethnic diversity present amongst patients registered with this practice with the Asian group making up approximately 50% of patients.

Below is a chart showing the diversity in religious beliefs amongst the respondents:



There were respondents from across a range of religious beliefs so the sample is likely to have been drawn from a diverse population and the responses are not dominated by individuals identifying themselves as from one religious group as opposed to another.

A question was also asked about the sexual orientation of the respondents, however, since the vast majority of responses fell into either the heterosexual or prefer not to say categories we cannot comment on the profile of the patients in that regard. There is also no record of these figures for the practice population as a whole so we can conclude little as to whether or not the respondents are representative in terms of their sexual preferences.

Out of Hours

Woodgrange Medical Practice is open Monday to Friday from 8.00am to 12.30pm and again from 1.30pm to 6.30pm. Consulting hours are from 8.00am to 12.30 and 1.30pm to 6.00pm.

Extended hours includes opening on a Saturday from 8.30am – 12.30pm providing a doctor and a nurse clinic.

The Out of Hours provision from Woodgrange Medical Practice was discussed at length during a PPG meeting and the following observations were made with regard to patient awareness and actions.

- When the surgery is shut there is a message on the surgery answerphone explaining that the surgery is closed and where to get assistance, the message then states if the patients holds they will be transferred to the out of hours service.
- NHS Direct was seen as an alternative and had been used but in general members of the group felt that the advice was too general and from a set list of ailments/symptoms which didn't always fit and that too often the outcome was to call your doctor or visit A&E, rather than practical help or advice
- Vicarage Lane Walk-in centre had also been used but there was a general lack of understanding of what could be treated where and where was the best place for someone to go to in an emergency or if they needed medical treatment or attention when their GP surgery was closed or they could not get an appointment. For example what could be treated at the walk-in centre i.e. do they have an X-ray machine or would you need to go to A&E for a suspected fracture.
- The new NHS Direct 111 telephone number comes into effect in March 2013

Action Plan:

- Purchase and install self BP monitoring and weighing scales in Reception Triage room
- Train reception staff/HCAs on using of the equipment and to act on protocol of abnormal readings.
- Inform patients of this service via AV screen, posters in waiting rooms, word of mouth via clinicians
- To purchase and install a leaflet rack for information leaflets on healthy life style in the Triage room
- To monitor undertake regular audits on the use of this service and act on outcomes
- Using the AV screen in reception providing information regarding the out of hours services.