

Larwood & Village Surgeries

QUALITY REPORT

2010/2011

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Senior Partner's Statement

Larwood & Village Surgeries has always been committed to delivering high quality services to improve the health and well being of the patients we serve at our four surgeries:

Larwood Surgery in Worksop
Carlton Village Surgery in Carlton-in-Lindrick
Lakeside Surgery in Langold
Oakleaf Surgery in Harworth.

The Health Act 2009 puts a duty on all providers of NHS services to produce annual Quality Accounts to the public on the quality of services they provide and areas that they wish to focus on during the next 12 months. This is planned to be introduced for General Practice from 2010/2011. We have put ourselves forward, as part of a national pilot, to produce our first Quality Report a year early.

This report has been written and reviewed by the Partners and our Management Team, who have confidence in the data and information contained within the report.

As Senior Partner, I have taken the lead for Quality Accounts for the Practice.



Dr Christopher Stanley

Our Vision

Our continuing mission is to provide the best possible health care and to seek out new ways of providing this in a cost effective, safe and pleasant environment. We will do this by:-

- ✓ Giving patients and staff a positive experience
- ✓ Openly embracing change based on experience and evidence
- ✓ Offering high quality services with high quality outcomes
- ✓ Delivering a wide range of services
- ✓ Having a motivated workforce committed to excellence
- ✓ Ensuring we recruit, retain and continually develop highly trained health care professionals
- ✓ Actively seeking the public's views on the services we provide
- ✓ Learning from mistakes and sharing successes with the team
- ✓ Targeting local and national priorities
- ✓ Having patient safety at the centre of our values

In order to make sure that this process takes into consideration the views of our stakeholders we have had open discussions with:

- Practice staff - both clinical and administrative
- Our Patient Participation Group
- The District Nursing Team
- NHS Bassetlaw*
- And have included information from patient surveys and national data

** NHS Bassetlaw has been in existence since April 2001, initially as Bassetlaw PCT. It provides a range of community services and commissions (similar to buys) a range of other health services to meet the needs of the population, including Primary Care (e.g. GPs & Dentists), Acute Care (e.g. Hospitals, Ambulance Services) and Secondary Care (e.g. Mental Health Services). The mission of NHS Bassetlaw is 'adding life to years and years to life for the people of Bassetlaw'. It has a registered population of about 110,000.*



Consulting with our team



Nurse Prescriber

Looking Back: The Quality of Services Provided in the Financial Year 2009/2010

Looking back over the past 12 months we have evaluated the services we have offered and how well they have worked.

Patient Safety

1. Significant Event Analysis & Clinical Audit

The Practice has a good reputation for carrying out **Significant Event Analysis**. This is a reporting mechanism that all members of the team use when they feel that an event that has happened within the Practice can be used for learning opportunities to improve the standard of care we deliver. The reports are reviewed by our Clinical Governance Lead and the Management Team. All issues are investigated and any learning points discussed with the relevant team(s). An annual review of significant events takes place with the whole Practice team at one of our regular training events. These meetings are also used to find ways of working which could prevent the 'Event' from happening again.

One such Significant Event last year raised a question regarding the safety of Pharmacy Managed Repeats. This is a system whereby the Pharmacy contacts the Practice to request medication on behalf of a patient. Patients often complained to the Practice that they were receiving medication that they did not require via this system. The Practice made the decision to cease this system based on the facts that in certain cases:

- it could encourage stockpiling of medication
- it could cause confusion to patients if they received medication that they did not require
- it could cause significant harm to patients if they took medication that they did not require
- it could cause wastage of medications
- it had a negative impact on NHS resources

The Practice now only takes repeat prescription requests direct from the patient or those with a personal interest in the patient.

Another recent significant event analysis highlighted that training for our newest receptionists on the importance of INR tests was required. INR is a blood test that is used to check how well anti-coagulant tablets are working (these help to prevent the formation of blood clots). This is particularly important in people with heart conditions such as atrial fibrillation or people with a history of recurrent blood clots. It is important that all administration staff are knowledgeable on the importance of these tests and taking appropriate action when receiving a result.

Clinical Audit is a quality improvement process that seeks to improve patient care through systematic review of care against explicit criteria. We feel that Larwood & Village Surgeries has excellent clinical audit systems in place which checks to see whether best practice is being followed and ensures improvements are made when there are any shortfalls.

Recently the Practice identified that patients diagnosed with coeliac disease (a disorder of the small intestine as a result of a reaction to wheat proteins, which causes malabsorption of nutrients and certain vitamins) were not being recalled by the Practice for regular reviews and were relying on this being done on an adhoc basis when patient's attended for other appointments. The Practice has subsequently put in place a register of patients with coeliac disease to facilitate recall and audit. This year we have put in place a process to offer patients an annual review to check their understanding of the disease, perform blood tests and scans where appropriate, and administer any vaccinations required.

The aim of this audit is to ensure people with this disease are fully aware of the condition and how they can manage it effectively to help them live healthier lives and help to prevent complications from the disease.

2. Infection Control

Infection Control addresses factors related to the spread of infections within the health care setting. Larwood and Village Surgeries are committed to preventing and controlling infection by following best practice guidance. The last infection control visit highlighted that our fabric waiting room chairs should be substituted with chairs covered in a wipeable material as and when they require replacing.

We have now successfully replaced all the waiting room chairs at Larwood Surgery and continue to replace others at all our sites as the need arises.

3. Medical Records and Information

The availability of high quality information in the patient record is essential to ensure patient safety in medical care.

The Practice has a very robust system for coding medical information and summarising computerised medical records. We strive to ensure that anyone who sees a patient, in any circumstances, has available to them up-to-date and accurate medical health information.

There is however, concern from our staff and our patients that there can be delays in receiving information from hospitals and concerns that information is not always complete. We seek to address this through our admissions pilot detailed on page 13.



Medical Records Team

Clinical Effectiveness

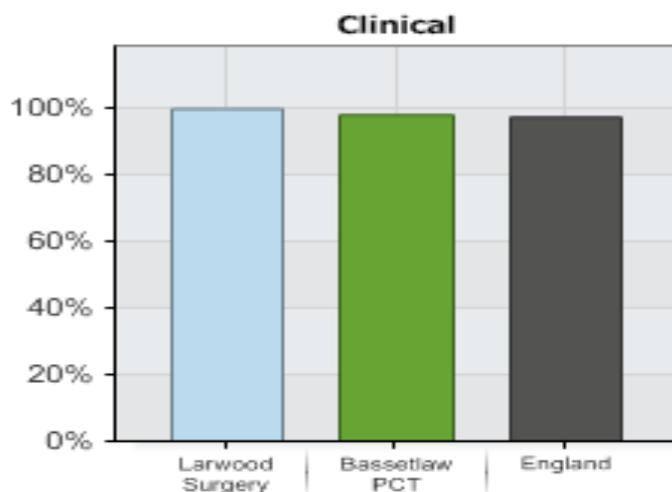
1. Quality of General Practice

The Quality and Outcomes Framework was introduced as part of the new GP Contract in 2004 and measures our performance across a range of diseases according to nationally agreed standards. This covers 10 disease areas in 86 separate clinical performance measures. We performed well in 31 indicators and were within 5% of the Bassetlaw average in 53 of the areas.

Disease areas where we showed good performance include asthma, atrial fibrillation, cancer, cardiovascular disease, chronic obstructive airways disease, coronary heart disease, dementia, diabetes, epilepsy, hypertension, hypothyroidism and stroke.

Two areas where we would like to see an improvement are:

- providing and documenting that advice has been given on long-acting reversible contraception to ladies requesting emergency contraception
- re-assessing patients who have been diagnosed with depression within a specific time frame.



(Taken from the Quality and Outcomes Framework Results 2008/2009)

2. Diverse range of Extra Services

The Practice offers a range of extra services not found in every practice, with GP specialists' expertise in Dermatology, End of Life Care, Gynaecology and Substance Misuse.

End of Life Care is one example of where we feel we provide high quality care.

The Practice has two General Practitioners with a Special Interest (GPwSI) in palliative care. When it is recognised a patient is terminally ill or in the end stage of life we ensure we find out what their wishes are in terms of how they are cared for and where they receive this care, including the option of being cared for in their own home. We are subsequently able to assess whether the patients' wishes were achieved.

The Practice has developed templates for other clinicians to follow when assessing a palliative care patient, which details what support should be put in place for the patient dependant upon their prognosis.

The GPs hold a multi-disciplinary team meeting on a monthly basis with the District Nurses and Community Matrons. These meetings aim to make all those involved in the patient's care aware of the patient's decisions and any additional care they may need.

The care we provide in this area allows patients to be treated with dignity and respect and focuses on their wishes whilst supporting the needs of the family.

3. Quality and Productivity

Prioritising the most effective treatments reduces errors and waste, improves the quality of care and makes the health service more efficient and productive. Our staff and our Patient Participation Group recently made us aware that, although we have a comprehensive recall system for patients with chronic disease, there is too much duplication in the system, particularly for patients with more than one chronic disease. The Practice agreed that the appointments for these recalls could be managed more efficiently. We have, therefore implemented some changes to the system whereby we concentrate on the patient rather than the disease.

Although it is not always possible to review different chronic diseases in the same appointment, due to the professional expertise required, we are trying to ensure that patients are recalled during their month of birth and have any reviews necessary at one appointment where possible.

Patient Experience

1. General Practice Assessment Questionnaire (GPAQ)

The Practice takes part annually in the General Practice Assessment Questionnaire. This is a questionnaire given to patients randomly and their responses sent to the National Primary Care Research and Development Centre. The responses are then analysed and the results are fed back to the Practice. The Practice generally receives positive results from this questionnaire as well as areas that could be improved upon. This is obviously a great way to get genuine feedback from our patients as the questionnaires are anonymous.

Our most recent GPAQ results clearly show that patients are highly satisfied with the care and understanding shown by clinicians during their consultations. There were 8 specific questions asked of our patients regarding their consultation and the results achieved were higher than the national benchmark in all 8 as shown in the table below.

Question	Practice Score	GPAQ Benchmark
Satisfaction with doctor's questioning	85	81
Satisfaction with how well doctor listens	86	84
Satisfaction with how well doctor puts patient at ease	86	84
Satisfaction with how much doctor involves patient	84	81
Satisfaction with doctor's explanations	87	83
Satisfaction with time doctor spends	83	80
Satisfaction with doctor's patience	87	84
Satisfaction with doctor's caring and concern	87	84

The GPAQ Survey also gives patients the opportunity to provide comments on their GP Practice. Some of the comments we received last year included "sometimes it takes a while to get through on the phone" and "the waiting area could be improved". We plan to include these in our priorities for change in the forthcoming year.

2. National Patient Experience Survey

The National Patient Experience Survey is a postal questionnaire that collects responses from a sample of patients who say they have visited the Surgery in the last 6 months. This looks at the availability of appointments within 48 hours and the ability to book appointments in advance. The results show that 86% of patients responding to the report were able to book an appointment more than 2 days in advance and 73% of patients said they could see a GP within 48 hours.

3. Extended Hours

Following the introduction of the new GP Contract in 2004 routine availability of general practice was restricted to Monday to Friday 08:00 to 18:30. In recognition of some patients inability to access routine appointments during these times the Department of Health launched a voluntary enhanced service for general practice to open extended hours during weekday evenings or Saturday mornings. The Practice has successfully implemented this and now provides approximately 700 hours a year of appointments on various week day evenings and on Saturday Mornings across Larwood Surgery, Carlton Village Surgery (for Carlton and Langold patients) and Oakleaf Surgery.

Looking Forward: Our Priorities for Quality Improvement for the Financial Year 2010/2011

Patient Safety

1. Infection Control

In planning our priorities for this year we established from the GPAQ that our patients wanted waiting areas that were pleasant, comfortable and clean. The Practice also wants to continue it's effective prevention and control of health care associated infections, particularly as this is a key priority for the NHS in general. Therefore, this year we intend to continue our work in this area and replace fabric chairs with wipeable chairs as and when they require renewal.

We also feel, based on best practice, that we should replace any carpeted clinical areas with hard flooring throughout our sites and intend to start this process this year.

2. Staff Training

We believe that to offer the best and safest service to patients our staff have to be highly trained. We, therefore, have a very comprehensive training programme for health care professionals and administration staff. This year we will be adding 'INR Training' to our programme for the administration staff.

This training will ensure that all administration staff have a full understanding of what an INR is, why it is important and the process for dealing with requests and results, minimising any risk of administrative errors.

Clinical Effectiveness

1. Reviewing Patient Pathways

Being a large practice we have 17 doctors, some of whom have special interests in specific clinical areas. These include Dermatology, End of Life Care, Gynaecology and Substance Misuse. With this wealth of knowledge available within the Practice we will be looking to seek specialist advice internally before referring externally.

This means patients are seen faster and in a familiar environment which will allow them to have an opinion quicker and either be provided with reassurance or an appropriate referral.

2. Admissions Pilot

From speaking to patient's during consultations, the GPs are aware that occasionally patient's are delayed in their discharge from hospital for reasons that they feel could be improved e.g. delays in tests being performed. Therefore we are planning to put in place a system whereby all emergency admissions are documented on our computer system. We can then interrogate the system to establish which patients were admitted but have not been discharged. The Practice would then have the opportunity to find out from the hospital what their plan is for each individual patient and ensure that they are not kept in hospital longer than necessary.

The ultimate outcome is to improve the quality of patient experience and by improving patient safety to reduce waste within the NHS.

Patient Experience

1. Improved Access to Appointments

Online Appointment Booking

The clinical system that the Practice uses allows patients to perform certain tasks on-line such as ordering repeat prescriptions. Our intention during the next 12 months is to use the technology within this system to allow patients to book and cancel their appointments on line.

This would have the following benefits:

- ✓ be available 24 hours a day 7 days a week to enable patients to book and cancel appointments at a time that is convenient for them
- ✓ reduce the amount of telephone calls received by the Practice
- ✓ allow reception staff more time to deal with other patients and priorities
- ✓ reduce the amount of patients that do not attend their appointments and subsequently create more appointments for other patients to book
- ✓ enable those patients who have hearing difficulties or disabilities another route to making appointments
- ✓ allow patients to look at several appointment options rather than relying on what the reception staff offer



Dr Shelly O'Callaghan



Some of our GPs

Back Row from left to right: Dr Nanthakumar, Dr Davey, Dr O'Callaghan, Dr Collins,
Dr Teasdale, Dr Aye, Dr Messenger

Front Row from left to right: Dr Tang, Dr Austin, Dr Stanley, Dr Jordan, Dr Rihal

Our other GPs are: Dr Davies, Dr Kell, Dr El-Salamani, Dr Nagappa and Dr Gatenby.

Quality Account - Commentary by NHS Bassetlaw

We are pleased to review the content and accuracy of the 2009/10 Quality Account as produced by Larwood & Village Surgeries and to comment on the quality and safety work undertaken by that Practice in 2009/2010.

We would agree with the priorities as set out regarding patient safety, clinical effectiveness and patient experience as well as with the review of the quality of services in 2009/2010. We would like to particularly comment on the work undertaken by the Practice with regards significant event analysis and clinical audit, two important components in ensuring teams continually reflect on, and improve, the quality of their services.

Comment by Larwood & Village Surgeries Patient Participation Group

We would like to endorse the Quality Report produced by Larwood & Village Surgeries and feel that the content is relevant and easy to understand.



Larwood & Villages Surgeries