

LEICESTER TERRACE HEALTH CARE CENTRE

QUALITY ACCOUNTS

For the period

APRIL 2009 – MARCH 2010

Introduction

There has been a GP surgery on the current site of Leicester Terrace Health Care Centre since before 1897. In the early years the GP lived and worked from the same building, 8 Leicester Terrace, having his living quarters above the surgery. As time went on the practice grew, both in numbers of GPs and in the size of the premises and today we have 6 GP partners and three GP registrars whilst the surgery now occupies two large terraced town houses and an old converted warehouse. The buildings have been thoroughly modernised to keep up with current legislation. Originally the GP worked alone (probably helped by his wife) whereas now there are around 50 people working from the premises, albeit many of them part-time.

Our GP partners are currently Drs Smart, Moore, Gilmore, Naidoo, Revathy and Srinivasan, although Dr Gilmore is emigrating to Canada in the summer. We are a GP training practice and at any one time may have up to 3 GP Registrars in training. Dr Moore is currently our only GP trainer but Dr Revathy is working towards becoming a GP trainer during the summer of 2010. Assisting the GP's we have three nurse prescribers, one of whom is Jenny Bird our Lead Nurse, two practice nurses, two health care assistants and one phlebotomist.

We have GPs who specialise in mental health, minor operations including joint injections, sigmoidoscopies, family planning, and one with a developing interest in cardiology. We provide all the NHS services you would expect to find in a modern health centre.

We currently have 12,500 patients on our list. This number has grown slowly and steadily over the last 10 years, from 10,800 in 2000.

These Quality Accounts are prepared to provide our patients and other interested parties with an overview of the quality of care we have provided in the last year and, where such information is available, how this year compares with previous years and how our services might develop or change in the coming year.

This is the first year of Quality Accounts and it is not yet a national requirement for GP practices to prepare them. Indeed we are a pilot site, one of only two in the county (the other being the Saxon Spires Practice in Guilsborough with Brixworth) who have volunteered to prepare accounts this year, ahead of the national roll-out next year. The format of the accounts and content have not been prescribed and we welcome your comments on the need for such accounts, the content, and any ideas you have for what you might want included in next year's accounts. We will pass your comments on to the Department of Health, from where this initiative originated. Please see me, the practice manager, if you want to give me any such feedback.

These Quality Accounts have been set out in the same order as the patient might journey through the practice, beginning with initial contact with the surgery.

Sue Hart, Practice Manager

Access to our services

The Department of Health conducts an annual anonymised survey of our patients and publishes the results on a website, www.gp-patient.co.uk. Many of the figures quoted in this document have come from this survey.

Our patients were asked a number of questions about getting through to us on the telephone and responded as follows:

In the past 6 months (2009/10) how easy have you found it to get through on the phone?

Very easy	43%
Fairly easy	40%
Not very easy	6%
Haven't tried	7%

In 2008/09 39% of our patients felt it was very easy to get through to us, so we are performing a little better than last year.

However, we recognise that less than half of our patients felt it was 'very easy' to contact us. To this end we recruited two further receptionists in the Spring and anticipate that when they are fully trained we will be able to handle more calls and keep you waiting less time before we answer.

How helpful do you find the receptionists?

Very helpful	58%	last year 60%
Fairly helpful	38%	last year 37%
Not very helpful	3%	last year 3%

Last year 60% of patients said our receptionists were very helpful compared to 58% this year.

Our receptionists do a very demanding job and there is no doubt that the receptionists' role over time has become busier. But we recognise that a few more of you are less satisfied than you were and this is a further reason for recruiting two additional receptionists – as our receptionists get busier they can spend less time with each patient so we hope by increasing the number of receptionists we are able to give each patient a better service.

85.15% of our patients reported that the last time they tried to see a doctor quickly they were able to see a doctor on the same day or in the next 2 weekdays.

88.52% of our patients reported they were able to get an appointment to see a doctor more than 2 full weekdays ahead.

(These figures are slightly different to those reported on the website as they have been amended by the Primary Care Trust to exclude patients who replied 'can't remember' to either question, or that they saw their GP more than 6 months ago).

We believe these access figures are some of the best in Northampton and reflect the amount of effort we put into maintaining good appointment availability for our patients. However, whilst they are good, we can't relax. We are conscious that our list size is slowly increasing and this

will continue to impact on our ability to offer appointments within 48 hours unless we act soon. So we are taking on an additional GP partner in August 2010.

This year we offered 34,893 GP surgery appointments. The additional GP will enable us to offer over 40,000 GP appointments this coming year.

We also carried out 1,840 GP home visits to our housebound patients and offered over 33,500 nurse team appointments.

On a disappointing note we had 1,718 patients who did not turn up for their appointments in the year (DNA's) and didn't let us know beforehand that they weren't coming. Each appointment is a minimum of 10 minutes duration so we lost over 286 hours of clinical time – time spent waiting for the patients to turn up. This averages out at 5.5 hours a week.

The Consultation

During the last year we have switched from a buzzer/light calling system to the GP or nurse personally calling patients from the waiting area. The feedback from patients regarding this change has been very good. Each consultation is a minimum of 10 minutes long although minor operations and some other procedures are of longer duration.

The patient survey asked a number of questions regarding the consultation:

	Very good	Good	Neither good nor poor	Poor	Very poor	Doesn't apply
	%	%	%	%	%	%
Did the GP give you enough time?	55	37	3	3	-	-
How good was the GP at listening to you?	53	37	6	3	-	-
How good was the GP at explaining tests and treatments?	44	34	9	3	-	10
How good was the GP at treating you with care and concern	50	36	9	-	-	-
How good was the GP at taking your problem seriously	52	32	9	4	-	-
Did you have confidence and trust in the GP	Yes definitely 71	Yes, to some extent 23	No, not at all 4			

Patients were asked, “ In general, how satisfied are you with the care you get at your GP surgery?” 95% of our patients stated they were very satisfied (63%) or fairly satisfied (32%) and 4% stated they were neither satisfied nor dissatisfied.

We are extremely pleased with this result which we feel is down to each and every one of our staff and partners giving the best service they can. Of course, we will endeavour to beat this figure next year because we like a challenge but recognise this is a tall order.

An important question in the patient survey was, “Would you recommend your GP surgery to someone who has just moved to the local area”. 71% said they would, and 19% said they might, whilst 7% said they weren’t sure. Nobody said they wouldn’t recommend us.

It is vitally important to us to attract new patients as our funding is directly related to the number of patients we have. Our population isn’t static and whilst we register new patients at the rate of about 20 per week we are also taking patients off at only very slightly less than this per week – usually because they have moved out of our area or changed surgeries to one closer to home.

We will be actively trying to increase our list by about 500 patients when our additional GP joins us. We would like this increase to come through our existing patient families – where one member of the family is registered with us we would like to attract other members of the household who may currently be registered at other surgeries in the town or not registered at all. We strive to be traditional family doctors and want to provide holistic care to our patients – it is easier to do this if the whole family, or both partners in a household, are with us. Patients are free to move surgeries as they wish so long as the surgery they are moving to covers the patients address and they don’t have to tell their existing surgery they are moving – we do all that.

Cleanliness and Infection Control

We have 3 housekeepers who work a total of 10 hours a day cleaning the surgery. The clinical rooms and patient areas are our priority and are cleaned daily. Cannon Hygiene are contracted to collect our clinical waste regularly. We recycle as much of our paper waste as we can.

We use disposable instruments for minor surgery and gynaecological procedures wherever possible and where we can’t use disposables we wash and disinfect the instruments then pack them in vacuum packs and sterilize them in the autoclave. They remain in the vacuum packs until they are needed again.

In the patient survey 73% of our patients stated that the surgery was very clean and 26% that it was fairly clean. We want to improve on these figures this year. We will be decorating our main waiting area and ground floor corridors in the autumn as well as one or two of our GP’s consulting rooms and making full use of our newly renovated ground floor area that the Co-operative Pharmacy vacated last year. We will be increasing our housekeeping hours by a further one hour per day.

Quality and Outcomes Framework (QoF)

QoF came into being in 2003 with the new GP contract and measures the quality of the care we provide through a whole series of targets in numerous clinical disease areas as well as organisational and other domain areas. A significant amount of our funding is attached to meeting these targets. Each target has a minimum threshold we have to reach before any funding is achieved and funding then increases for each percentage above the threshold we achieve up to a maximum threshold figure. The funding we receive from QoF helps us to maintain the services we provide.

This year there were 1000 points obtainable and we achieved over 991, losing just over 8 points because we didn't achieve 90% for patient access in both questions (see earlier) and because we haven't got the smoking status of the majority of our patients recorded. We are extremely pleased with our 991 points which represents a huge amount of work from the whole Primary Health Care Team.

Domain	Maximum	Achieved
Clinical	697.0	697.00
Organisational	167.5	166.03
Additional services	44.0	44.00
Patient Experience (incl. access)	91.5	84.08
Total	1,000.0	991.11

Prescribing

We work with the PCT's Medicines Management Team and take part each year in the countywide Prescribing Incentive Scheme whereby all surgeries are set targets to reduce our prescribing spend in 15 key areas (which change each year). We aim to be 'green' each year and were comfortably green for 2009/10 with a score of 17 by year end (we started the year with a first quarter score of 19).

The Balanced Scorecard

For 2008/09 the Primary Care Trust introduced a new method of measuring a surgery's quality of care and best use of finite resources. The Balanced Scorecard had several categories and we scored A, B or C in each category leading to an overall rating of B in 2008/09.

Whilst we scored A in most clinical domains and overall scored A for clinical areas we only scored a C for Elective admissions – these are patient admissions to hospital for pre-arranged reasons such as routine planned operations. Our rate of elective admissions this year, 2009/10, is about the same as 2008/09. We struggle to see how we might reduce our number of elective admissions. We feel we will always be above the average as most of our patients depend on the NHS for their treatments. On the whole they do not have private medical insurance for planned operations.

In 2008/09 we only achieved a C rating for patient appointments available within 48 hours and a B rating for patient appointments available more than 48 hours in advance. This year our figures are slightly better and we hope to improve them next year as a result of taking on the additional GP partner mentioned earlier.

2008/09 showed that 74.4% of patients had a specific GP they preferred to see and did see that GP. This gave us a C rating. This year 48% stated they saw their specific GP all the time, 20% a lot of the time and 29% some of the time.

Last year we were closing on Tuesday lunchtimes each week for one hour for staff training. This meant we only achieved a B rating in this area. We decided to open on Tuesdays from March 2010 so we would achieve an A in this area this year.

The Primary Care Trust (PCT) is likely to produce a revised method of rating for this coming year and the Balanced Scorecard in its current format will cease to exist.

Complaints

We received 10 written complaints last year; 5 were complaints about the attitude and communication skills of the Primary Health Care Team, one about general practice administration and 4 about clinical issues. This compares to 7 written complaints in the previous year; one about the premises, 2 regarding clinical issues and 4 miscellaneous. We are disappointed with the trend towards poorer communication skills and attitude and have arranged training for our staff in this area in the coming months. Our additional reception staff should also assist by taking some of the pressure off of receptionists.

Significant Events

We reported 4 significant events to the PCT in 2009/10. One concerned an unexpected death at home, one concerned the Out of Hours service, one was about a poor response time from the Ambulance Service and one about a mix-up of blood results at the laboratory.

Summary

We are very pleased overall with the quality of care we provide within the limited resources we have available within the NHS and feel that we make best use of these resources. We are particularly pleased with our QoF results but most importantly we are pleased with the results of the patient survey as it is what our patients think that is most important to us. We have highlighted some areas in these Quality Accounts that we will be working on this year but our biggest challenge in 2010 will be the loss of Dr Gilmore as he emigrates to Canada this summer and the integration of two new GP partners into the practice (Dr Gilmore's replacement and the additional GP mentioned above).