



**COMPRISING:
THE MEDICAL CENTRE
PHOENIX MEDICAL PRACTICE
PMS ANNUAL REPORT**

**Evaluation of Year 15
(2012/13)**

**Prepared by Paula White, Katherine Haggart, with
contributions from other team members**

DonCare Annual Report 2012/ 2013

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Introduction to our Fifteenth Year Evaluation

Welcome to our fifteenth annual report, which the team have produced each year since becoming a 'first wave' primary care pilot. We hope this year's report will, as in previous years, be easy to read and to understand. It is once again presented mainly in a graphical format highlighting our years achievements, backed up by written reports where necessary produced by members of the team.

During the past twelve months The Medical Centre has gone through some changes which include the retirement of Dr Charles Wright who left the Practice in September 2012. Lorayne Wilkinson, your Practice Manager, also left the Practice and Paula White joined in her place. Angela Poppleton, the assistant Practice Manager, also moved to pastures new and Debbie Shields has joined our team. We look forward to the arrival of our new salaried GP in July Dr Charlotte Ferguson.

The contents page should lead you through the report and enable you to access areas of specific interest.

If you have any comments on the contents or require further information please contact either Paula White on 01302 811199 or [paula.white2@nhs.net](mailto:Paula.White2@nhs.net) and Katherine Haggart on 01302 323992 or Katherine.Haggart@gp-86030.nhs.uk

The Managers would like to thank all members of the DonCare team for their enthusiastic and effective work during the year and their involvement in the production of this report.



LAST YEAR'S OBJECTIVES – HOW DID WE DO?

1. **To work with the PCT and the Doncaster Clinical Commissioning Group to develop clinical commissioning across Doncaster and to improve patient care for its patient population.**

ACHIEVED

The Practice has continued working with its locality Practices over the past 12 months in developing clinical pathways to reduce referrals and avoid A & E attendances and emergency admissions. The Practice will continue to support commissioning in Doncaster to improve patient care for the patient population.

2. **To strengthen our Patient Participation Group by increasing membership of the current group and have a wider representation of our patient population.**

ACHIEVED

We are pleased that we increased membership of our current group and have worked jointly with Doncaster PCT/Clinical Commissioning Group gaining support and recommendations from their Equality and Patient Experience Officer who joined the group at several meetings.

3. **To work with the PCT in the implementation of electronic prescriptions from the present phase one to phase two (which is actual transfer of scripts electronically from Practice to pharmacy).**

NOT ACHIEVED

The PCT have not managed to roll out this second phase across Doncaster. We are hopeful this will be taken up again shortly and achieved later this year.

4. **To develop policies and procedures with local Practice Managers to ensure the Practice meets the Care Quality Commissioning (CQC) requirements by 2013.**

ACHIEVED

Practice Managers across Doncaster have worked closely together to produce policies/protocols to ensure Practices are prepared to meet the Care Quality Commissioning requirements by 2013. The Medical Centre has successfully registered with the CQC.

5. **To use QoF as a measure of the quality of service provided to our patients.**

ACHIEVED

The Practice has continued to use QOF as a quality tool and has achieved maximum points in all clinical, medical, record keeping and organisational areas.

6. Develop the practice website.

ACHIEVED

The Practice website has been updated and now includes new pages for the Patient Participation Group and the Practice quarterly newsletter. It is continually updated with links from Doncaster Clinical Commissioning Group Health Watch and other organisations.

7. To maximize awards for all Direct Enhanced Services and Local Enhanced Services which have been deemed to have patient care as the core element.

ACHIEVED

All LESs and DESs which The Medical Centre signed up for which were 23 clinical initiatives. These ranged from minor surgery, assisting with learning disabilities, childhood imms and vaccs, treatment room and safeguarding etc. All these resulted in improvement to care.

8. To monitor and review service provision to ensure the delivery of high quality care and access for our patients is maintained.

ACHIEVED

Service provision within The Medical Centre is continually reviewed throughout the year to ensure quality care and access is maintained for our patients.

Pharmacists Annual Report 2012-2013

Prescribing Budget

The 2011-2012 prescribing budget was set at £1,330,954 which was similar to the previous years spend of £1,295,667 and a 7% reduction on last years budget.

The Medical Centre achieved a spend of £1,273,131 which is an under spend of £57,823 (-4.5%). This is the 8th year in succession that The Medical Centre has produced savings against the drugs budget, which totals £509,545 since 2005/6.

Prescribing effectively is not just about making savings against budget though, and to counter-balance this a variety of audits have been carried out throughout the year to ensure prescribing fits in appropriately with either national guidelines eg NICE or local guidelines. This not only involves ensuring the correct drugs are prescribed, but that they are prescribed at the right time for the right patients, for the right length of time and that any monitoring which is necessary for the safety of the patients is also carried out.

Audits that have been carried out separate to QOF criteria include:

- Combined Oral Contraception
- Newer diabetic agents (GLP-1 analogues and DPP4 inhibitors)
- Drugs that prolong the QT interval
- Benzodiazepines and Z-drugs
- Inhaled corticosteroid dose review – children
- LAB2A use in asthmatics – identification of those without ICS's
- Bisphosphonate use in renal impairment
- Clopidogrel/Ticagrelor length of treatment post PCI

It was also identified from a+e and hospital discharge reports that we had five patients who had been admitted as emergencies with strokes/TIA caused by atrial fibrillation that we had not previously identified. With this in mind, a new blood pressure monitor was purchased which will also identify patients with atrial fibrillation. This is a monitor which NICE have recently recommended either for use at home, or for use in primary care. The monitor was first used in February 2013 and in the first month we were able to identify two patients with AF, who may have otherwise gone on to develop strokes.

QOF Med 6 and 10

The QOF Med 6 and 10 this year involved undertaking two pieces of work – The review of patients with dementia who are prescribed anti-psychotics, and the initiation or oral nutritional products and appropriate review.

Anti-psychotics in dementia

Patients with dementia who are prescribed anti-psychotics are known to be more at risk of vascular disease and death, and the need to restrict prescribing has been highlighted recently and has been made a national priority by the MHRA. If used for the short term relief of agitation, the dose used should be as low as possible and should be reviewed on a monthly basis, with the drugs being withdrawn as soon as is clinically possible.

We undertook an audit of all patients with dementia and identified two patients who were prescribed anti-psychotics. One of these patients also suffered with schizophrenia and it's use was deemed appropriate for this patient. The second patient was reviewed and a plan produced to reduce and ultimately stop the medication.

Oral Nutritional Supplements

The second piece of work involved several aspects:

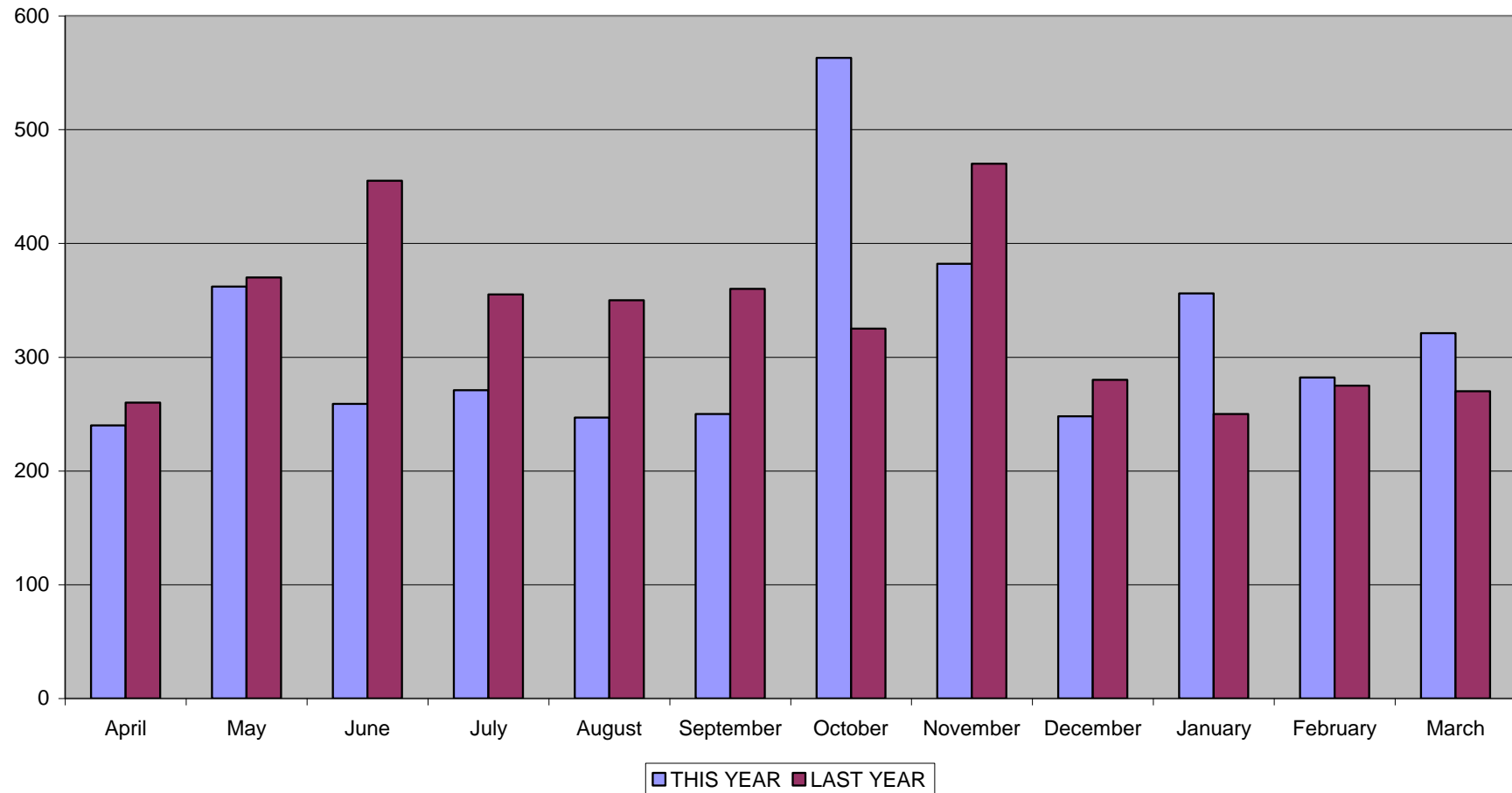
- Initial audit of all sip feeds prescribed by the Practice
- Training on the MUST screening tool for patients at risk of malnutrition
- Development of Practice protocol for the consideration, prescribing and review of supplements, and
- Re-audit

All Practice nurses and Dr Middleton undertook the required training and prior to March 31st a re-audit was undertaken. This specifically looked at patients who had oral nutritional supplements initiated by the Practice to ensure assessment of need was carried out and evidence of review after 1 month.

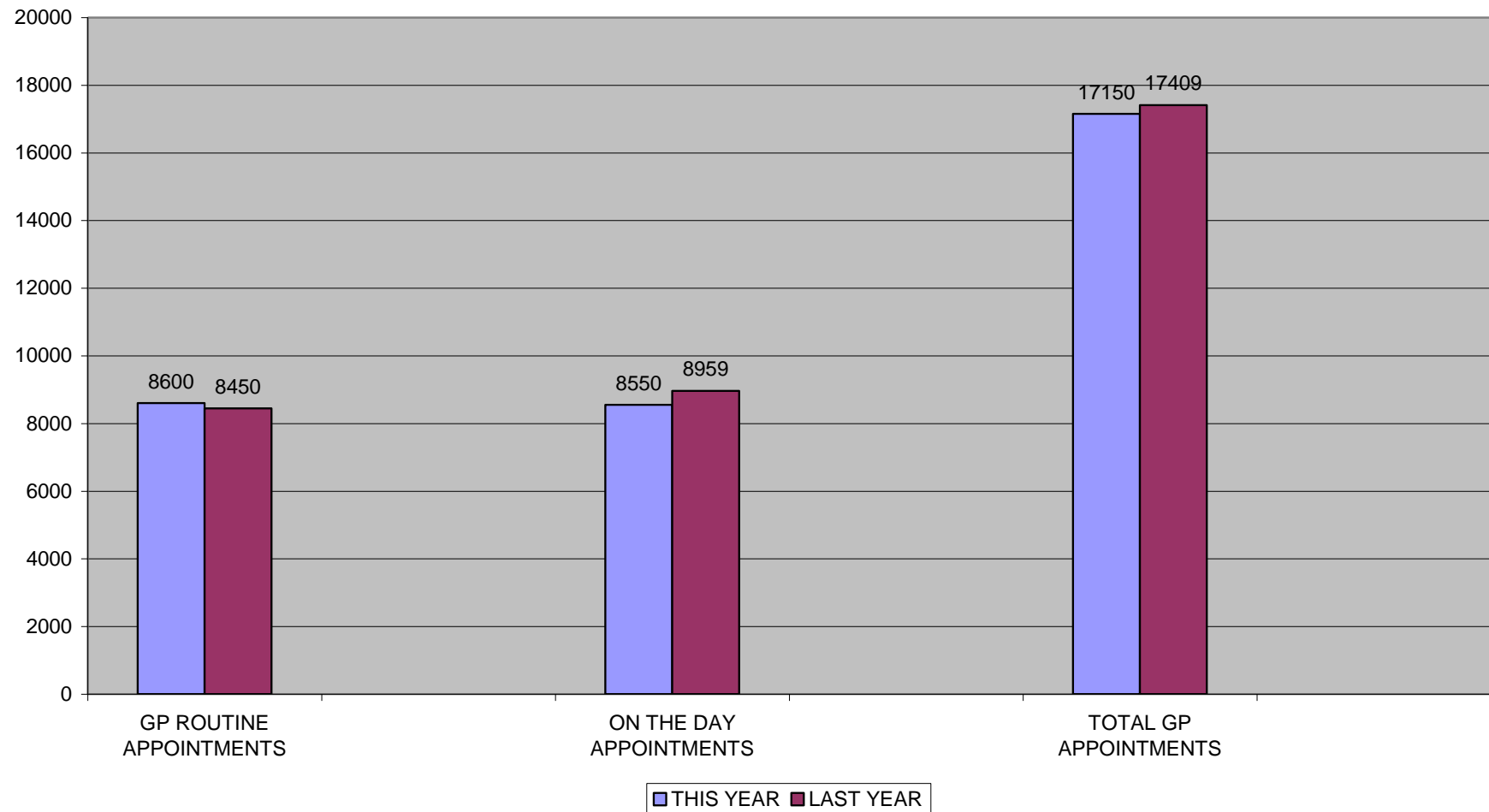
Both elements of the QOF Med 6 and 10 were successfully carried out by the Practice.

PHARMACIST PATIENT INTERACTIONS

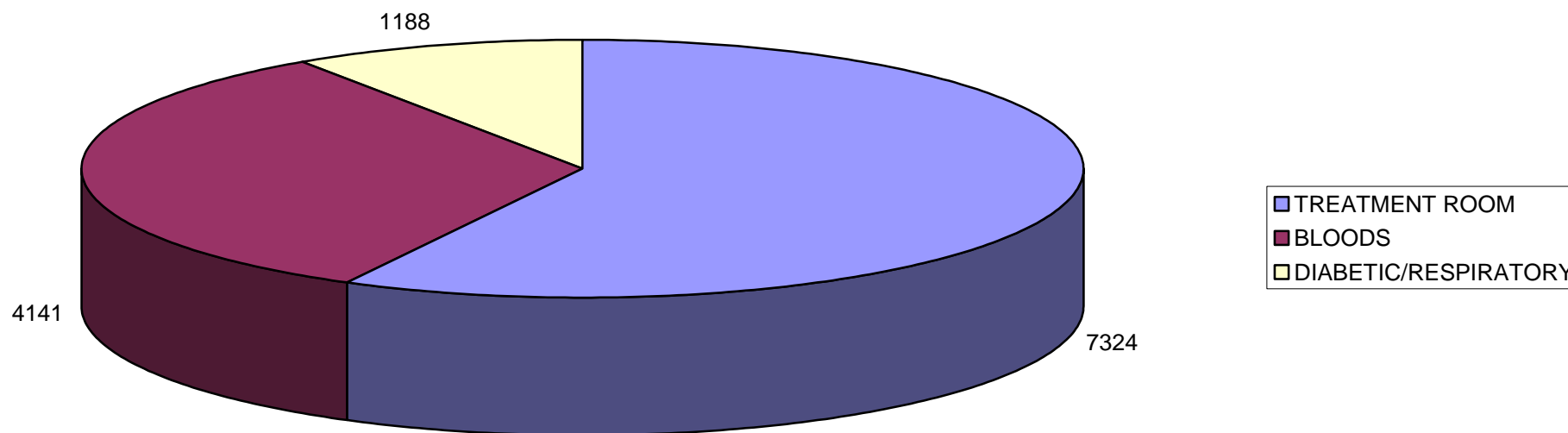
Total: This Year 3,781 – Last Year 4,042



Total GP Appointments This Year 17150 (Last Year 17,409)

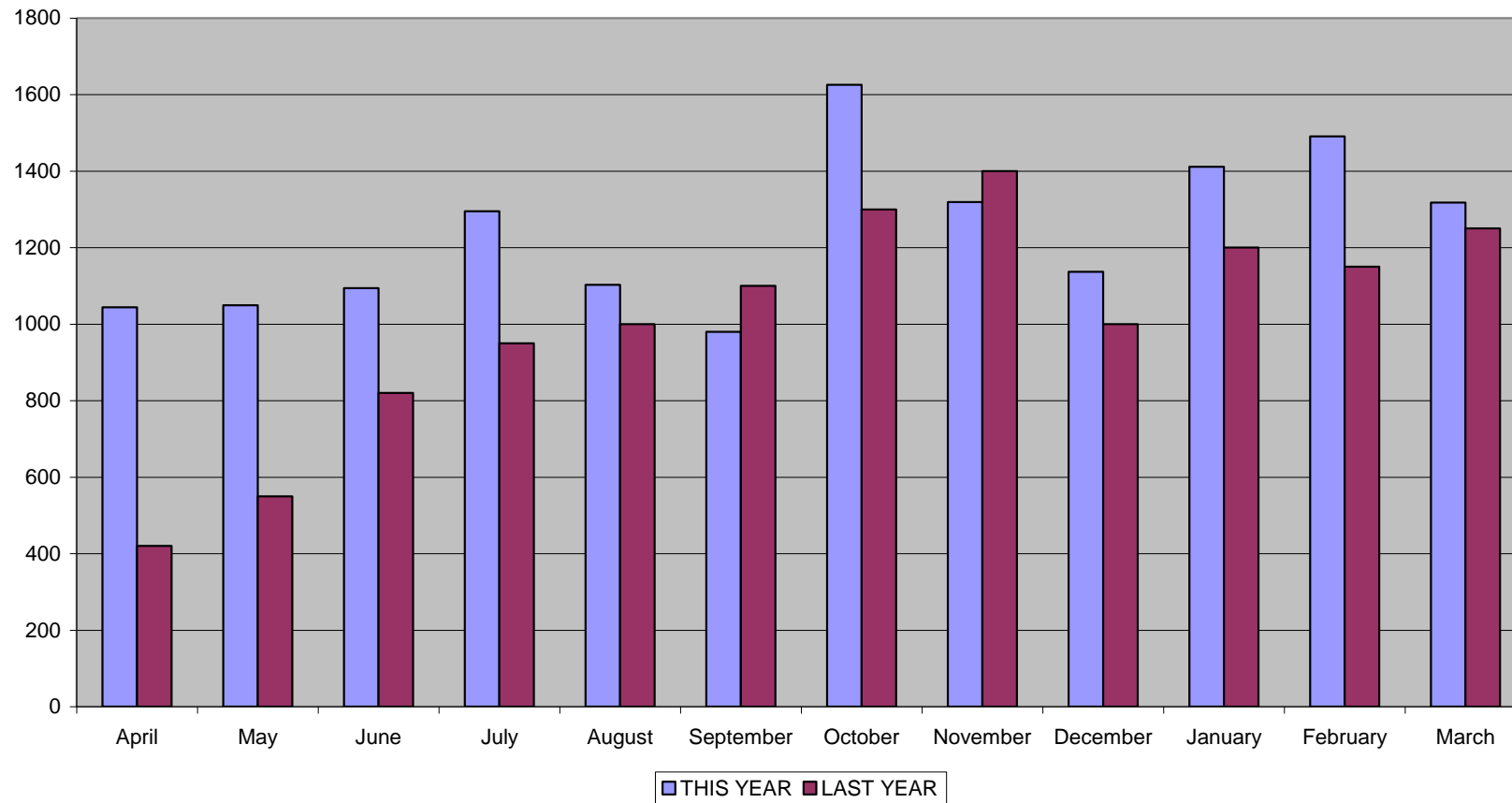


**NURSE SERVICES:
TREATMENT ROOM 7324 (LY 8462), BLOODS 4141 (LY 3925), RESPIRATORY 1188 (LY
1010)**

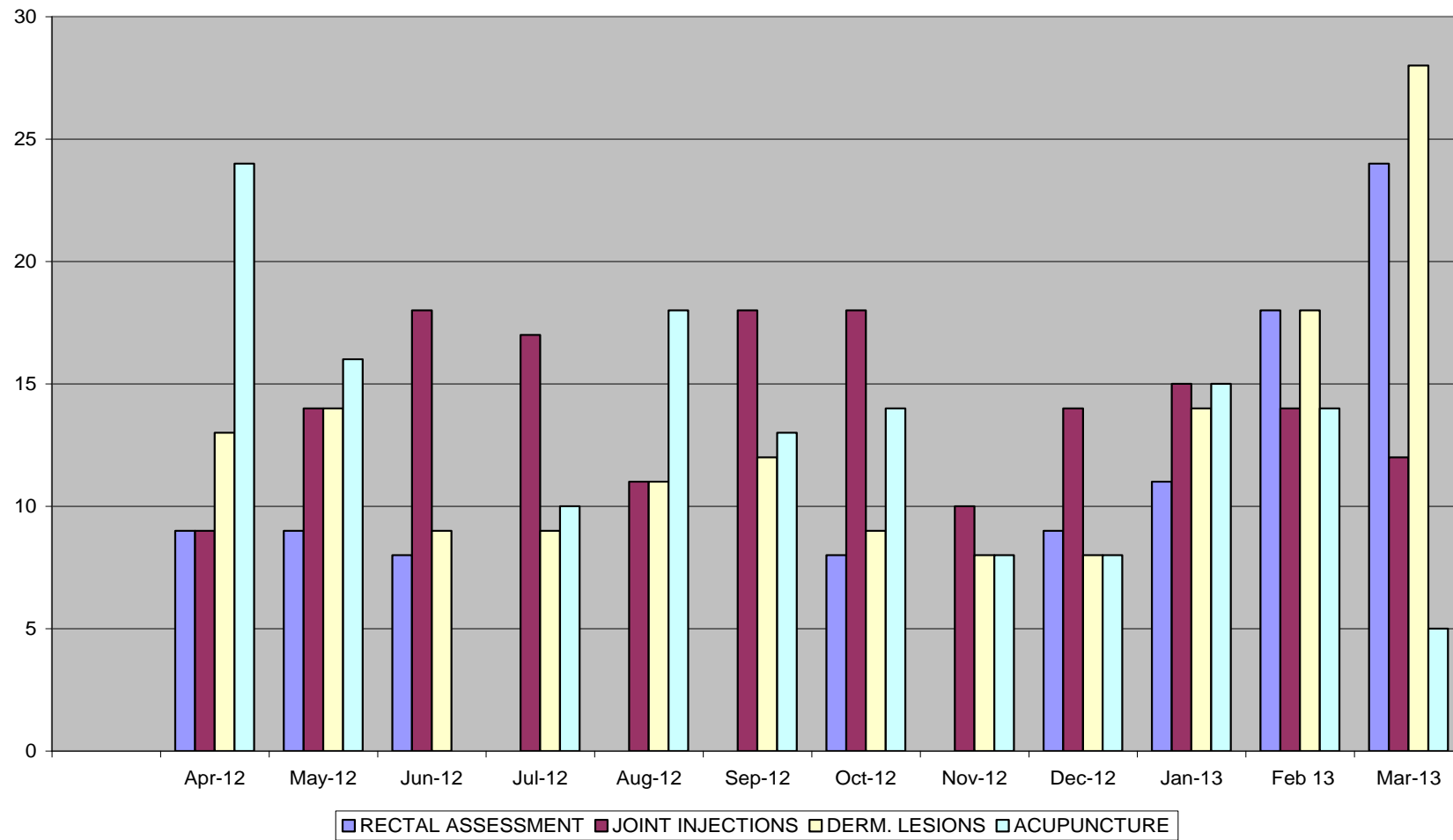


NURSE MINOR ILLNESS CLINIC THIS YEAR 14867- LAST YEAR 12105

NURSE MINOR ILLNESS CLINIC
THIS YEAR 14867- LAST YEAR 12105



SECONDARY CARE PROVISION: THIS YEAR 564, LAST YEAR 483



Rectal Assessment Clinic

During the year, Dr Wright retired and Dr Braidwood took over the running of this clinic. This was a natural progression as both partners had wide experience of this examination and area of medicine in their hospital careers. Dr Braidwood having worked in the hospital endoscopy unit until three years ago.

Patients are seen after an internal referral from one of the clinicians within The Medical Centre. The examination is explained to them in simple detail and informed consent obtained on a new consent document. The examination is carried out within a private and comfortable environment.

During the year The Medical Centre have carried out nearly 100 examinations for its patients. All patients have provided positive feedback and felt they were treated with care and attention. Many have said that they prefer this service to be carried out within the comfort of the Practice rather than in a hospital environment.

The usefulness of the assessment and examination is shown by the high number of patients not referred to DRI for rectal bleeding because a simple cause is found at exam. There is a growing number of patients who have perirectal skin disease who have successfully begun treatment and followed up at review.

One patient with minimal symptoms has been shown to have an acute proctitis and has been appropriately referred to hospital early because of our ability to provide this exam quickly in-house.

QOF (Quality and Outcome Framework) FOR 2012/2013

The national quality initiative for Practices has now completed another year. This initiative does not only cover clinical matters but also our organisational procedures, looking at everything from health and safety, staff training and development, to keeping accurate records and financial competences. Targets were given for all these areas and points awarded for achieving them.

The Practice achieved maximum points in all areas of clinical and organisational activity.

The Partners, management and staff are all very proud of the Practice achievement and continue to provide the best care possible to our patients.

CLINICAL GOVERNANCE REPORT

The Practice continues to work with the PCT, CCG and NHS England in its Clinical Governance initiatives:

Access

The Practice has achieved targets for a further year as set out in the NHS plan to ensure consistent levels of access being achieved for GPs within 48 hours and nurses within 24 hours. The Practice is able to offer same day appointments with a clinician in most cases.

Public Health

The Practice supports the continued work to improve the health of its patient population. It utilises information which is available through QOF in an attempt to target health inequalities, therefore using information more proactively for health improvement.

Prescribing/Medicines Management

The Practice employs a full time pharmacist who oversees the prescribing of the Practice, ensuring efficient and effective prescribing.

All patients on repeat medication have an annual medication review.

The Practice proactively monitors prescribing, taking account of NICE guidance and recommendations of the CCG prescribing sub group.

Risk Management

The Practice has Health & Safety policies in place and adheres to Health & Safety legislation.

The Practice uses sterile disposable instruments for all clinical procedures and participates in the annual review of prevention and infection control audit as arranged by the CCG.

Clinical Audit

Audit is an important area of Practice within The Medical Centre. In addition to daily audits of appointment activity, the Practice also undertakes clinical audits. This year included audits on prescribing and referrals. Medical students on placement at the Practice undertook audits which included diabetic advice in females of child bearing age. This looked at pre-conception and conceptual advice. From the results the Practice altered the template to ensure we included pre-conceptual/conceptual advice. The Benzodiazepine and Z drug audit looked at length of Rx and repeat prescribing advice given. From

the results this reminded prescribers on the acceptable prescribing of these drugs. A diabetics agents audit was carried out by one student which resulted in reminding prescribers of the necessary constraints for continuing these medications. The prescribing of oral iron treatment, including initial blood tests resulted in the amendment of the Practice protocol amending the need for further investigation, length of treatment and re-testing.

Use of Information

The Practice has systems in place to ensure information is maintained security and confidentiality.

All staff contracts include a confidentiality clause. The Practice provides information for patients outlining rights of access to information.

The Practice undertakes regular training in support of information security through TARGET and updates from the PCT, DCCG and NHS England.

Each member of staff has their own individual 'Smart card' and password to log on to the clinical system and is given appropriate security permissions for different levels of computer access.

All information is recorded in the patient's electronic record with all letters and reports being scanned in and summarised appropriately.

The Practice continues to make use of the Safeguarding Children toolkit. Safeguarding Children is included in staff induction programmes and the Practice meets monthly with the GP safeguarding lead, Practice Manager and advanced health practitioner allocated to The Medical Centre. These meetings have proven valuable in sharing important information regarding children and their families.

Care Quality Commission (CQC)

The Practice Manager has worked closely with other Practice Managers across Doncaster producing protocols and policies to ensure Doncaster wide Practices comply with the essential standards required by the CQC. All GP and other primary medical services were registered by April 2013.

TRAINING AND DEVELOPMENT

TARGET Training

The Practice continues to support the forum sessions arranged for GPs and Nurses to engage in clinical workshops, topics have included: care of the elderly, gynaecology, end of life, haematology, paediatrics and diabetes.

In-house statutory sessions included CPR, Fire Training and the Summarising of Patient Records.

Significant event analysis (if occurred) is held at the beginning of in-house sessions for the whole team. The aim is to discuss any incidents reported and to take any relevant action, thus continuing the development and learning of the organisation.

The in-house sessions also give the whole team the opportunity to have 'protected' time to discuss any issues that may arise.

Other training and development

GP commissioning was introduced at the start of the last financial year for all Practices across Doncaster replacing Practice Based Commissioning. Dr Middleton and the Practice Manager represent the Practice at our constituency meetings and have been involved in the development of clinical pathways and analysis of data from secondary care (hospital) to improve patient care.

All staff have been appraised and personal development plans agreed with the Practice supporting staff in their training requirements meeting the needs of the surgery.

The Medical Centre would welcome the re-launch of an enhanced service to facilitate the use of Choose and Book for our patients.

The Practice continues to be a training Practice and has medical students' allocated placements at the surgery from Sheffield and London.

The Practice has also continued to provide placements for students via the Trident programme and this year we have employed an apprentice on a 12 month contract and support her training and development through this period which includes an NVQ qualification in customer care.

Mental Health Services – Stress Clinic

Total no. of patients attending the clinic – 964

Total no. of DNA 86 = 8.92%

The clinic continues to offer patient's appropriate care and support for their mental health needs.

Patients can be offered an appointment in clinic on average within three weeks or can be assessed via telephone triage within the week. The main aim of the clinic is to be able to offer our patients a more structured plan and more accurately, prescribe and review any medication issued.

Any patient, either via their GP or as a self-referral, can access this clinic for those who feel they may be suffering with depression or anxiety. On average one in three patients may suffer with depression or raised anxiety at any one time and the clinics are here so that our patients do not have to suffer or struggle alone. During an appointment history taking and patient assessments will be done so that patients can be offered medication and a therapeutic approach for their mental health/issues.

Follow-up appointments and reviews are offered to every patient at regular intervals to monitor medication use and progress. These appointments are offered on a one to one basis in a safe and confidential environment with both the therapist and patient guiding the sessions for a positive outcome.

The clinic can also refer patients into our in house psychology services via the Talking Shop or be referred into the community for specialist therapy. There are many agencies within the community who offer specialised therapy such as Cruse (bereavement) Rape Crisis, Platform 51, MIND and Alcohol Services. Information regarding these can also be discussed within the clinic.

Total number of patients on antidepressants within the surgery – 524 (6.5%)

Total number of patients on long-term medication (over 9 months) – 137

Out of interest – breakdown of antidepressant use:-

Citalopram	-169 patients	-33%
Fluoxetine	-118	-23%
Mirtazepam	-75	-15%
Sertraline	-57	-11%
Trazodone	-45	-9%
Lofepramine	-18	-4%
Paroxetine	-15	-3%
Venlafaxine	-6	-1%
Escitalopram	-6	-1%

COMPLAINTS, COMPLIMENTS AND SUGGESTIONS

During the year we received three written complaints, which we fully investigated. The details are as follows:

The first relating to a minor surgery procedure carried out in 2009. The GP who performed the procedure replied in writing which resolved any concerns.

The second was received from the daughter of one of our patients relating to care received by the district nursing team. As this was not a matter for the Practice the letter was forward to Rotherham, Doncaster and South Humber (RDaSH) as providers of the district nursing team for them to follow up.

The third relating to a patients being upset that a note was attached to their prescription regarding a necessary follow up consultation needing to be carried out to ensure repeat medication was continued. The patient felt the note could be seen by support staff and that this breached their confidentiality. The incident was investigated with a detailed response being sent to the patient resolving the matter and the patient was happy with this.

The two complaints regarding the Practice were discussed at a Practice team meeting where staff are encouraged to make recommendations to changes and improvements of patient care.

We treat all our complaints as an opportunity to review our services and systems and invite all complainants to our Patient Participation Group meetings to discuss this or other issues.

COMPLIMENTS

We received numerous cards and letters from patients thanking us for our doctor, nurse and support staff care during the year. In addition, we received several letters of thanks from students who have been with us during the year on placement.

Intermediate Care Report 2012 - 2013

The GPs at The Medical Centre provide medical cover to three care facilities.

1. St Mary's Nursing Home is a dedicated step-down unit, providing support to patients after a hospital admission, before going home or to alternative accommodation.
2. Hawthorn Ward is a step-up ward receiving admissions from the community, Medical Assessment Unit and Accident & Emergency. Patients usually stay up to 7 days before returning home. There were previously plans to make this a paperless site by training the staff in the use of System One and this has now been implemented on Hawthorne Ward with staff using the system for record keeping. This has an added advantage in that the records can be reviewed remotely from The Medical Centre giving us a clearer and up to date picture when giving advice over the phone.
3. Positive Steps was a new initiative based at the Tickhill Road site. Patients who have social care needs after an inpatient admission are accepted for a stay of up to 28 days, whilst extra care is arranged for their return home. The Medical Centre was asked to participate in a six month trial intended to free up acute beds at DRI. This has been successful and we continue to provide medical advice and cover alongside the Emergency Care Practitioners.

The whole team are involved in these sites, as most patients are elderly with multiple medical problems; poly-pharmacy is a particular difficulty. Our support staff and pharmacist have key roles liaising between the onsite staff and GPs to provide these patients with timely safe care in regards to medication and clinical support.

From June of this year the St Mary's site is closing and both step-down and step-up services will all be provided at the Tickhill Road site allowing for better integration of services with Physiotherapy and Occupational Therapy and other services based in one site. Hazel Ward at Tickhill Road Hospital is being renovated for this purpose and Hawthorne Ward will continue to run as before. This will facilitate Multidisciplinary Team Meetings and allow better integration with other services based at Tickhill Road Hospital including the Falls Clinic and Care of the Elderly Services. We look forward to being involved in this new development.

Doncaster Clinical Commissioning Group (DCCG).

In the last year there have been unprecedented changes in the NHS, Doncaster Clinical Commissioning Group (DCCG) emerged as an authorised organisation on 1st April 2013, one of two hundred and twenty one Care Commissioning Groups (CCGs) in the country.

The DCCG is made up of five locality areas, The Medical Centre and Phoenix Practice are in the South East Locality and are represented on the Governing Body by two GPs Dr Pat Barbour and Dr Ayesha Zafar.

The NHS DCCG Governing Body spent time reviewing the key local challenges identified in year one and refreshed the priorities for the organisation moving forward into 2013/14.

The revised list of 5 key local priorities are:

1. Developing an Unplanned Care Service that is fit for purpose
2. Improving the effectiveness and efficiency of Mental Health Services
3. Improving Children's Services
4. Reduction of Cancer mortality and increase survival rate
5. Continuing Healthcare and Personalisation

DonCare fully supports these key priorities of DCCG.

Dr Nick Middleton and Dr Aurangzeb Khan are Practice representatives who contribute to the monthly Locality meetings supported by the respective Practice Managers.

The South East Locality has already initiated new ways of working to improve patient care. Examples are:

1. Piloting the distribution of wrist splints in General Practice to prevent patients having to wait for an appointment with a local provider.
2. Piloting teledermatology this is the innovative use of an iphone app to photograph skin lesions, the image is sent to a dermatologist for an opinion which can be fed back to the patient with in 3 working days.
3. GP Practices have been working together to analyse their data around referrals and A&E attendance so ensure quality outcomes.
4. GP Practices have been cooperating together to design and action pathways to improve patient care eg for dyspepsia, Polymyalgia rheumatica, abnormal INR results.

Healthwatch Doncaster is the new organization that will give patients a voice. Healthwatch sits on the DCGG Governing Body to ensure patients' voices are heard at the highest level. This is an opportunity for Doncastrians to be involved in shaping their health Services visit www.healthwatchdoncaster.org.uk to learn more.

Patient Involvement

The Medical Centre is committed to listening to its patients and involving them where possible, in the life and decision making of the Practice.

We produce a quarterly newsletter which aims to be both informative and interactive. The Practice website <http://www.medicalcentredoncaster.co.uk/> is continually updated with relevant information and news regarding the Practice and changes across organisations in Doncaster and the NHS. Numerous notice boards throughout the Practice are displayed to inform patients of Practice policies, health promotions and groups they can join and events they may attend which are being run by other organisations in the healthcare field.

Suggestion boxes are located in the Waiting Areas of the surgery, and continue to attract an assortment of helpful, critical and colourful suggestions!

The Patient Participation Group continues to be our main vehicle for patient feedback and interaction. The meetings take place on a 6 week cycle. The group themselves decide on the main topics they wish to cover with the Practice Manager organising an 'expert' to present the session to them.

The group helped develop this year's annual survey, the report and results of which are displayed over the next couple of pages.

Patient Participation Group (PPG) Report

2012/13

Our Patient Participation Group was formed in October 2000 and consists of Practice registered patients, both male and female of various ages. The PPG is open to all registered patients and we encourage new members to join to ensure the Practice gains the views of our registered patients enabling us to obtain feedback from across our population. Newly registered patients are also encouraged to join the group as well as PPG information going out on the template side of the repeat prescription.

Patients may also become a member of the virtual group if they find it difficult to attend meetings due to other commitments. Patients wishing to participate in this way will provide an email address or if preferred, information and updates will be posted.

The PPG meets every six weeks and the agenda for the forthcoming year is agreed at the first meeting of the year. The agenda is made up of recommendations from all patient members and the Practice takes the recommendations to the partners meeting and speakers are arranged to attend the appropriate sessions. All details regarding the PPG and the agreed agenda is available on the Practice website

<http://www.medicalcentredoncaster.co.uk/>. This is updated within the Practice quarterly newsletter and displayed on posters on the Practice notice boards.

The Practice Manager engaged with NHS Doncaster and Curtis Henry (Equality and Patient Experience Officer), attended several meetings advising how the group could get more out of their meetings and how to further develop in the future.

The Practice runs an annual patient questionnaire which is developed and agreed by the PPG and is carried out during the month of January. The survey was given to every patient coming into the Practice and information was also available on the Practice website. Over 200 questionnaires were completed and the results of the survey are collated by the Practice staff and produced for the PPG to discuss and make recommendations where necessary. These recommendations are published within The Medical Centre Annual Report in July 2013 and this will be available on the website and in Practice and will include charts and statistical evidence of the findings.

Patient Questionnaire Summary 2013 Our Satisfaction Rate

We had nearly 200 replies to our questionnaire and thank all those patients that completed them. The following graphs show your answers to the questions in graphical form.

52% of the patients completing the questionnaire were males and 48% females.

25% aged 16 to 24, 52% 45 to 69 and 3% over 70.

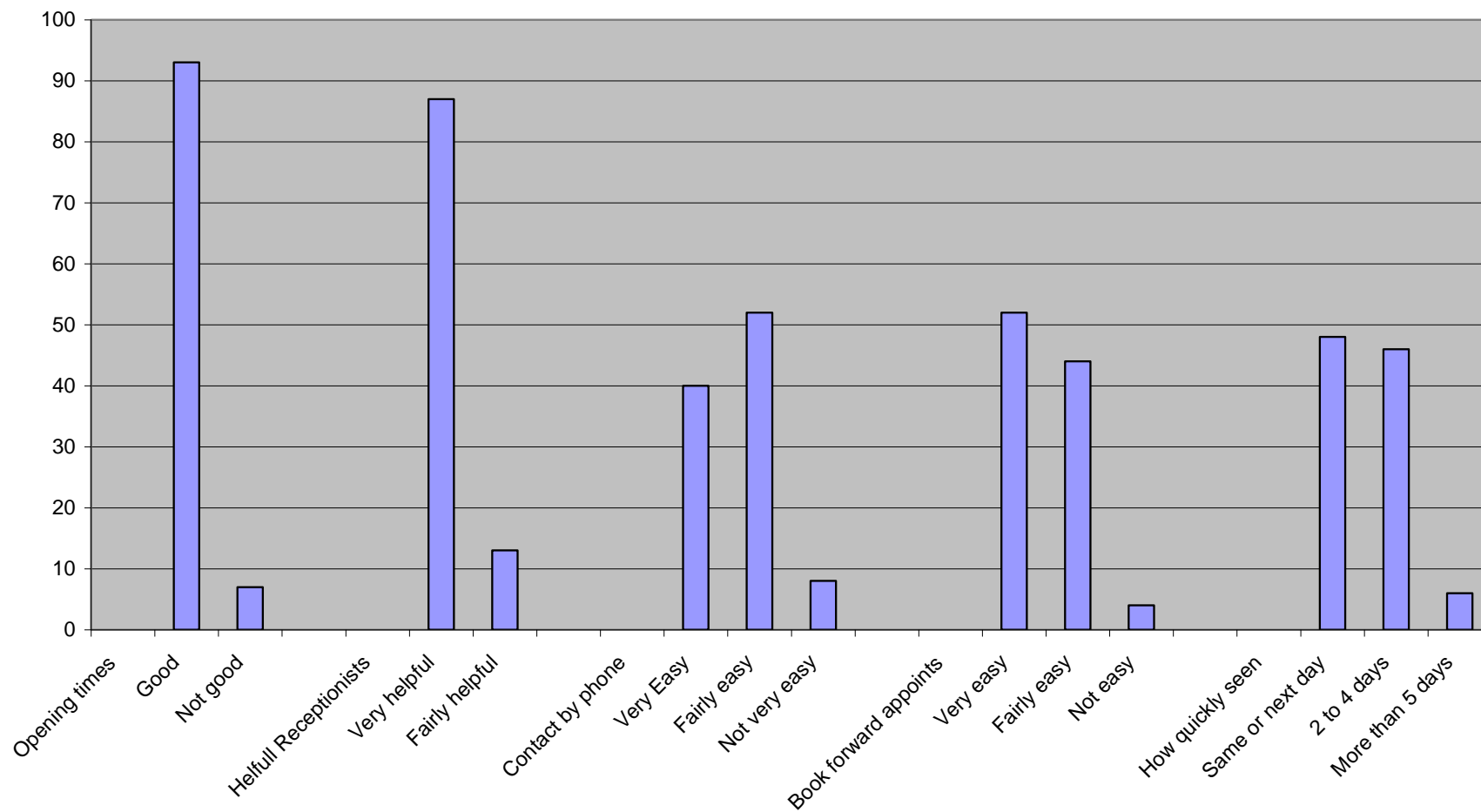
58% have long term conditions.

YOUR OVERALL DESCRIPTION OF OUR SERVICE IS AS FOLLOWS:

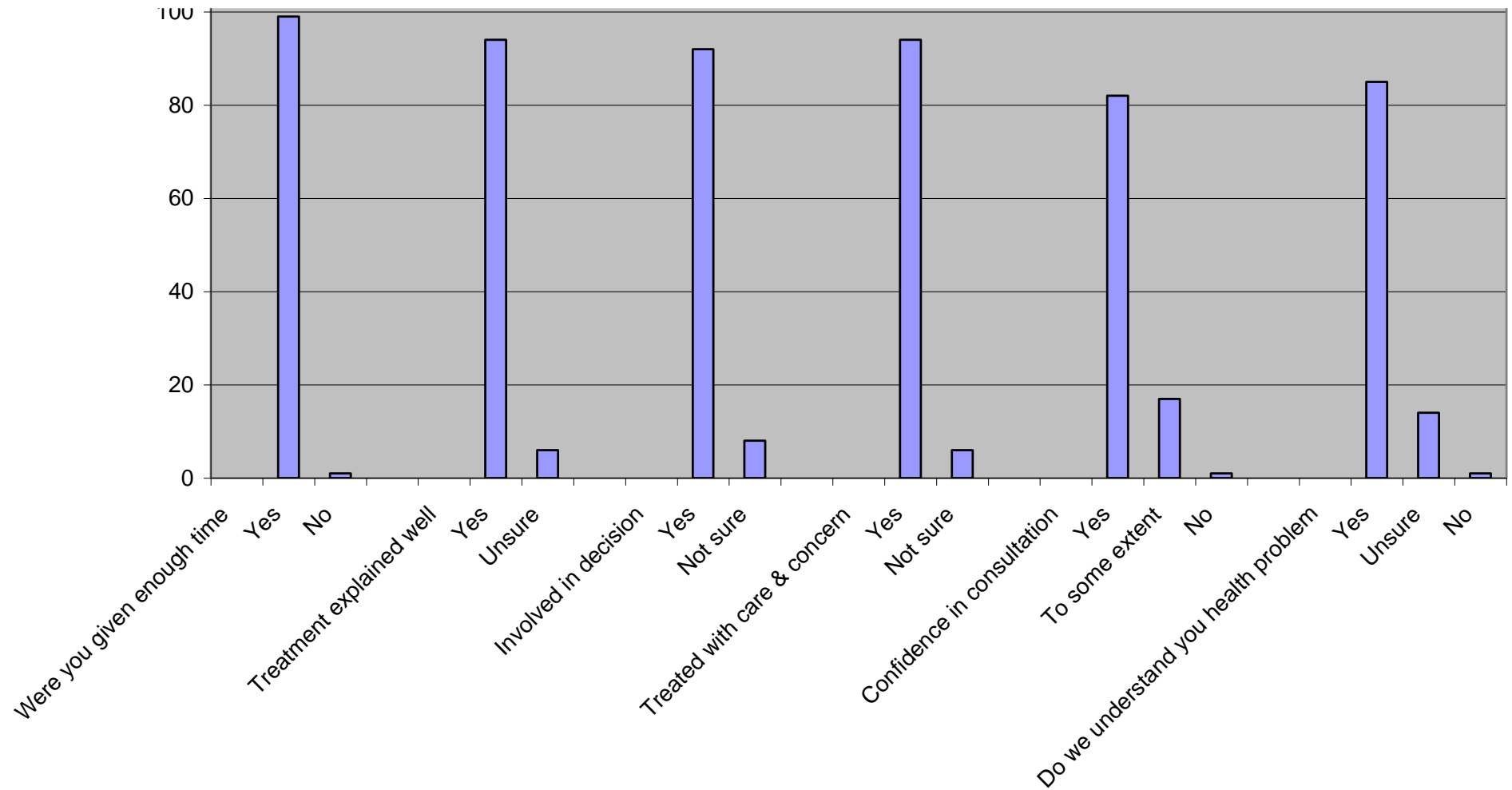
EXCELLENT	57%
GOOD	42%
FAIR	1%

Thanks to all our patients for completing these.

PATIENT QUESTIONNAIRE: SUPPORT AND ACCESS



PATIENT QUESTIONNAIRE: CONSULTATIONS



Objectives for 2013/2014

- 1 To work with the Doncaster Clinical Commissioning Group, Public Health and NHS England, South Yorkshire and Bassetlaw to develop clinical commissioning across Doncaster and to improve patient care for its patient population
- 2 To continue developing our Patient Participation Group by increasing membership of the current group to have a wider representation of our patient population.
- 3 To work with the CCG in the implementation of electronic prescriptions from the present phase one to phase two (which is actual transfer of scripts electronically from Practice to pharmacy)
- 4 To maintain policies and procedures ensuring the Practice continues to meet the Care Quality Commissioning (CQC) requirements.
- 5 To use QoF as a measure of the quality of service provided to our patients.
- 6 To maximise awards for all Direct Enhanced Services and Local Enhanced Services which have been deemed to have patient care as the core element.
- 7 To monitor and review service provision to ensure delivery of high quality care and access for our patients is maintained.
- 8 To develop 'Twitter' the online social networking service to enable the practice to provide electronic updates to patients of information, services and changes.

A blue ribbon banner with a central rectangular section and two flared ends. The text is centered in the rectangular section.

The Phoenix Medical Practice

DonCare **The Phoenix Medical Practice** **2012/13**

The Phoenix Medical Practice continues to be an integral part of DonCare continuing to show co-operation between the two Practices for the overall benefit of the patients.

New Developments and Achievements for the Year

Quality and Outcome Framework (QOF)

QOF is a tool which measures the quality of the services provided to patients. The Phoenix Medical Practice are once again proud to announce that they have achieved the maximum QOF points available to them.

Doncaster Clinical Commissioning Group(DCCG)

Dr Khan and Katherine Haggart, Practice Manager, have both been actively involved and contributed to developments within the South East Constituency of Doncaster Clinical Commissioning Group.

Care Quality Commission (CQC)

The role of the Care Quality Commission is to check whether care services are meeting government standards by following the Essential Standards of quality and safety. Each of the standards has an associated outcome that the CQC expects all people who use the service to experience as a result of the care they receive.

The Practice can confirm it has systems and procedures in place to meet the Essential Care Standards and has successfully registered with the Care Quality Commission (CQC) as a provider of medical services.

Clinics, Appointments and Services

The Practice Nurses continue to take the lead in the Chronic Disease Management Clinics (i.e. Heart Disease, Diabetes, Asthma, and COPD). As well as routine medical care the Practice also offers enhanced services to patients including enhanced treatment room services (eg, 24 hour BP monitoring) and minor surgery to its patients.

The Practice continues to operate a very successful total nurse triage appointment system (where by the patient telephones for an appointment and the Practice nurse telephones back to discuss symptoms and then will make the appropriate appointment or give advice). To confirm that this continues to be the most effective appointment system for both the Practice and for patients an audit was undertaken.

The results of the audit:

34% of patients triaged were dealt with over the phone (advice/results, etc)
39.4% required a doctor/Nurse Practitioner appointment
19.4% required a nurse appointment
6.8% could not be contacted back or did not require anything when phoned

It was concluded that 60.2% of patients triaged (in the week audited) did not require a GP appointment. The audit was carried out over 2 separate weeks during the year with similar results. As a result of this it was agreed that for this Practice this system continues to be an efficient appointment system ensuring patients are directed to the most appropriate health care professional who can deal with their problem meaning that the Practice can offer patients same day or next day GP/Nurse appointments when needed.

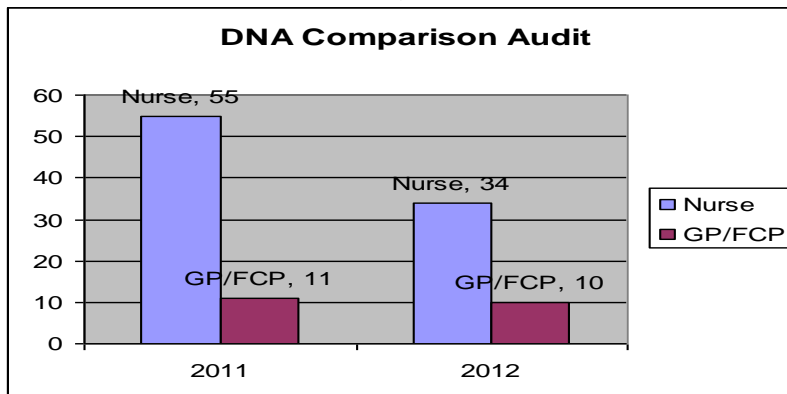
Access - The Practice continues to offer extended opening hours on Monday evenings (offering appointments to patients who cannot attend during their working day).

To try and improve the number of patients who Do Not Attend (DNA) for their appointment (thereby wasting valuable doctor and nurse appointments) and after consultation with our Patient Group we implemented the SMS messaging service where by a text message would be sent to a patient's mobile phone from the clinical computer system to remind them of and confirm their appointment at the Practice. This was introduced early in 2012 and has received positive feedback from patients. Following implementation the Practice re-audited the number of patients who did not attend in November 2012 compared with the number who did not attend in the same month of the previous year (when the SMS messaging service was not used). The results were:-

November 2011	November 2012
Nurse Appointments – A total of 55 Appointments were missed. This equates to 9hours and 10 minutes of the nurses time wasted due to patients failing to attend for appointments.	Nurse Appointments – A total of 34 Appointments were missed. This equates to 5 hours and 40 minutes of the nurses time wasted due to patients failing to attend for appointments.
GP/FCP* Appointments – A Total of 11 Appointments were missed. This equates to 1 hour 50minutes of the Doctors/Nina's time wasted due to patients failing to attend for appointments.	GP/FCP* Appointments – A Total of 10 Appointments were missed. This equates to 1 hour 40minutes of the Doctors/Nina's time wasted due to patients failing to attend for appointments.
Total number of appointments not attended was 66 which equates to 11 hours of wasted time.	Total number of appointments not attended was 44 which equates to 7 hours 20 minutes of wasted time.

*FCP = Nina Clements (First Contact Nurse Practitioner)

Please see the comparison graph below:-



From the results of this audit it was concluded that SMS messaging service could have contributed to the number of DNA appointments reducing and thus the Practice decided to continue with the service. It was acknowledged that this system would not work for all patients as not everyone had a mobile phone.

Minor Surgery and Acupuncture

Dr Khan has continued to provide a successful acupuncture service to DonCare patients who suffer with chronic pain conditions.

Dr Khan has provided a minor surgery clinic at the Phoenix Medical Practice for DonCare patients who require removal of lesions or joint injections which remains very popular with patients since a hospital attendance is avoided.

Choose and Book

The Phoenix Medical Practice continues to book all secondary care referral appointments (where available) through Choose and Book, thus offering patients the choice of where they would like to receive their secondary care treatment.

Patient Involvement

The Practice website, offering useful information to patients about the Practice such as closures for bank holidays and training dates, has been updated and continues to be popular with patients as does the quarterly newsletter.

There is a Practice information booklet readily available to patients in the Reception area and a suggestion box where patients are able to make anonymous comments, criticisms or ideas for improvements to services, etc, as well as 'Your Opinion Counts' forms which are also in reception.

The entrance lobby hosts a stand which includes a variety of information leaflets for patients and the waiting room has an up to date notice board with posters delivering information. There are Carer's packs available to patients' who are carers and also a

DIAL Kiosk for patients to use, to gain information for patients with disabilities which proves very popular as the following statistics for The Phoenix Medical Practice show:-

2012/13	Views
Quarter 1	2262
Quarter 2	1203
Quarter 3	1256
Quarter 4	1351
Total	6072

Patient Participation Group

The Practice developed a virtual Patient Participation Group (vPPG) last year which continues to be successful. The reason behind wanting to start a vPPG was to ensure patients are involved in decisions about the range and quality of services provided by the Practice. It was felt that creating a vPPG was a good starting point.

The Group currently has 5 members who have been actively involved this year in developing a Patient Survey, they have reviewed the results and helped develop an Action Plan.

The Group has contributed to ideas to improve the service, ie, how to improve DNA rates, review of the Practice appointment system, etc. The Group are currently looking at new areas to improve services.

The Patient Participation Group Annual Report is attached.

This second year has continued to be extremely positive for the group. The Practice is continuing to invite patients to be involved and hopefully numbers will continue to grow.

Annual Patient Survey

A general Patient Survey was developed by the Practice with support from the Patient Participation Group. The results are attached. These have been discussed with both the Practice team and with the Patient Group and an Action Plan developed (attached). Overall the survey was very positive.

Complaints

The Practice is pleased to report that there has been only 1 complaint this year which was resolved amicably with the patient.

Training and Development

All staff continue to attend Forum Target training sessions and have attended all mandatory in-house training sessions (i.e. CPR, Child Protection and Information Governance)

Dr Khan and the Practice Nurse Team continue to receive and attend relevant training to keep them up to date with current legislation and clinical guidelines. Dr Khan has also attended an update in Minor Surgery, through the Royal College of General Practitioners. Alison McKeown (Practice Nurse) has passed the Cervical Cytology training course and is due to commence the CHD Diploma course this year. Gill Ward is currently undertaking the Asthma Diploma course and is due to commence the Diabetic Diploma Course at the end of the year.

Significant Event Analysis meetings are held with the Practice team on a quarterly basis to analyse, reflect, discuss and learn as a Practice from any events or near misses reported.

All staff have successfully undergone individual Appraisals and have Personal Development Plans in place.

Medical Student Training and GP Appraiser Roles

The Practice continues to support and teach Phase 2 (3rd year) Medical Students by providing a varied and interesting 7 week teaching programme.

Dr Khan continues to be a GP Appraiser for NHS Doncaster and has been actively involved in the appraisal process for GP's over the past year.

Medication/Pharmacy

The Practice has maintained high standards and achieved targets whilst keeping within the pharmacy budget.

Budget for 2012-2013				
Practice	Budget	Agg Spend up to 01/02/2013	Predicted Spend	Predicted under/overspend
The Phoenix Medical Practice	303958	267255	290779	-13179

An example of just some of the medicines management work undertaken this year by the Practice for the benefit and safety of patients:-

- ❖ Review of neuropathic pain medications; ensuring patients are reviewed regularly (in line with NICE guidance).

- ❖ The Practice has reviewed several medicines and dressings to ensure the patient is getting the most suitable (in line with NICE guidance) and most cost effective product available
- ❖ Responding to drug safety alerts – eg, review all patients on Tiotropium Respimat ensuring that they are used in line with local formulary guidance.
- ❖ Ensure secondary care prescribed drugs are entered onto computer system appropriately to reduce medication errors due to drug interactions.
- ❖ Ensure patients on Pregabalin are regularly reviewed to assess effectiveness and dose optimised to achieve maximum benefits.
- ❖ Ensure patients currently on erectile dysfunction medications are entitled to receive NHS treatment.
- ❖ Ensure patients receiving gluten-free products are regularly reviewed in line with guidance issued by NHS Doncaster.
- ❖ Ensure cost-effective choices of statins are prescribed to patients in line with NICE guidance.
- ❖ Respond in a timely manner to deal with stock shortages so that patient safety is not compromised.

TARGETS

❖ *Flu*

The Practice again exceeded the flu vaccination target by immunizing more than 83% of patients who were aged 65 or over. The Practice also exceeded the target of immunizing more than 90% of vulnerable patients who are on the chronic disease management registers. The benefits of reaching this initiative for all vulnerable groups is obviously a significant achievement for the Practice.

❖ *Pneumonia*

All patients aged 65 and over have now either had or been offered the pneumonia vaccination.

❖ *Cytology*

Over the past year constant monitoring of patients and procedures has enabled the Practice to exceed the Cytology Target for this year (86%) maintaining a high quality service for the patients who fall into this group.

❖ *QOF*

The Practice received maximum points available to them.

FUTURE OBJECTIVES

- ❖ To work within the South East GP Constituency of DCCG to develop and implement new services and care pathways for the benefit of patients.
- ❖ To ensure patients receive the best quality of care by using QOF as a measure of the quality of service provided and work effectively as a team to achieve excellent results.
- ❖ To continue to develop the virtual Patient Participation Group and encourage more patients to join. To work with the group to improve and develop new services that patients feel would be of benefit to them.
- ❖ To continue to work on the government's Directed Enhanced Services (DES), public health Enhanced Services and local Enhanced Services. To implement and work with the new enhanced services to improve patient care.
- ❖ To continue to meet all other government targets.
- ❖ To continue to develop and improve services to provide the patients of The Phoenix Medical Practice with the highest standard of care.

The Phoenix Medical Practice

PATIENT SURVEY 2012/2013

Number of Responses: **20**

We would be grateful if you would complete this survey about your general practice. Your doctors want to provide the highest standard of care. Feedback from this survey will help them to identify areas that may need improvement. Your opinions are very valuable.

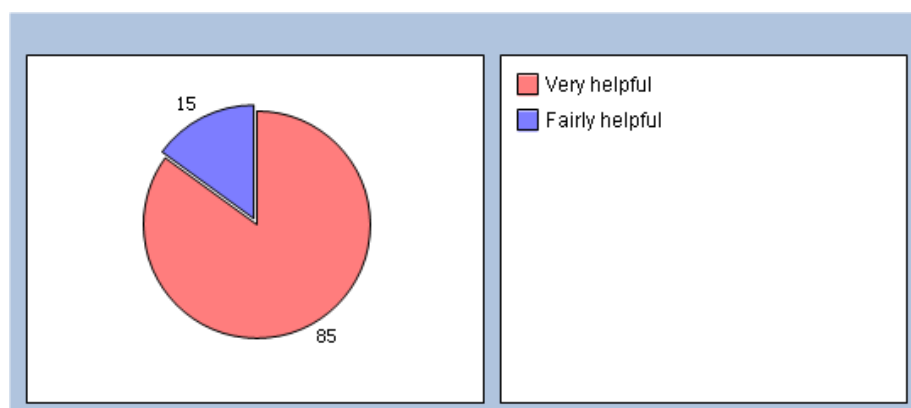
Please answer ALL the questions that apply to you. There are no right or wrong answers and your doctor will NOT be able to identify your individual answers.

Thank you.

About Receptionists and Appointments

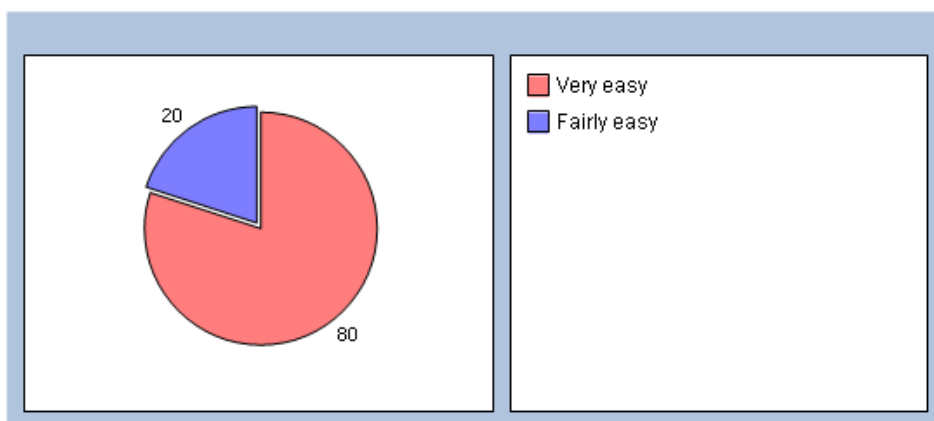
Q1 How helpful do you find the receptionists at your GP practice?

Very helpful **85%**
Fairly helpful **15%**
Not very helpful **0%**
Not at all helpful **0%**
Don't know **0%**



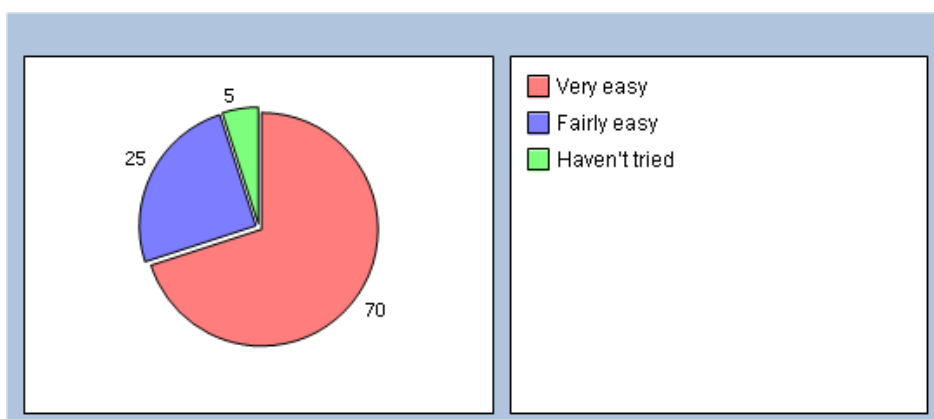
Q2 How easy is it to get through to someone at your GP practice on the phone?

Very easy **80%**
Fairly easy **20%**
Not very easy **0%**
Not at all easy **0%**
Don't know **0%**
Haven't tried **0%**



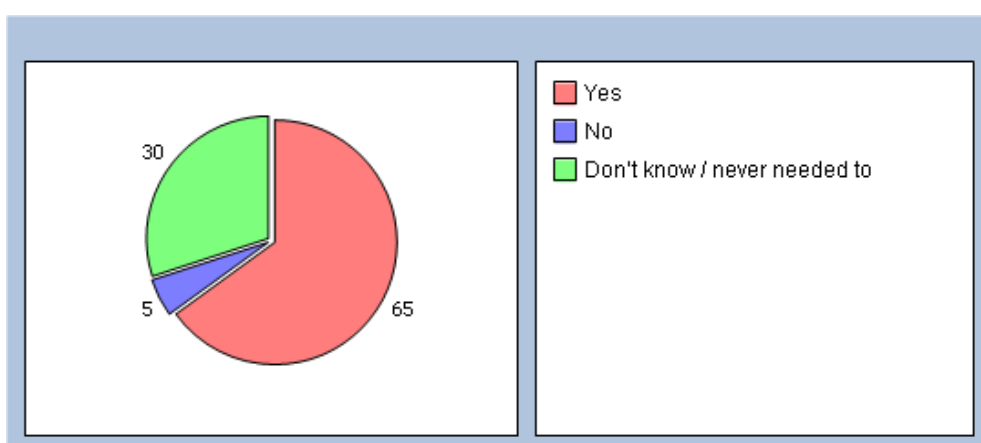
Q3 How easy is it to speak to a doctor or nurse on the phone at your GP practice?

Very easy **70%**
 Fairly easy **25%**
 Not very easy **0%**
 Not at all easy **0%**
 Don't know **0%**
 Haven't tried **5%**



Q4 If you need to see a GP urgently, can you normally get seen on the same day?

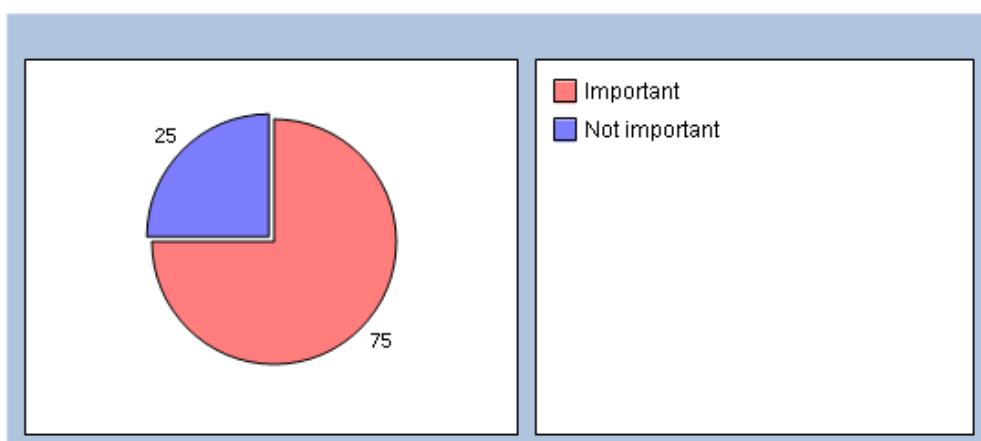
Yes **65%**
 No **5%**
 Don't know / never needed to **30%**



Q5 How important is it to you to be able to book appointments ahead of time in your practice?

Important **75%**

Not important **25%**



Q6 How easy is it to book ahead in your practice?

Very easy **90%**

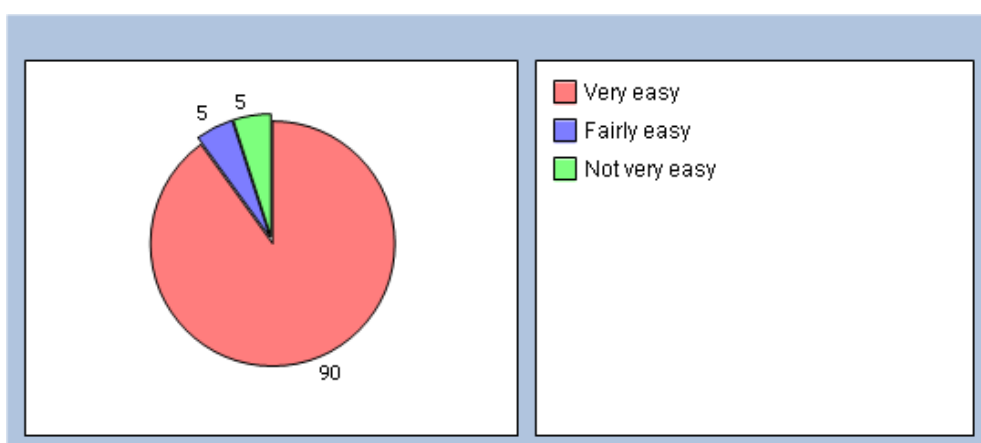
Fairly easy **5%**

Not very easy **5%**

Not at all easy **0%**

Don't know **0%**

Haven't tried **0%**



Q7 How do you normally book your appointments at your practice? Please tick all boxes that apply.

In person **35%**
By phone **100%**
Online **0%**
Doesn't apply **0%**

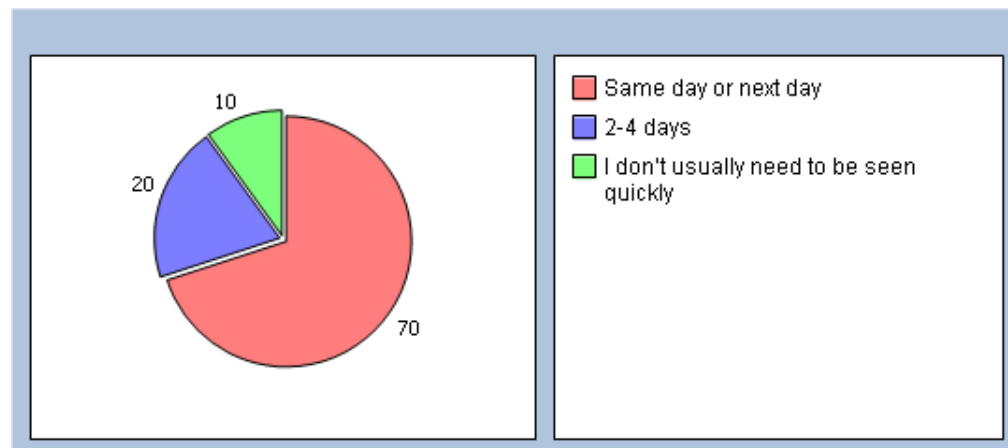
Q8 Which of the following methods would you prefer to use to book appointments at your practice? Please tick all boxes that apply.

In person **30%**
By phone **100%**
Online **5%**
Doesn't apply **0%**

Thinking of times when you want to see a particular doctor:

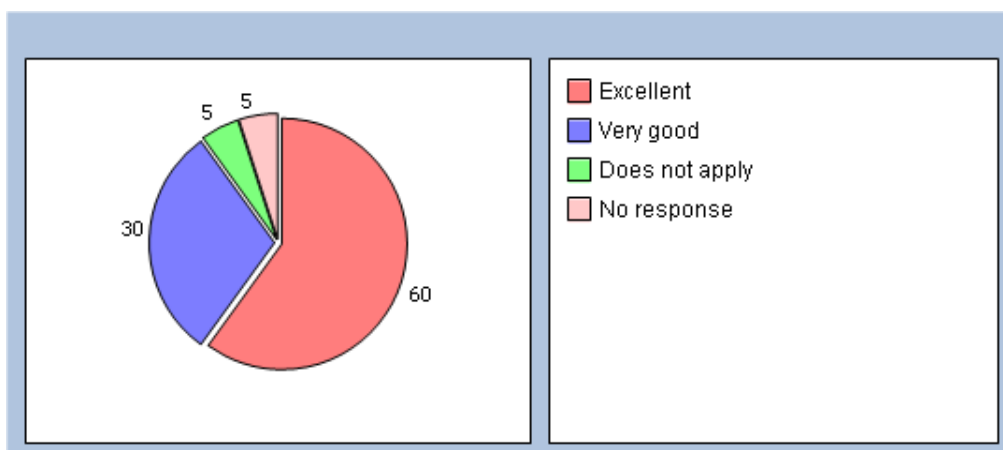
Q9 How quickly do you usually get seen?

Same day or next day **70%**
2-4 days **20%**
5 days or more **0%**
I don't usually need to be seen quickly **10%**
Don't know, never tried **0%**



Q10 How do you rate this?

Excellent **60%**
Very good **30%**
Good **0%**
Fair **0%**
Poor **0%**
Very poor **0%**
Does not apply **5%**
No response **5%**



Thinking of times when you are willing to see any doctor:

Q11 How quickly do you usually get seen?

Same day or next day **55%**

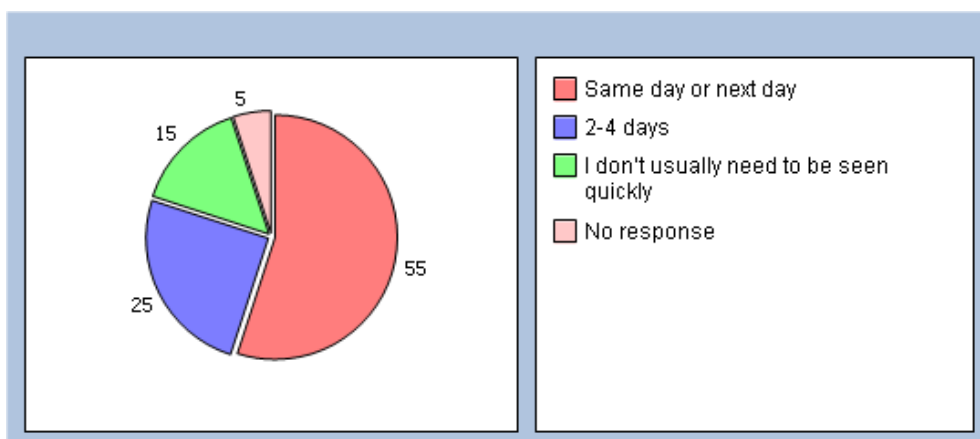
2-4 days **25%**

5 days or more **0%**

I don't usually need to be seen quickly **15%**

Don't know, never tried **0%**

No response **5%**



Q12 How do you rate this?

Excellent **45%**

Very good **25%**

Good **10%**

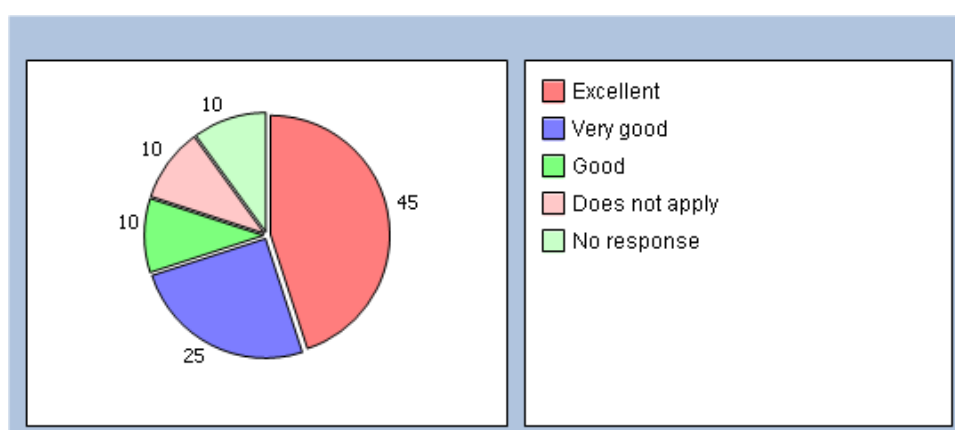
Fair **0%**

Poor **0%**

Very poor **0%**

Does not apply **10%**

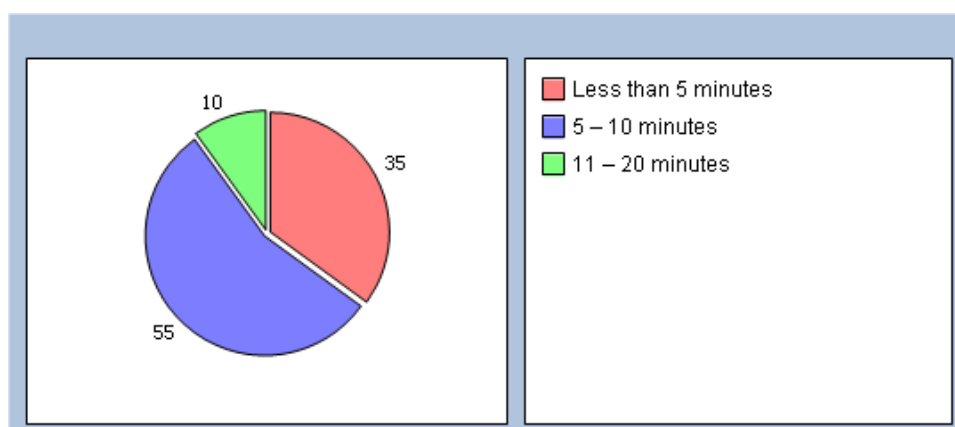
No response **10%**



Thinking of your most recent consultation with a doctor or nurse

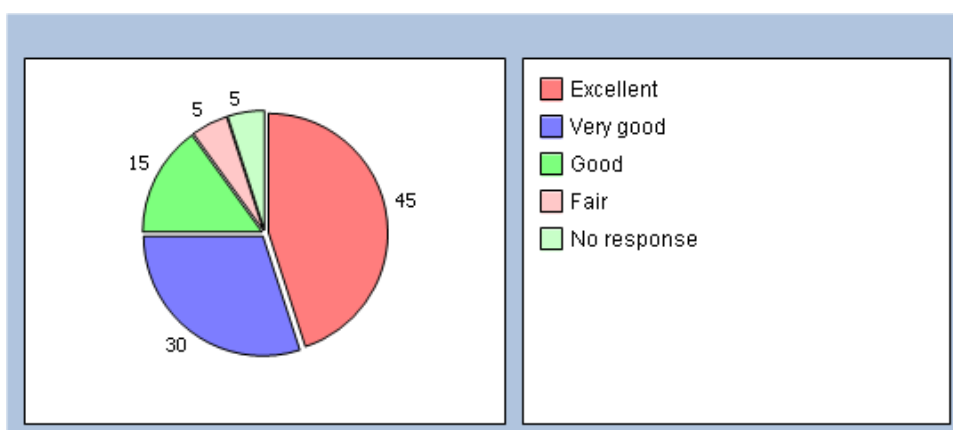
Q13 How long did you wait for your consultation to start?

Less than 5 minutes **35%**
 5 – 10 minutes **55%**
 11 – 20 minutes **10%**
 21 – 30 minutes **0%**
 More than 30 minutes **0%**
 There was no set time for my consultation **0%**



Q14 How do you rate this?

Excellent **45%**
 Very good **30%**
 Good **15%**
 Fair **5%**
 Poor **0%**
 Very poor **0%**
 Does not apply **0%**
 No response **5%**



About opening times

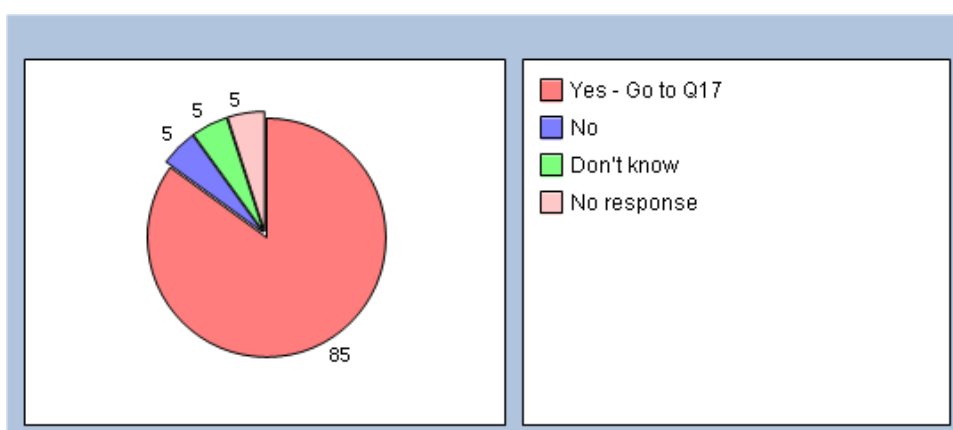
Q15 Is your GP practice currently open at times that are convenient to you?

Yes - Go to Q17 **85%**

No **5%**

Don't know **5%**

No response **5%**



Q16 Which of the following additional opening hours would make it easier for you to see or speak to someone? Please tick all boxes that apply.

Before 8am **0%**

At lunchtime **20%**

After 6.30pm **0%**

On a Saturday **20%**

On a Sunday **0%**

None of these **5%**

How good was the last Clinician/GP you saw at each of the following?

(If you haven't seen a Clinician/GP in your practice in the last 6 months, please go to Q25)

Q19 Giving you enough time

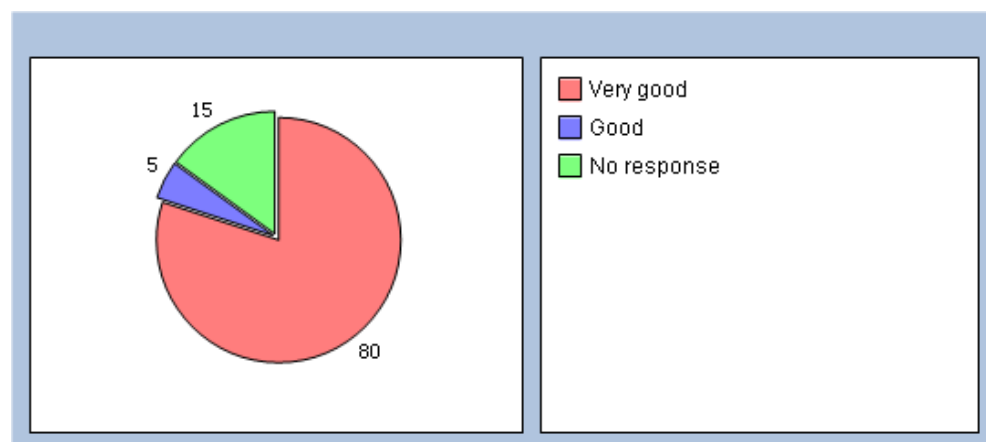
Very good **80%**

Good **5%**

Fair **0%**

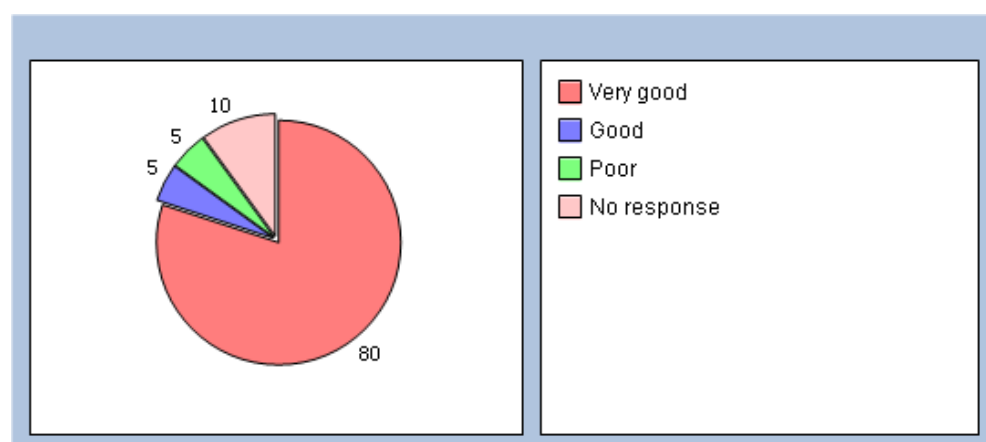
Poor **0%**

Very poor **0%**
 Does not apply **0%**
 No response **15%**



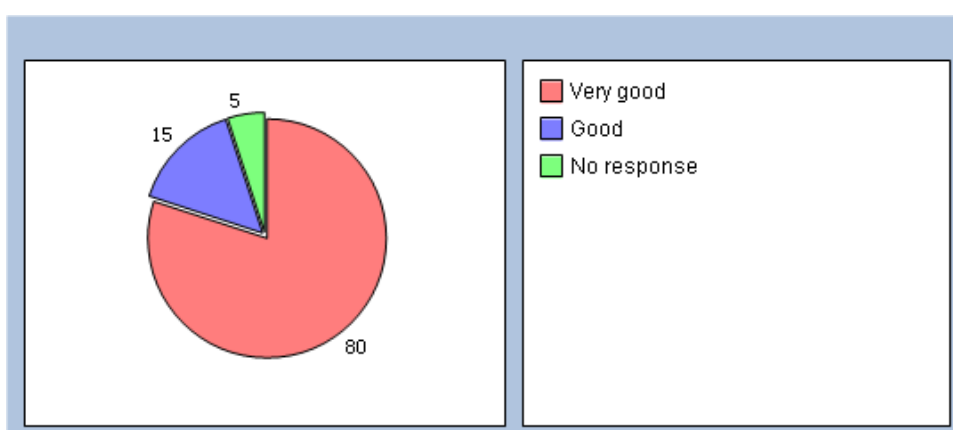
Q20 Listening to you

Very good **80%**
 Good **5%**
 Fair **0%**
 Poor **5%**
 Very poor **0%**
 Does not apply **0%**
 No response **10%**



Q21 Explaining tests and treatments

Very good **80%**
 Good **15%**
 Fair **0%**
 Poor **0%**
 Very poor **0%**
 Does not apply **0%**
 No response **5%**



Q22 Involving you in decisions about your care

Very good **75%**

Good **20%**

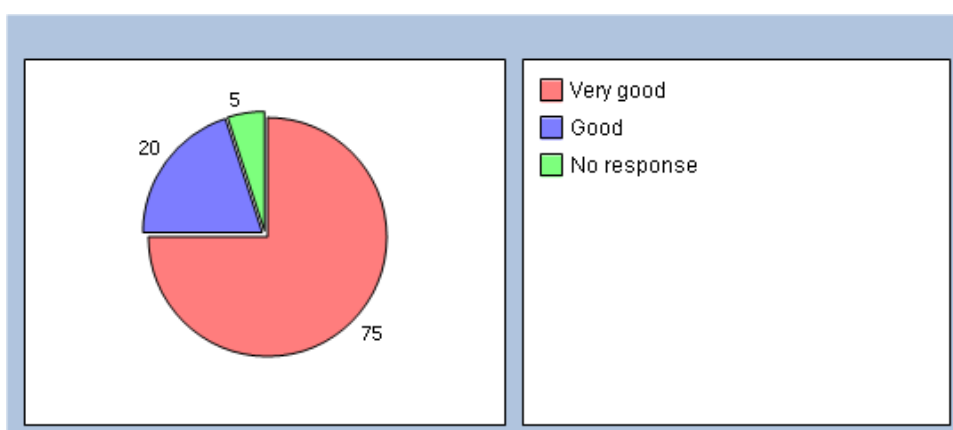
Fair **0%**

Poor **0%**

Very poor **0%**

Does not apply **0%**

No response **5%**



Q23 Treating you with care and concern

Very good **80%**

Good **15%**

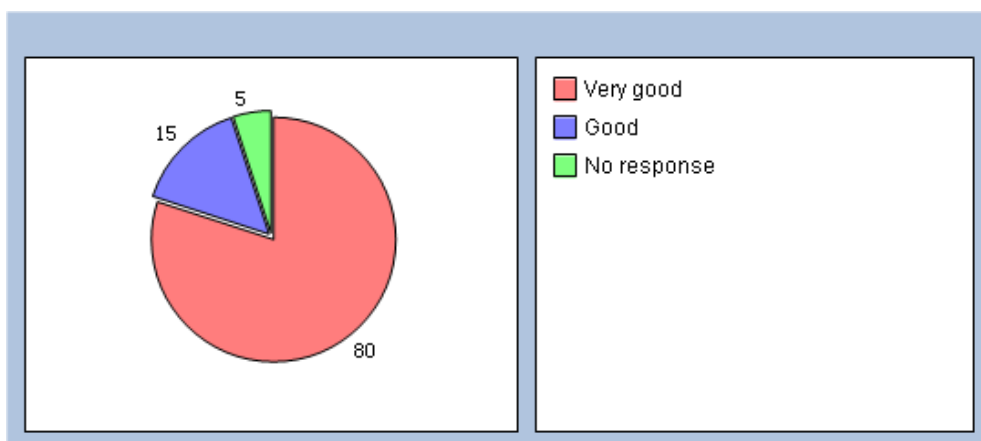
Fair **0%**

Poor **0%**

Very poor **0%**

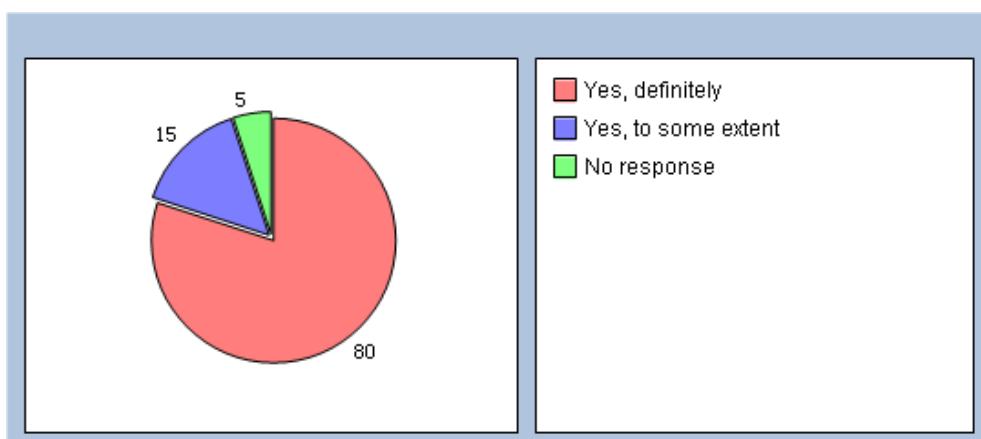
Does not apply **0%**

No response **5%**



Q24 Did you have confidence and trust in the Clinician/GP you saw or spoke to?

Yes, definitely **80%**
 Yes, to some extent **15%**
 No, not at all **0%**
 Don't know / can't say **0%**
 No response **5%**



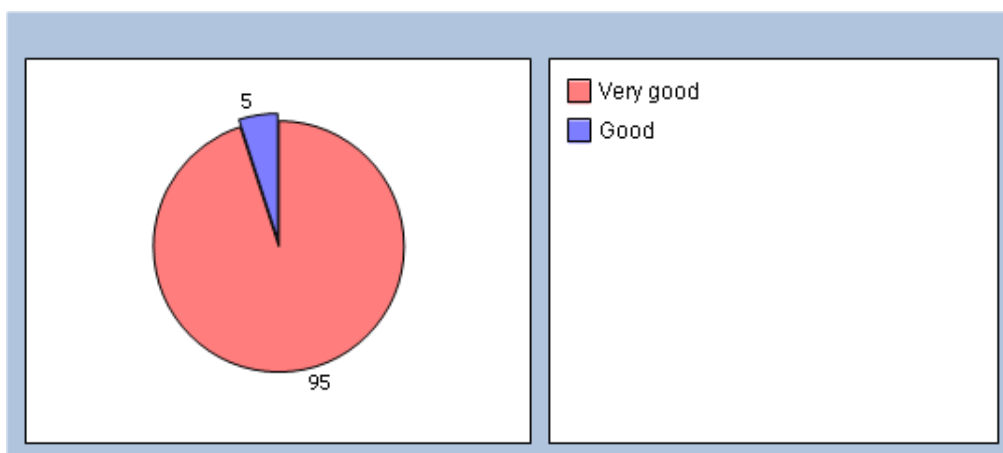
If you know the name of the Clinician/GP you last saw, please write it here:

How good was the last nurse you saw at each of the following?

(If you haven't seen a nurse in your practice in the last 6 months, please go to Q31)

Q25 Giving you enough time

Very good **95%**
 Good **5%**
 Fair **0%**
 Poor **0%**
 Very poor **0%**
 Does not apply **0%**



Q26 Listening to you

Very good **95%**

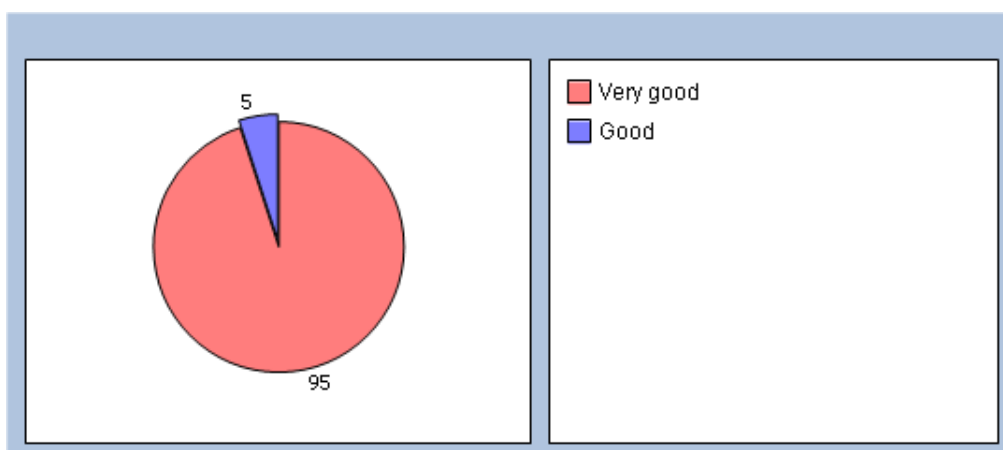
Good **5%**

Fair **0%**

Poor **0%**

Very poor **0%**

Does not apply **0%**



Q27 Explaining tests and treatments

Very good **90%**

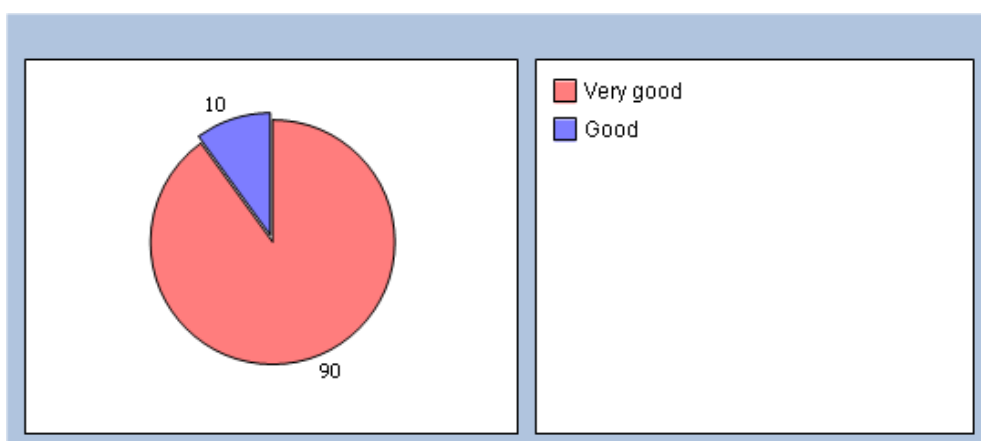
Good **10%**

Fair **0%**

Poor **0%**

Very poor **0%**

Does not apply **0%**



Q28 Involving you in decisions about your care

Very good **85%**

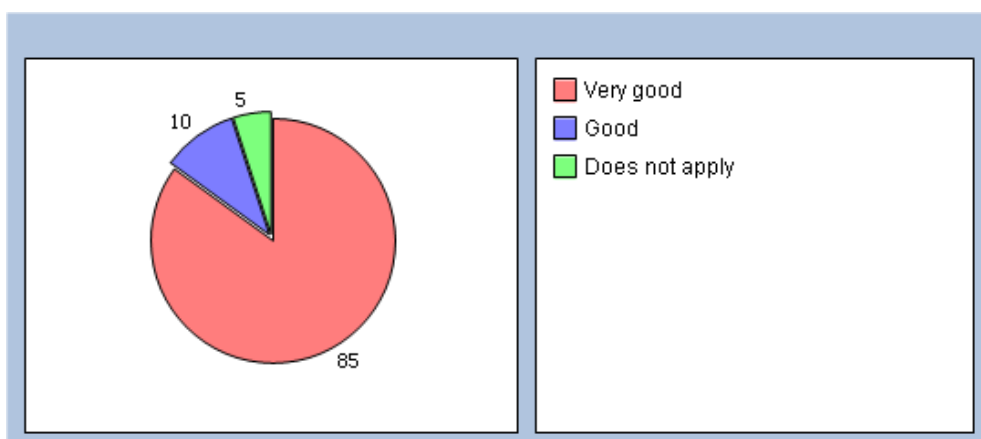
Good **10%**

Fair **0%**

Poor **0%**

Very poor **0%**

Does not apply **5%**



Q29 Treating you with care and concern

Very good **95%**

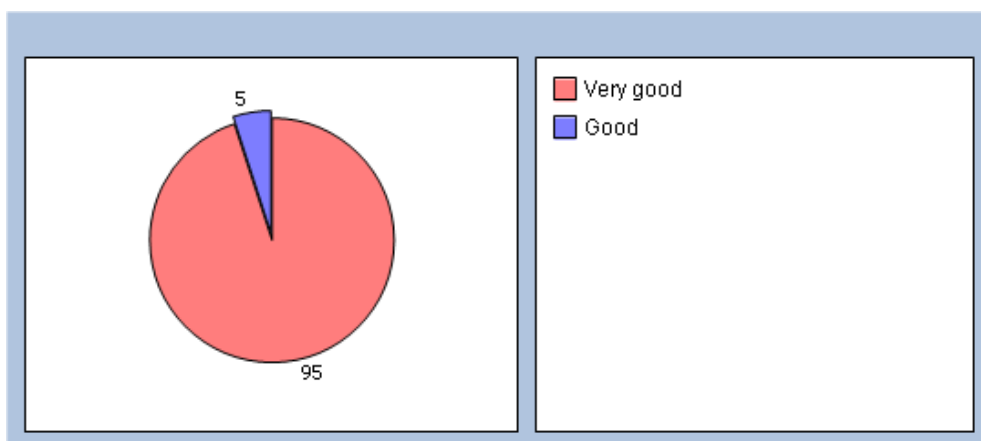
Good **5%**

Fair **0%**

Poor **0%**

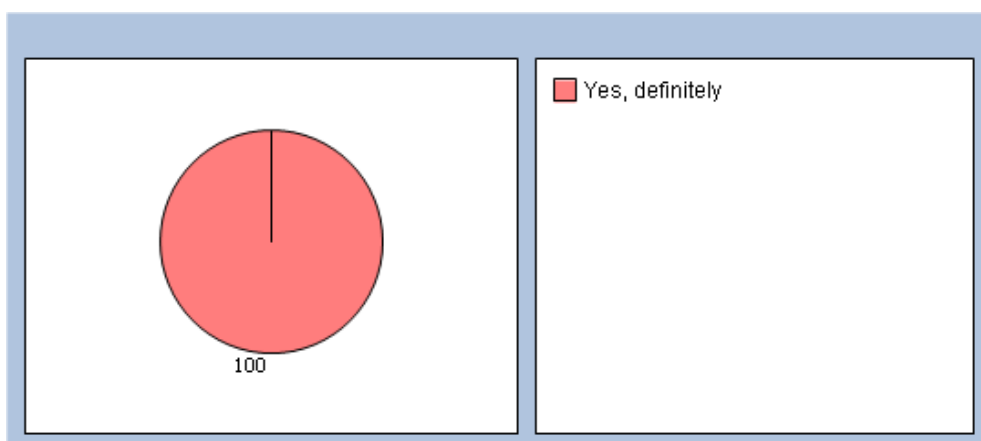
Very poor **0%**

Does not apply **0%**



Q30 Did you have confidence and trust in the nurse you saw or spoke to?

Yes, definitely **100%**
 Yes, to some extent **0%**
 No, not at all **0%**
 Don't know / can't say **0%**

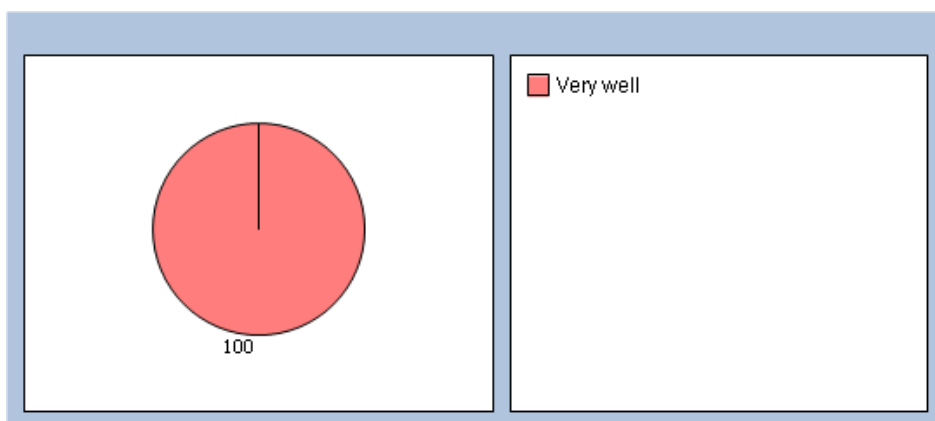


If you know the name of the nurse you last saw, please write it here:

About care from your doctors and nurses
Thinking about the care you get from your doctors and nurses overall, how well does the practice help you to:

Q31 Understand your health problems?

Very well **100%**
 Unsure **0%**
 Not very well **0%**
 Does not apply **0%**



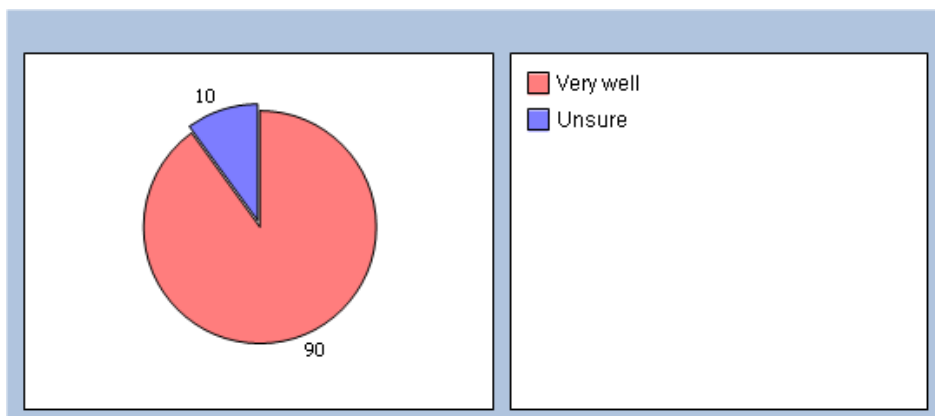
Q32 Cope with your health problems

Very well **90%**

Unsure **10%**

Not very well **0%**

Does not apply **0%**



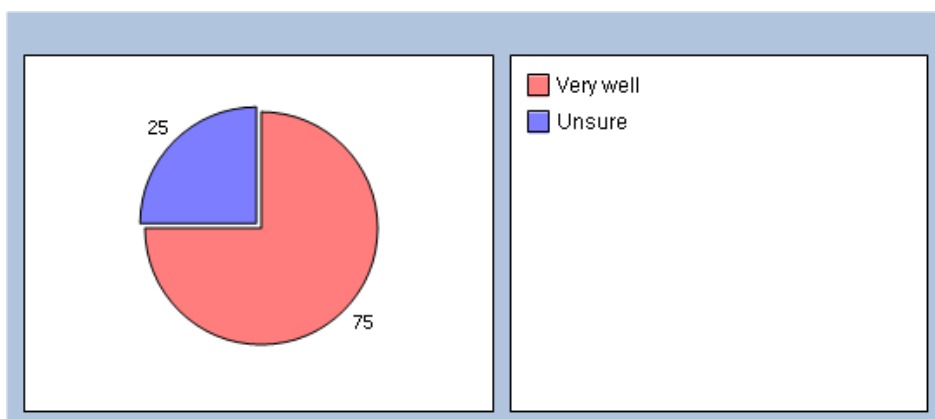
Q33 Keep yourself healthy

Very well **75%**

Unsure **25%**

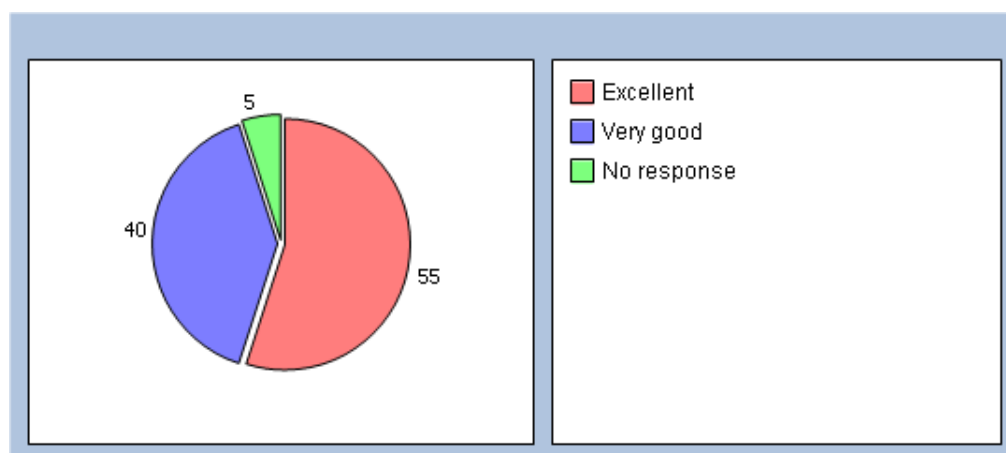
Not very well **0%**

Does not apply **0%**



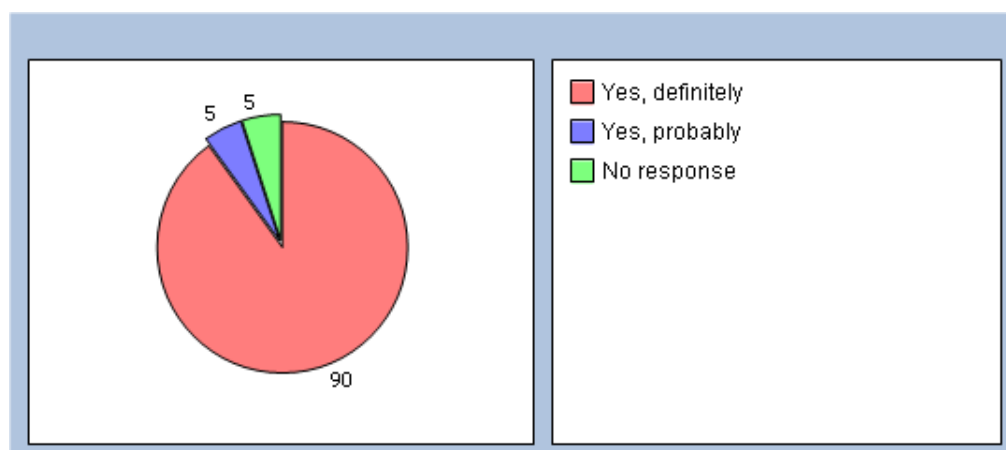
Q34 Overall, how would you describe your experience of your GP surgery?

Excellent **55%**
Very good **40%**
Good **0%**
Fair **0%**
Poor **0%**
Very poor **0%**
No response **5%**



Q35 Would you recommend your GP surgery to someone who has just moved to your local area?

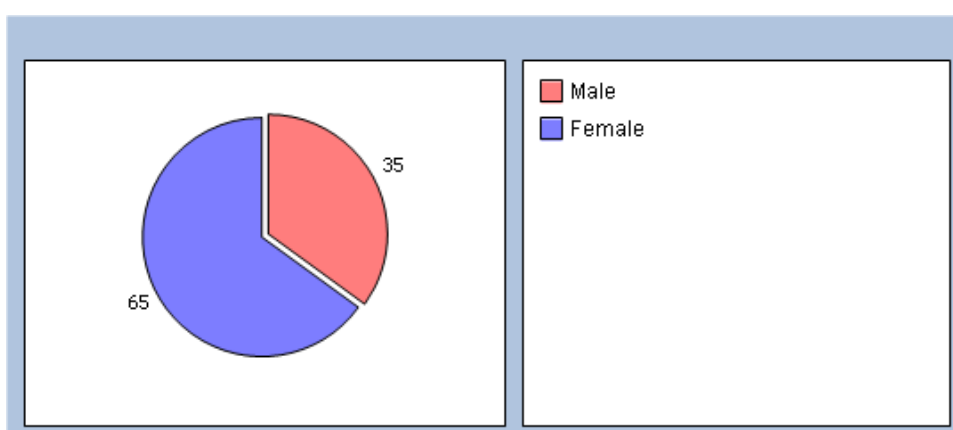
Yes, definitely **90%**
Yes, probably **5%**
No, probably not **0%**
No, definitely not **0%**
Don't know **0%**
No response **5%**



It will help us to understand your answers if you could tell us a little about yourself

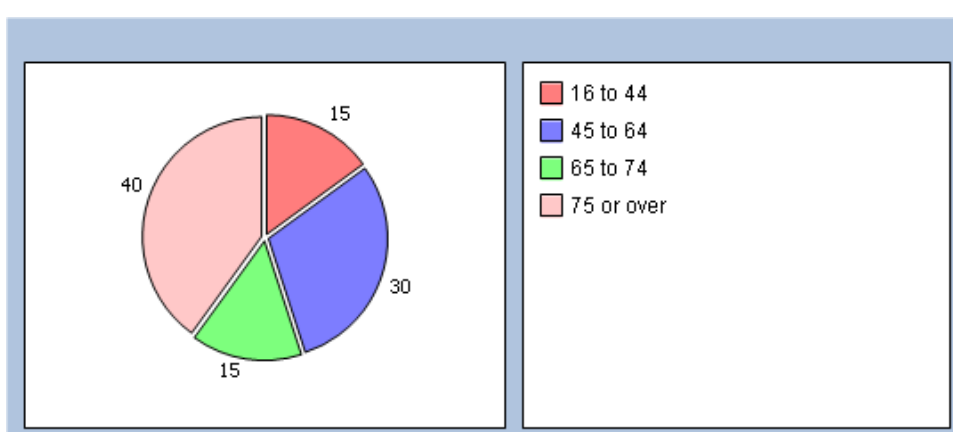
Q36 Are you?

Male **35%**
Female **65%**



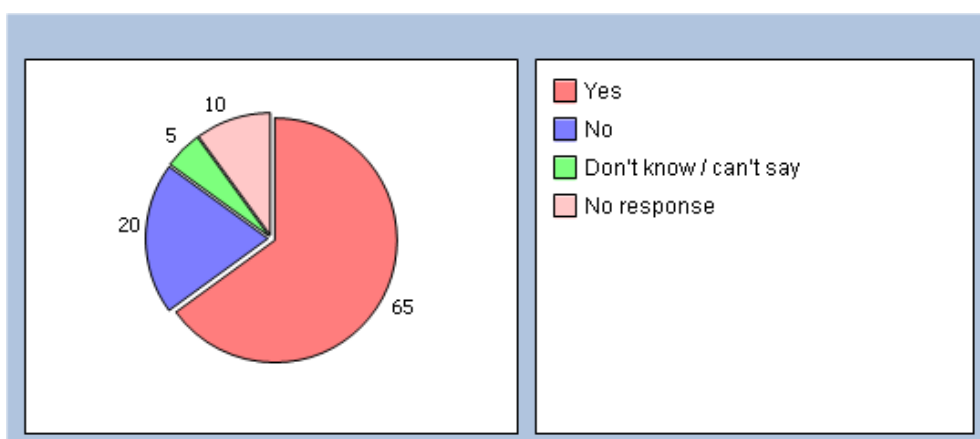
Q37 How old are you?

Under 16 **0%**
 16 to 44 **15%**
 45 to 64 **30%**
 65 to 74 **15%**
 75 or over **40%**



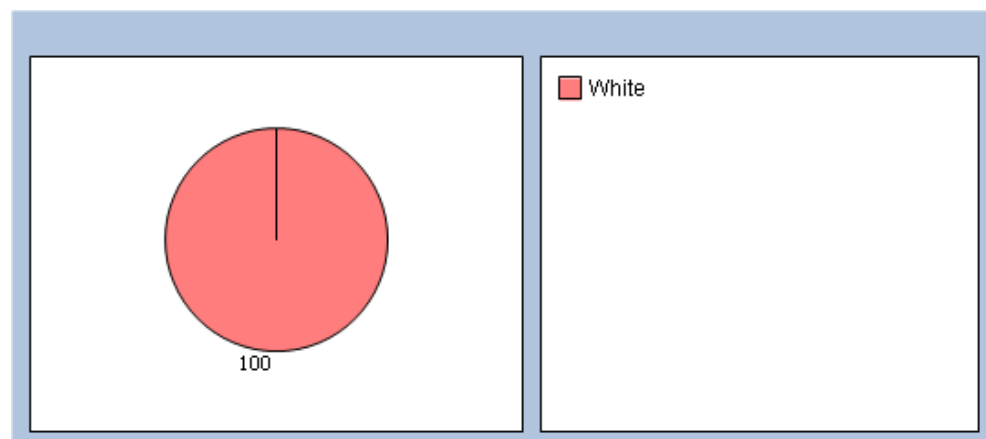
Q38 Do you have a long-standing health condition?

Yes **65%**
 No **20%**
 Don't know / can't say **5%**
 No response **10%**



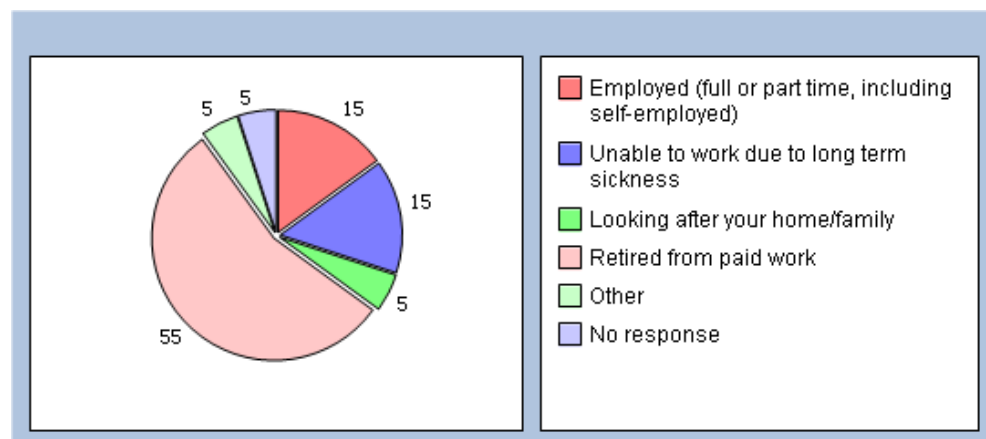
Q39 What is your ethnic group?

White **100%**
Black or Black British **0%**
Asian or Asian British **0%**
Mixed **0%**
Chinese **0%**
Other ethnic group **0%**



Q40 Which of the following best describes you?

Employed (full or part time, including self-employed) **15%**
Unemployed / looking for work **0%**
At school or in full time education **0%**
Unable to work due to long term sickness **15%**
Looking after your home/family **5%**
Retired from paid work **55%**
Other **5%**
No response **5%**



PATIENT SURVEY 2012/2013

RESULTS AND ACTION PLAN

The results of the recent Annual Patient Survey have been shared with patients (on Notice Board in the practice and on the practice website) and also with the Practice Patient Participation Group who helped develop the survey. The Results were also discussed with the practice team and include feedback from that meeting and from Patient Participation Group members. It was noted that the overall Survey was very positive.

- Question 2 – **Ease of getting through on the phone.** It was noted that 20% thought it 'fairly easy' and 80% thought it was 'very easy'. This is an improvement from last year's survey result where 56% of patients had said it was 'very easy'. This is an improvement of 24%. It would appear that the action to answer the phone in 3-4 rings from last year's Action Plan has made an improvement. It was agreed to continue.
- Question 3 – **How easy is it to speak to a doctor/nurse on the phone.** Again this was markedly improved with 70% saying 'very easy' as opposed to 54% last year. On last year's Action Plan it was agreed that patients would be put on the 'Clinical Queries' Screen on the computerised appointment system and the Clinician would ring the patient back at the earliest opportunity. If after speaking to the patient the Clinician felt that the problem should have or could have been dealt with sooner or more effectively by not waiting to speak to them personally but to go through triage, they would discuss this with the patient to try and improve their experience in the future. The improved results would suggest that this system is working effectively and so will continue.
- Question 10 – **How long did you wait for your consultation to start?** Again this had improved with 35% being seen within 5 minutes of their consultation time as opposed to 18% last year and 55% waiting 5-10 minutes as opposed to 61% last year. This improvement was put down to the clinician being allocated extra time for visits, reviewing results, etc. It was noted that 10% waited 11-20 minutes for their appointment. It was agreed with the Practice Team that there was still room for improvement with this 10% and this would be reviewed by the practice to see how this could be improved upon further.
- Question 16 – **Which additional opening hours would make it easier for you to see or speak to someone?** It was noted that although the practice continues to offer evening appointments on a Monday evening 6pm to 7pm 20% of patients surveyed expressed a wish for the practice to open at lunchtimes. It was agreed as a result of this that the practice would organise Reception cover so that the practice can be open between 12.30 and 1.30pm for collection of prescriptions, etc and that certain clinics would run through the lunchtime period for the convenience of patients. This will be trialled until the end of March to see how utilised they are.

- Question 34 – **Overall, how would you describe your experience of your GP Surgery** 55% said 'excellent' and 40% said 'very good' which was a very pleasing result.
- Question 39 – **What is your ethnic group?** It was noted that 100% of patients who completed the survey were white. It was agreed that the practice team would continue to try to engage a more diverse ethnic group by possibly the Clinicians directly asking patients to join the group or to participate in practice surveys.
- Comments – all comments were positive.

From the Survey done last year it was agreed to audit the triage system as a patient had commented that they did not like going through the nurse to get a doctors appointment. As a result an internal audit was conducted to ascertain if the triage system continued to be effective. Results of the audit:

34% of patients triaged were dealt with over the phone with advice/results
 39.8% required a Clinician appointment (doctor/Nurse Practitioner)
 19.4% required a nurse appointment
 6.8% could not be contacted back (did not answer or phone not in use)

It was concluded from the results that 60.2% of triages in the week audited did not require a GP appointment. A similar audit was done on a different week with very similar results.

The benefits of the Triage system were discussed and it was thought by the practice team that at present it still continues to be an effective appointment system ensuring the practice can continue to offer patients same day/next day appointments when they need to see a doctor/nurse practitioner. It was agreed that these benefits should be explained to patients in the newsletter/on notice board so they understand why the system is used.

All other comments were positive.

PATIENT PARTICIPATION GROUP (PPG)

ANNUAL REPORT 2013

Welcome to our Annual Report.

We have had a positive and productive second year and are pleased to report that The Patient Participation Group (PPG) continues to be a success. The PPG was established last year. The reason behind wanting to start a PPG was to ensure patients are involved in decisions about the range and quality of services provided by the Practice. It was felt that creating a virtual PPG was a good starting point.

We continue to encourage patients to join the group. We have a notice board with information on it in the waiting room, it is on our Practice Website and we have developed a specific newsletter which we give to patients when they attend, we also include it in our regular patient Newsletters and give a copy to all new patients who register. It was agreed as a result of the recent patient survey that the clinicians will actively ask patients to join the group to encourage a more diverse member group.

The Patient Participation Group currently has 5 members who have been actively involved this year in developing, completing and agreeing action plans on numerous surveys. This has helped us as a Practice gain an understanding of what our patients want from the service we provide. We invited our members during the year to do a small survey regarding appointments and how to reduce the number of patients who do not attend without cancelling (DNA's). As a result of this exercise the Practice has adopted the SMS messaging service whereby a text message is sent to the patient (if they have a mobile phone) to remind them of their appointment date and time. A follow up audit of this would suggest that the system works and has reduced DNA rates. The Audit Results can be found on our Practice website.

Following on from the Practice Survey done in 2012 and a member's comment about 'not wanting to go through the nurse for a doctor appointment'. The triage appointment system was audited to see if it was still the most suitable appointment system for the Practice. Again the results suggested that nurse triage is an effective system and does mean that potentially about 60% of a week's appointment requests could be dealt with by advice over the phone or they were simply patients wanting to discuss results which the clinician could do over the phone. It was concluded that Triage continued to be the most effective appointment system ensuring that sameday/next day GP appointments were available for those that needed them.

The Group has also actively helped us develop an Annual Patient Survey again this year, they have reviewed the results and helped develop an Action Plan:-

The members of the PPG were invited in October 2012 to help the Practice develop a patient survey. They were asked to consider what issues they thought were important and which areas should be focused on. As a result of the feedback from this it was decided to use the same survey as the previous year so that the results could be compared to see if the actions from the Action Plan from last year had made any improvement. The Patient Survey included questions about accessibility to the Practice, opening hours, etc as well as other comments and ideas received from members of the PPG.

The survey was given to any patient attending the Practice during November 2012 and was available to complete on the Practice Website.

The results of the survey were displayed in the waiting room and on the website and sent to the members of the PPG in January 2013 for comment. The Practice team also discussed the results during January and the comments collated from both staff and the PPG members were combined to develop an Action Plan. The proposed Action Plan was sent to the PPG members for comment on 19 February 2013. The PPG agreed the proposed Action Plan. A copy of this has been displayed on the website.

The Practice would like to thank all its PPG members for their contribution towards implementing and developing the patient surveys done throughout the year. The input from patients is invaluable in trying to improve our services.

In addition to helping us develop our surveys, we ask the group their opinion when starting a new service/system (ie, the SMS text messaging service), we also give the PPG information, eg, informing them when the 'flu' vaccines were in and to book their appointment. We also send the group the quarterly Newsletter to keep them informed of what is happening in the Practice.

We would welcome any ideas from group members on aims and objectives for the PPG to work on in the forthcoming year and welcome any ideas on how we can improve the Practice and our services - we are continually striving to improve.

We think the Patient Participation Group has had a positive 2nd year. We would continue to welcome new members to the group and hopefully we will see the numbers in the group grow again this year to make it a continued success both for the Practice and for our patients.

Minor Surgery Service for Patients of DonCare 2012 – 2013

Dr M A Khan has taken over the provision of enhanced minor surgery and joint injections to those DonCare patients requiring these procedures following the retirement of Dr Wright at the end of September 2012.

Over 151 minor surgery procedures were performed along with over 170 local steroid injections for “local” effect over the 12 month period. The majority of procedures were performed on a monthly basis in a dedicated minor surgery session at The Phoenix Medical Practice site with a few “urgent or emergency” cases being performed on a case by case basis through the year.

During the past year we are pleased to report no patient complaints of the service or procedure undertaken.

All lesions were successfully managed with high levels of patient satisfaction being reported, especially in light of the patient being saved the need to attend the local hospital.

Only one unexpected cancer lesion was identified namely a squamous cell carcinoma on the lower abdomen of an elderly female patient which having been diagnosed allowed her to be referred directly to secondary care for appropriate further management.

No complications of any procedure performed have been reported over the past year.

The range of conditions treated by steroid injections for their local action include simple intra- articular joint injections, inflammation of tendons (eg plantar fasciitis, tennis elbow etc), drainage of bursae, trigger fingers to name just a few.

This highly successful and popular service will continue to be provided by Dr Khan over the next year and all results and outcomes will continue to be monitored and be reported in next years DonCare report.

DonCare Annual Report Summary

This report is continually produced each year to provide assurances around the achievements and developments of the year in an easy to read format along with the production of graphs. Detailed below is a brief summary of the services covered and should you require further information about DonCare, please feel free to contact Chris, Paula or Katherine on 01302 811199.

New Developments and Achievements for year:

Self-explanatory, shows our achievements during last year in a tabular format.

Last years Objectives – how did we do:

This shows the developments that we had agreed to monitor with the PCT/Patients. There were 8 key objectives last year of which 7 have been achieved, and 1 not being achieved.

Secondary Care Provision:

The graph shows a breakdown of the services we provide that would traditionally require secondary care intervention. We increased our provision by more than 10% during the year, in total we performed 440 procedures, all of which would have resulted in a secondary care referral.

SAS Overflow Graph:

This chart shows the number of patients our 'On-Call' GP has to see to ensure we meet our 48 hour commitment. This system provides flexibility we need to meet a fluctuating demand.

Consultation Activity:

This chart shows the total number of GP patient interactions handled by the staff of The Medical Centre. You will note that the GP clinic activity is slightly less than last year; this reflects the retirement of Dr Wright and the subsequent employment of Locums to make up the short fall caused by his retirement.

The Nurses Section:

This section graphically shows the patient interactions for both Minor Illness Clinic and the various nurse led clinics for ease of reading our phlebotomy interactions are included in this section.

QoF Report

This report shows how successful we have been in meeting these nationally set targets. Maximum points have been achieved once again this year despite new measures being introduced!

Telephone System

During the year we took over 95,000 calls of which 83% of these calls were answered efficiently and effectively. We have now installed a new telephone system and we will be revaluating our telephony systems.

Clinical Governance

This report details our involvement with the PCT, CCG and NHS England and achievements in the clinical governance arena. We continue to support local health initiatives and send relevant representatives to all educational meetings. There are no particular areas of concern.

Training and Development

This report highlights the work we have done in training and developing the team. We consider this area a cornerstone of DonCare development.

Pharmacy Report:

Our pharmacist has produced a report that gives the flavour of the work she and her team have done over the year. It also shows that we have worked within our drug budgets for the year. As can be seen from her report, she has, once again, had a major impact on patient care.

Mental Health Report:

This report highlights the activity of our continuing 'triage' service. The stress and anxiety clinic continues to work alongside our triage service.

Patient Involvement:

DonCare is committed to involving its patients in the life of the organisation. The report details the ways we communicate and receive feedback from our patients.

Complaints:

This report analyses the formal complaints dealt with during the year of which there were only three for TMC and one for Phoenix.

The DonCare organisation:

DonCare is an amalgamation of two independent Practices working together for the common good of its 9,700 patients. However, the independence of Dr Khan and his team needs to be expressed. To this end, they produce their own report. Once again the Phoenix Practice have had a successful year and produced a report of interest to themselves and their patients. We have enjoyed working closely with the Phoenix team.

Intermediate Care Report:

This is a report from Dr Middleton on our work with colleagues in intermediate care.

Next Year's Objectives:

This report shows the objectives for 2012/2013 in a tabular form. We will update you on our successes in our next year's report. It looks to be another exciting year in general Practice; especially with GP led commissioning expected playing a huge part in our working.

The End:

We hope the contents of our report give a view of our achievements over the year and our plans for 2012/2013. Fourteen years is quite an achievement! DonCare has continued to develop and take on new initiatives. QoF and the ongoing work of GP commissioning continue to make us look at our organisational and reporting structure and make changes to put us in a good position to meet future developments and challenges.

The authors of this report are all proud to be associated with such a highly motivated and generally happy team.

In closing, we hope all our readers have found the report interesting. We will be happy to answer any questions you may have. Please contact, Chris, Paula or Katherine on 01302 811199 or email on Practice.Manager@gp-c86025.nhs.uk. we will do our best to answer.

Thank you for reading all about DonCare.