

# Park House Surgery

## Quality Report

June 2010

### Introduction

Park House Surgery continually strives towards providing an exceptionally high quality of care for all our patients. We believe that to achieve these high standards we must listen to the views and accept feedback from our patients and the Primary Care Trust. Quality Accounts aim to enhance public accountability and engage the leaders of an organisation in the quality improvement agenda. Producing an annual report will become a statutory duty in primary care from 2011 and we have been invited by the North East Strategic Health Authority to be take part in a pilot scheme in 2010. In producing this report we have discussed the proposed content with our patient forum group and asked for their comments.

This report has been produced after initial consultation with the North East Strategic Health Authority, the Department of Health and support from the Primary Care Trust. The purpose of this report is to allow Park House Surgery to review the quality of the services that we provide, look at areas where we have already made improvements and to identify any areas where improvements can be made.

This report will look at three specific areas;

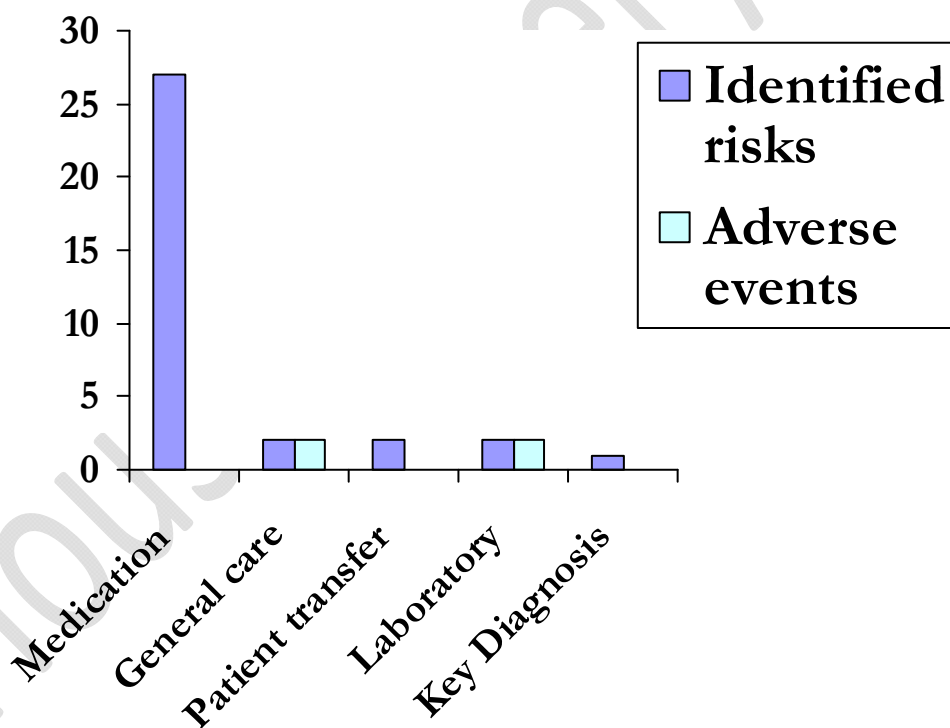
- Patient Safety,
- Clinical Effectiveness,
- Patient Experience.

The content of the report has been reviewed by the partners of the practice and the practice manager, who have agreed the content and are confident in the quality of the data and information.

## Patient Safety, Primary Care Safety Tool

The Primary Care Safety Tool measures patient harm caused by healthcare. It is a means to calculate the rate at which the harm is occurring and provides practices with an unbiased measure of the incidence of healthcare induced harm experienced by their patients. It informs priorities for action and tracks improvements over time. The data obtained cannot be compared to other practices. Since using this tool from March 2010 we have identified 34 potential risk areas containing 3 adverse events. The highest risk area was medications with 27 potential risks identified but with no adverse events. The 4 adverse events related to infected wounds and 1 fall in patients receiving treatment at home.

[www.institute.nhs.uk](http://www.institute.nhs.uk)



## Patient Safety, Significant Event Reviews

Park House Surgery operates a policy where all incidents which fall outside normal practice, whether positive or negative, are recorded. We regularly review all cases to ensure that we operate in a safe manner to the best interest of patient care. During the report period the practice reviewed 47 cases with action plans agreed for all cases.

## Patient Safety, CPR training

It is a mandatory requirement that all clinical staff undertake CPR training on an annual basis. We are fully compliant with this requirement.

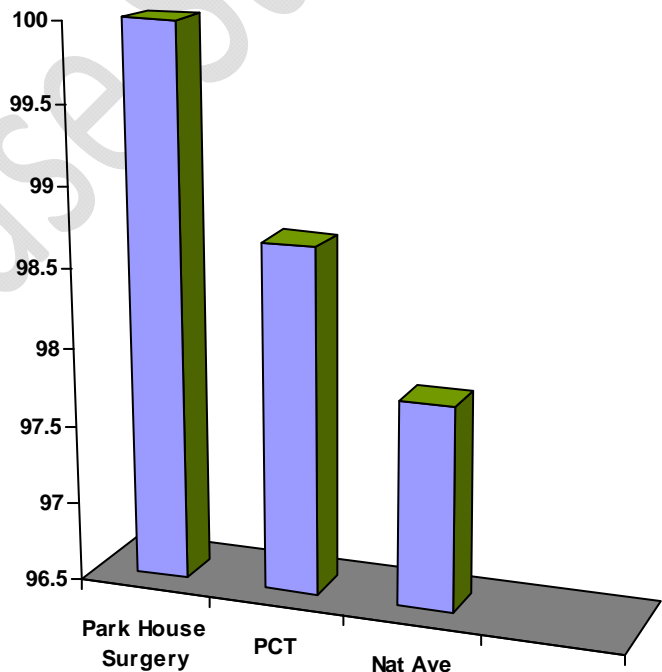
As it is possible that a non clinical staff member could be first to respond to an emergency within the practice, we feel that it is appropriate that all staff are trained every year. The practice has 14 staff; the breakdown for 2009 is;

May 2009 – 6 admin staff trained

Nov 2009 – 8 clinical staff trained

## Clinical effectiveness, QOF Clinical Achievement data 2008/09

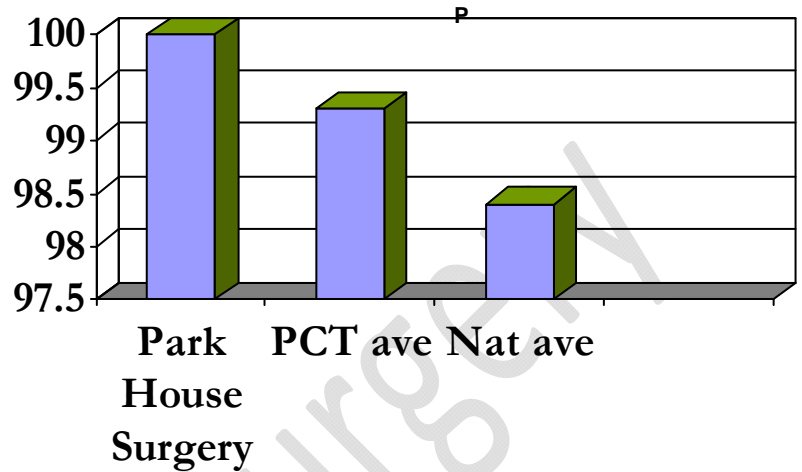
The Quality and Outcome Framework was introduced to primary care in 2004. It is designed to reward high quality patient care. There are 650 points available for clinical care which the practice achieved 100%. The practice data for 09/10 is not available before 30 June 2010 and national data not available until September 2010.



## Clinical Effectiveness, diabetes08/09

There are a total of 93 points available via the Quality and Outcomes Framework for Diabetes. This includes quality indicators;

- Level of blood sugar control
- Level of BP control
- Level of cholesterol
- Annual foot, eye and kidney checks

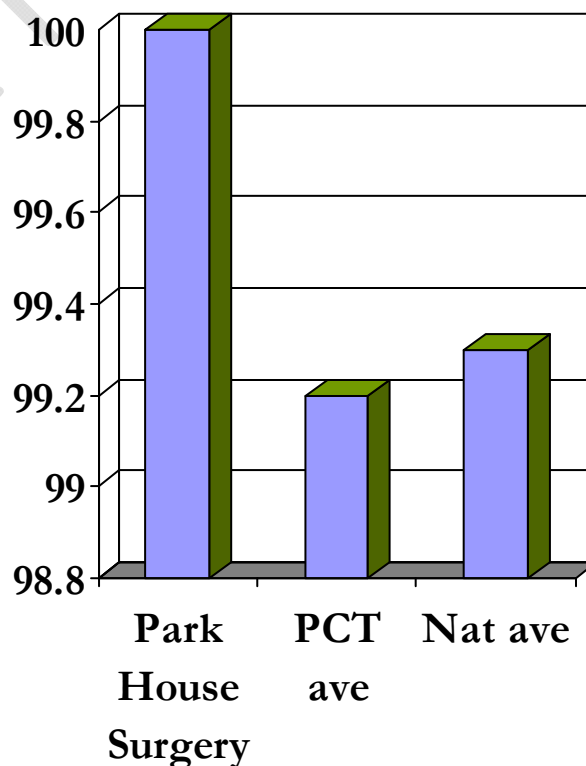


**Achievement Percentage**

## Clinical Effectiveness, Heart Disease

There are a total of 87 points available via the Quality and Outcomes Framework for Heart Disease. This includes quality indicators on diagnosis;

- Level of BP control
- Level of cholesterol control
- Use of appropriate medication for this condition.

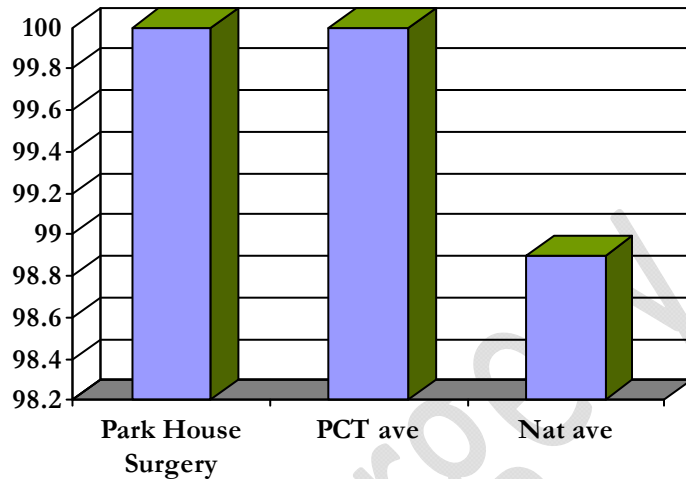


**Achievement Percentage**

## Clinical Effectiveness, Hypertension (Blood Pressure)

There are a total of 81 points available via the Quality and Outcomes Framework for Blood Pressure. This includes quality indicators;

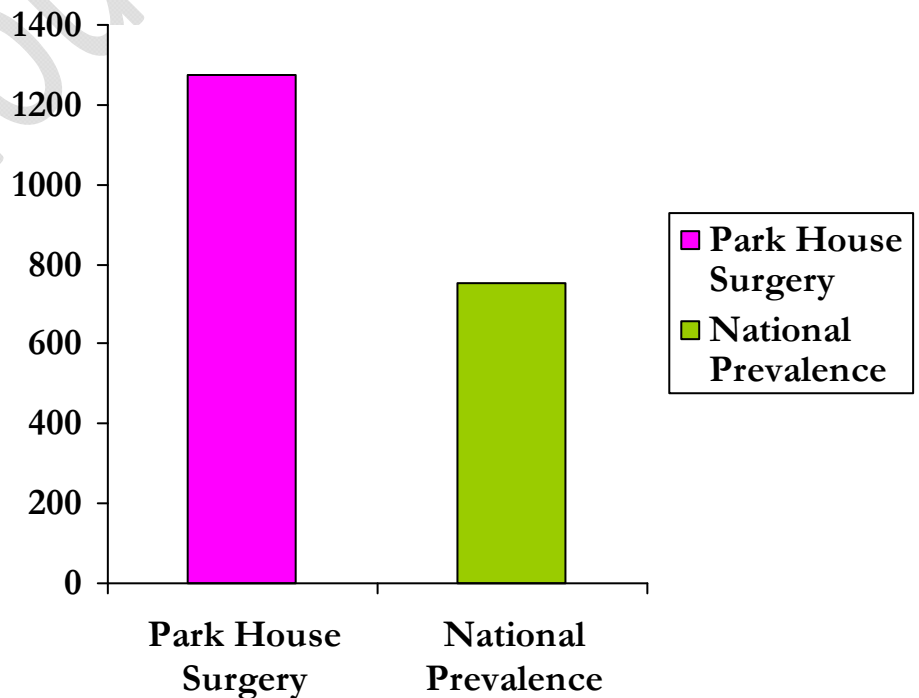
- Frequency of BP checks
- Level of BP control



■ Achievement percentage

## Clinical Effectiveness, Prostate Cancer

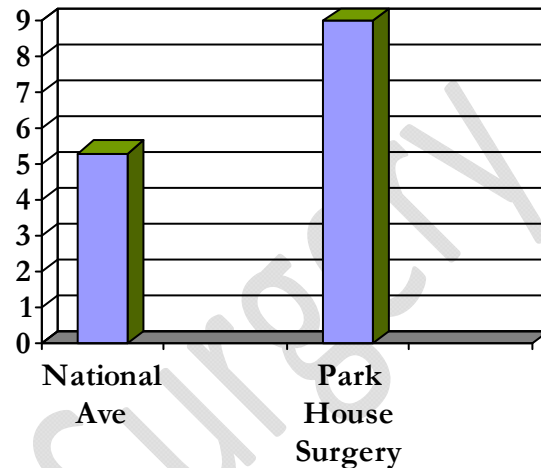
Nationally, prostate cancer is the 4<sup>th</sup> most common cause of death from cancer and the most commonly diagnosed in males. Our patient forum requested addition of data on this disease. Park House Surgery takes diagnosis of this condition very seriously and uses national guidance in the diagnosis and management of this condition. Our prevalence for prostate cancer is 1277 per 100,000 males against a national prevalence of 752 per 100,000 males.



■ Park House Surgery  
■ National Prevalence

## Patient Experience, Capacity

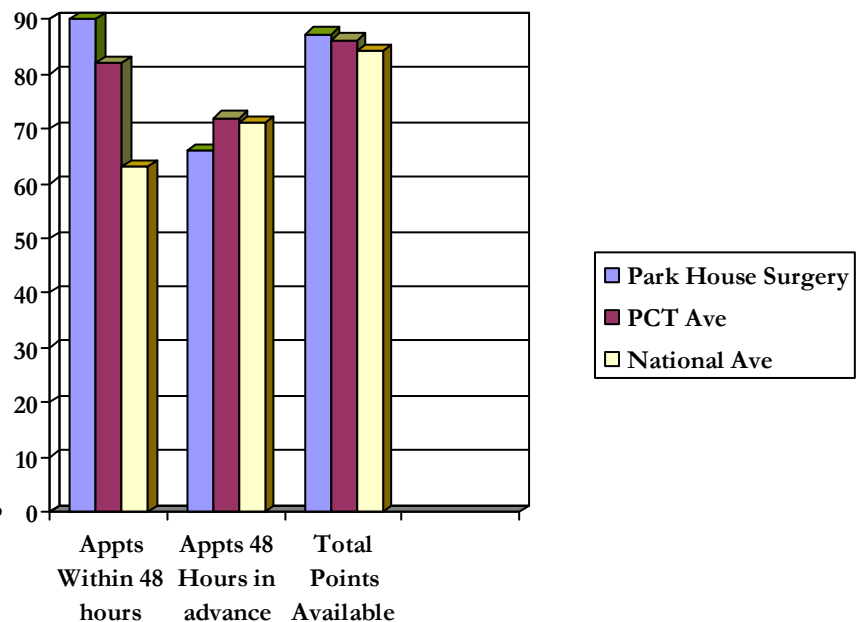
Statistics were taken from a report published by the Primary Care Foundation in May 2009, which was supported by the BMA and the RCGP. The report highlighted a survey which found that the average national demand for appointments per patient per year (including telephone consultations) is 5.3. Our current list size at April 2010 is 3772 indicates a demand of 19,992 consultations. During the report year we provided an average of 19,292 face to face consultations and 13,936 telephone consultations averaging 9 consultations per patient.



■ Average Appointments/pt/year

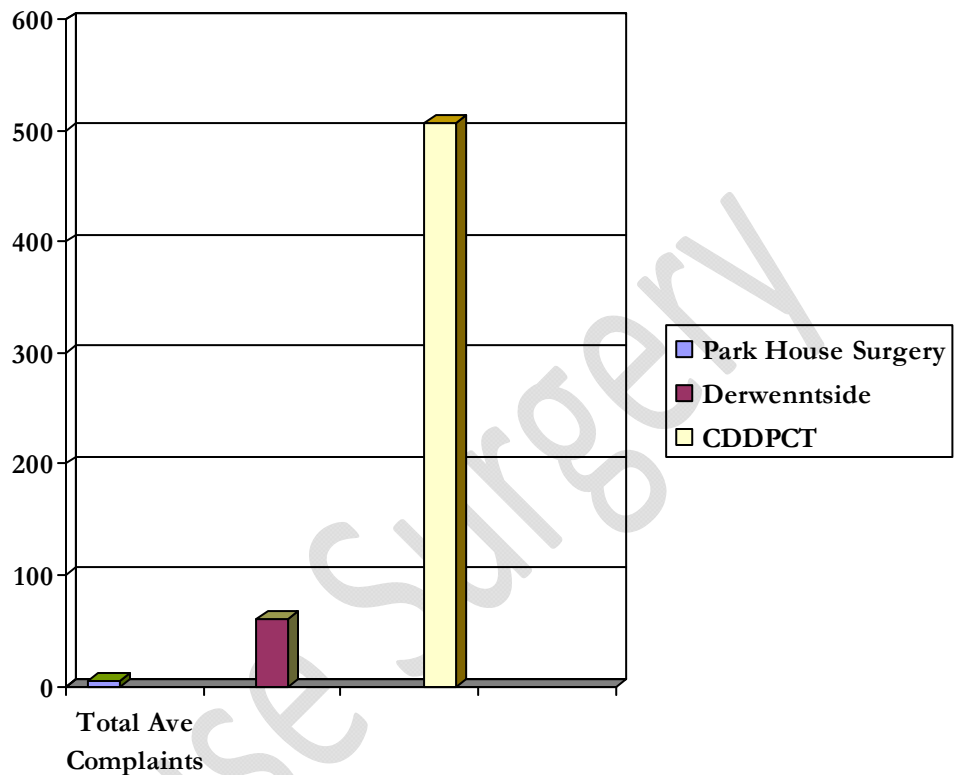
## Patient Experience, Booking Appointments

Our access system allows patients to book appointments within 48 hours and also more than 48 hours in advance. GP national survey questions were; Think about the last time you tried to see a doctor fairly quickly. Were you able to see a doctor on the same day or in the next 2 weekdays the GP surgery or health centre was open? Last time you tried to, were you able to get an appointment more than 2 full weekdays in advance?



## Patient Experience, Complaints

Park House Surgery takes all complaints seriously. Our aim is to learn from complaints, we discuss and review all complaints at team meetings, agree any actions necessary and a timeframe for agreed actions.



## Priorities for quality improvement

### Patient Safety

**Facilities for disabled patients;** we currently have no disabled parking or an automatic door entry system for disabled patients.

Our counselling room is upstairs which is unsuitable for the elderly and disabled patients.

**Confidentiality;** The design of our waiting room/reception is unsuitable to deal with patient confidentiality.

With the support from the PCT we are in the process of looking for purpose built premises or to redevelop our existing premises. This will enable us to improve access for all our patients including disabled patients and meet with current regulations.

It will also allow us to provide a reception area which will improve patient confidentiality.

## Priorities for quality improvement

### Clinical Effectiveness

**Accessing rooms;** The practice adopted a new access system and increased clinical staff to improve clinical effectiveness however; it is often difficult for clinicians to access rooms with private telephone facilities. With support from the PCT, our premises redevelopment will enable us to have adequate room space to ensure that we can improve our effectiveness in this area.

**Repeat Dispensing;** Repeat dispensing, (where a prescription is dispensed in intervals rather than in total, offers an opportunity to streamline the process, improve services for patients and reduce drug wastage) is widely supported by the Department of Health and the Royal Pharmaceutical Society. It is estimated that 80% of all repeat prescriptions could be processed using repeat dispensing saving GP, practice and patient/carer time. We are planning in conjunction with the local pharmacy to develop the process of repeat dispensing.

**Birthday month reviews;** We intend to review all patients with long term conditions in the month of their birthday, this will benefit both patients and clinicians, patients will have one major review each year with a 6 month review where appropriate.

**Prostate Cancer;** We aim to review Nice Guidance for prostate cancer to ensure that we can make early diagnosis of symptoms.

## Priorities for quality improvement

### Patient experience;

To listen to our patients regarding our access system, a patient survey has been sent out to random patients in April 2010.

To increase awareness regarding the facility to book appointments more than 48hours in advance, (until 2003 patients could not book more than 48hrs in advance) this can be measured by the annual GP survey.

Communication will be via our website, electronic message in the waiting room, posters in reception and or flyer in mail to patients.

We aim to reduce the average 9 min waiting time in reception by reviewing our booked consultation times and introducing hands free computer dictation technology.

## Stakeholder Review

The reason for the report and its proposed content was initially discussed with our patient forum group, the group made some suggestions that were included in the report. The final draft was presented to the group; the comments and suggestions were taken on board and included in the report.  
Comments and feedback;

Patient Group;

Well presented report – Graphs were an additional bonus. We would be interested to see the practice data and National data for 2009/2010 which you state will be available 30<sup>th</sup> June and September 2010.

Patient safety – access is our only concern for disabled patients – and it is hoped that this will be rectified when new/adapted premises are available

CPR Training - excellent that all staff of P.H.S. can respond (if necessary) in any emergency situation.

Clinical Effectiveness –

Diabetes No adverse comments.

Heart disease No adverse comments

Hypertension No adverse comments

Prostate Cancer My only comment is that we keep leaving out testicular cancer, which can affect all male age groups.

Patient Experience,

Capacity The appointment system appears to be working well,  
No adverse comments.

Booking Appointments; No adverse comments

Complaints. No adverse comments.

Priorities for Quality Improvement

We would endorse the concern of patients especially the disabled re access/parking/confidentially, we hope that redevelopment will rectify this.

Accessing rooms; Redevelopment should rectify this.

Repeat Dispensing; No adverse comment – but would endorse any plans in conjunction with the local pharmacy to streamline.

Birthday month reviews; No adverse comments.

Prostate Cancer; Including testicular disease/cancer.  
Patient experience; Most patients are willing to wait more than your recommended 9 minutes, and certainly since the introduction of the new booking system – unless there is an emergency – waiting times are acceptable.

## PCT

NHS County Durham and Darlington has been pleased to review the pilot Quality Account (QA) produced by Park House Surgery and would like to congratulate the Practice on the hard work and effort put into the production of their Quality Account.

The PCT has been able to validate the QOF data within the QA.

The PCT has found it impossible to validate other data within the QA as the data sources have not been clearly defined or are not available. It is not clear which Patient Survey data is used within the QA.

The PCT feels that presenting total QOF points achieved in clinical domains might be misinterpreted by service users as 100% points achievement does not relate to 100% achievement of clinical care within the QOF domains. The PCT feels that it would be fairer to present percentage patient achievement of individual QOF targets.

The PCT considers that the complaints data should have been presented as complaints per one thousand patients as presenting total complaints data may be misleading for service users.

Other data within the QA appears to be fairly interpreted.

The PCT would like to commend the Practice on the quality of the QA. The PCT considers that the document is particularly clear and well presented although notes the use of 'CPR' and suggests the term may need explanation for service users. The approach to the setting of priorities for quality improvement for the financial year 2010/2011 was considered to be good but the PCT would have preferred to see the setting of more measurable priorities.

Park House Surgery