

Practice Appraisal Report 2014-2015

Practice & Visiting Team Information			
Practice Name	Whitwick Health Centre Drs EA Hepplewhite and Dr S Virmani	Practice Code:	C82120
Appraisal Team:	Dr M K Lakhani, Ruth Bruce	Appraisal Date:	16.1.2015

Agenda	
Agenda Item	Overview
<p>Actions Taken since Practice Appraisal in 2013/2014</p>	<p>Actions from previous year</p> <p>To fully implement the proactive care programme: This has been achieved. Evidence supplied including detailed report of progress made and link made to the 2% unplanned DES. A system of MDT meetings is in place and a support meeting has taken place with the GP proactive facilitator.</p> <p>NHS health checks: This has been achieved and targets have been exceeded. In addition the practice has signed up to the GENVASC study which is commendable. Achievement has been through staff training and systems development</p> <p>End of life care: Progress has been extremely good with the register now exceeding 1% - one of the highest I have seen. Systems have been consolidated through searches and coding.</p> <p>Cancer QIPP: Achieved. Displays on this are occurring through the new patient display system. The practice manager also attended a public meeting at Loughborough Town Hall. The PPG has commended the patient display system,</p> <p>COPD screening: An exercise was undertaken to invite at risk population for screening however the uptake was not as great as anticipated. The practice has undertaken additional measure such as GRASP COPD. The use of COPD-6 or equivalent for case finding was discussed.</p>

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Practice Profile Feedback	<p>This is a small GMS practice with a with a list size of 3390 (weighted 3730) with a core funding per patient of £77.34 (compared to CCG average of 81.12) operating from a health centre shared with another practice and with some community services. There is a practice nurse, one practice manager and four other members of staff. The practice is not involved in teaching or training but makes a substantial contribution to leadership of the CCG and the local federation. The profile was verified as being accurate.</p> <p>The meeting was attended by both GP partners. Two members of the practice PPG (one of which was the PPG chair) and the practice manager. The practice nurse was unavoidably absent through illness. There was a good range of contributions from all those present.</p> <p>The preparation undertaken by the practice for the appraisal was commended particularly the preparation of a detailed structured briefing led by the practice manager.</p> <p>The practice felt it had a successful year after some fairly difficult period in recent times through staff changes. The approach to development and the achievements of the practice were evident. For example the action plan progress demonstrated commitment and success in areas which are hard to implement without whole system change such as end of life care.</p> <p>The practice patient participation group is in the vanguard of PPG. Examples include the conduct of a local survey to which the practice responded in detail, a public event entitled 'Party in the Park' (photos evident) and also wider contributions and attendance at CCG and wider health community events. For example the PPG is meeting with directors from UHL. The local survey shows a much higher rate of satisfaction.</p> <p>A major achievement has been the transition of the practice and consolidation through change of practice manager and evolving practice systems. There is much good practice that should be 'spread'. Morale is 'high' and the friendly atmosphere in the practice has been noted.</p> <p>A wide ranging discussion took place including legitimate practice concerns about overall workload, the quality of services provided by partner organisations such as 111, UHL, community services and Propco.</p>

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	<p>The report now turns to specific areas.</p> <p>Clinical effectiveness The practice submitted its latest prevalence data and progress against the action plan. This shows very impressive change e.g. achieving > 1% on the end of life care register. Prevalence has increased in AF, cancer, dementia, diabetes, and heart failure. The methods by which this was achieved were discussed</p> <p>Taking the practice figures, the performance in LTCs detection is comparable and in most cases better than the CCG comparator standards.</p> <p>Public Health (NHS England) Bowel screening uptake rate is not published yet. The immunisation rate for children is good at 98.74. The cytology screening rates are marginally lower than last year at 86.29.</p> <p>This attests to the well organised practice team approach and knowledge of patients and a proactive approach.</p> <p>Flu uptake rates were discussed with the under 65s rate of 37.60% and over 65 rate of 57.50. 253 NHS health check invitations have been sent and 146 checks have been carried which is a major increase on last year. GENVASC participation has been commended.</p> <p>QOF This is 897 (13/14) compared to CCG score of 858.09 The clinical score is 607.00 (574.34).</p> <p>Quality QIPP results show good performance for heart failure management, diabetes, end of life.</p> <p>QIPP Emergency admission activity, although higher than last year (50.83 versus 49.59), lower than CCG benchmark (55.84). This is due to knowledge of patients and high level of clinical skill and confidence in the doctors. The clinicians are experienced and also are aware of admissions avoidance clinics.</p>

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	<p>The practice has achieved its 2% care planning DES standard.</p> <p>The use of Sound Doctor is high as is the utilisation of proactive care. Prescribing performance is efficient based on both quality and budgets.</p> <p>Patient experience Data from the national patient survey shows performance of 88.6 in overall experience compared to 89.5 (Last year) and 86.5 (CCG areas). There is 92.5 rating in trust and confidence in doctor. Patient movement rate is low at 3.84 compared to 4.66 CCG average. Helpfulness of receptionists was high at 92%.</p> <p>The local survey was also presented and discussed which confirmed and also revealed high rates of satisfaction.</p> <p>The findings of a low result of 22.9% (last year 24.4.) compared to CCG score of 47.4 in the category –‘actually saw/spoke to a GP on the same day’ was discussed. No clear explanation was found for these puzzling findings which may be an artefact of the survey. The practice and the PPG did not feel this was borne out by what actually happens and produced the local survey in support.</p> <p>The practice was advised to compare these findings with the local survey which has been completed.</p> <p>Winter planning and urgent care and the pressures over the next 8 weeks on the health system were discussed. The practice is aware of admissions avoidance and the new community services.</p> <p>Strategic conclusions</p> <p>Key strengths There has been considerable progress and improvement since the last practice appraisal which the practice should be proud of.</p> <p>Areas for improvement Maintain the progress and continue to develop the practice as an organisation, build its systems and look to the future!</p>

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<p>Areas of Good Practice What is working well?</p>	<p>Model of practice with personal family doctor service Team work –‘cohesive’ Strong practice management More structured coding and care for LTC PPG leadership and contributions e.g. to CCG health bus Accessible service Knowledge of patients Up skilling in heart failure Doctors proactive with flu jabs LTC prevalence – impressive progress NHS health checks and participation in GENVASC Awareness and utilisation of new services e.g. OPU, AVS Leadership contribution to CCG and federation The practice examines the weekly data-feed for utilisation of secondary care as part of the urgent care initiative Submission of additional paper for the appraisal</p>
<p>Areas for Improvement What is working less well</p>	<p>There were no major areas identified in this section</p> <p>The following are some things to think about</p> <p>Futures planning and practice development</p> <p>Consider hand held spirometer for case based opportunistic screening for COPD</p> <p>Consider practice newsletter</p> <p>Continue to develop links with care homes and MDT working</p> <p>Practice Identified Areas</p> <p>Frustration with quality and responsive of other providers: community services (e.g. authorisations), UHL, 111 paperwork and bureaucracy and cost associated with premises maintenance.</p>

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Suggested Actions for Consideration	<p>Clinical effectiveness Continue the high standards achieved in LTC (to improve detection, management and care planning). Introduce opportunistic case finding for COPD through using hand held spirometers</p> <p>Patient experience Consider repeating a local survey. Try and understand area 4.2 ('actually saw/spoke to a GP on the same day') indicator rating. Consider a practice newsletter</p> <p>QIPP consider how care can be made more systematic and team based (MDT) for care homes through contact with the homes</p> <p>Make a plan for the future including managing the transition of the anticipated changes in the practice occasioned by any GP workforce changes</p>
Quick Practical Action Notes (to be completed by Planning and Engagement Manager)	Ruth will liaise with Stephen with regard to the local PPG survey results to ensure an accurate reflection of patient satisfaction.
QIPP	The considerable progress you have made in most areas has been noted which means you are on course to achieve full QIPP points. However as is usual this will be taken forward as through your regular meetings with your P&E managers as more up to date data becomes available.