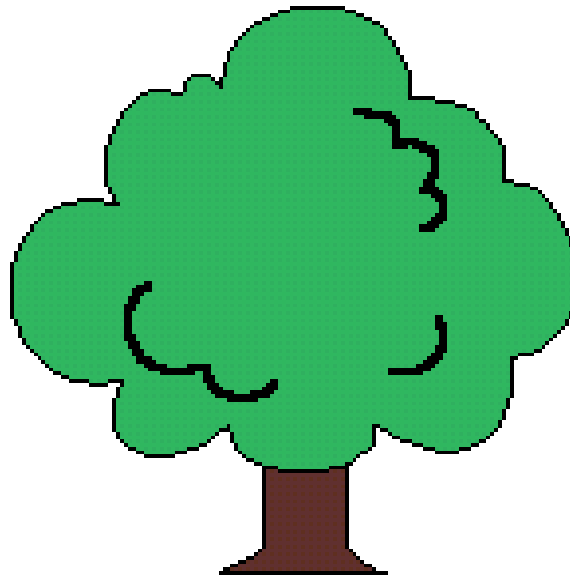


**Arden Medical Centre**

**Quality Accounts 2011**



**Downing Close  
Knowle  
B93 0QA**

## **Contents**

Senior Partner's Statement

About us

Our Priorities for Quality Improvement 2011 – 2012

Review of Services Provided 2010 – 2011

Statement from Solihull Primary Care Trust

## **Senior Partner's Statement**

Arden Medical Centre is a small, friendly GP Surgery committed to providing and delivering high quality medical services to our 4500 patients.

The Health Act 2009 puts a duty on all providers of NHS services to produce an annual Quality Account for the public. Currently this is not mandatory for Primary Care Providers until 2012 but we as a practice have decided to produce our first Quality Account a year early. The aim is to look back on what we have achieved in the past 12 months and to look at how we can focus on quality improvements for the coming year. Solihull Primary Care Trust has supported us in producing our first set of accounts.

This is a team effort and we engage regularly with our Patient Participation Group, gaining valuable feedback on the quality of care we provide.

All the Partners have been involved in this report and we have confidence in the information and data contained within it.

Dr Mike Bleby  
Senior Partner

## About us

Arden Medical Centre was established in September 1999 and moved to its present location in Downing Close in 2004. We are a small, friendly GP Surgery covering the B93 postcode area. We aim to provide professional, accessible medical care of a high standard.

We have 4 GP Partners (each working 2 ½ days per week) all of whom live locally and 12 support staff. We offer appointments each weekday and every other Saturday morning. We have found that booking appointments not more than 48 hours in advance improves our service and this is acceptable to the vast majority of our patients. However patients are able to book further in advance if they need to. Patients can see the GP of their choice. Appointments for our nurses and healthcare assistants can be booked several weeks in advance.

Our support team comprises of five receptionists, two medical secretaries, two nurses, two healthcare assistants and the practice manager.

All our team have been working with us for many years and we have a very low staff turnover, which means therefore that all the staff are familiar with the patients, helping us provide an excellent standard of service.

Each individual staff member has several roles within the practice and are allocated additional time to fulfil these roles i.e. one of our healthcare assistants also has administration time for scanning. This illustrates the maximum use of our staff skills and enables the whole team to be actively involved in the day to day running of the practice.

Our two nurses offer a wide range of services including:

- Asthma monitoring
- Diabetes monitoring
- Stop smoking individual plans
- COPD monitoring
- Dressings
- Family planning
- Assisting GPs with minor surgery
- Immunisations
- Travel clinics
- Cervical Smears

Our healthcare assistants work over five days offering appointments for bloods tests, blood pressures, ECGs, warfarin monitoring, weight management, smoking cessation and assisting with health checks.

We also host additional services including

- Midwife services
- Dermatology clinics
- ENT clinics
- Mental health counselling
- Research clinics

We have access to other members of the Primary Care Health Team e.g. District Nurses, Community Matrons, Health Visitors and pride ourselves in good communication with them, which supports holistic patient care. We also work closely with the local community pharmacist.

All of the above enable us to provide a wide range of services to our patients. We are constantly looking at additional services that would benefit our patients and welcome suggestions and feedback.

## **Our Priorities for Quality Improvement 2011 – 2012**

### **Patient Experience**

#### **Patient Survey**

We currently use the National Patient Experience Survey carried out annually by the Department of Health. In this coming year we will also be using our own patient survey to gain feedback on all aspects of the services we provide our patients.

We intend to involve our Patient Participation Group in the planning of this questionnaire and will review the results, creating an action plan for improvements. This process will start in June 2011 by creating a questionnaire. This will be distributed over the summer and reviewed by the end of 2011. An action plan will be created for the beginning of 2012

#### **CQC Registration**

Registration with the Care Quality Commission is compulsory for primary care from 2012. The Care Quality Commission (CQC) is the independent regulator of all health and adult social care in England. Their aim is to make sure certain standards of care are met in hospitals, care homes, dental surgeries & GP surgeries.

Registration is based on regulations (i.e. Law) & standards. Standards are “outcome focused”, rather than based on systems or policies.

Outcomes evidence is centred on people who use our services. It focuses on whether care is safe and effective & whether it meets the needs of our patients.

As a practice we will be working towards this registration and believe it will assist us in improving the patient experience. Again our staff and Patient Participation Group will be actively engaged in this process.

### **Patient Safety**

#### **Recall letters**

As a practice we call all patients on our chronic disease registers for an annual review.

Chronic diseases include:

- Asthma
- COPD
- Diabetes

In the past twelve months we have had a response rate of over 92% for COPD and Diabetic reviews but only a response rate of 77% for asthma patients

Currently we only send one recall letter, but will be looking at our process so we send three letters. Failure to attend after three letters will be followed up by a telephone call. We realise the importance of seeing these patients on a regular basis but need a more robust recall system.

With our staff and our Patient Participation Group we will review the letters we send and agree a follow up procedure for those patients who do not respond. We will review the

number of responses to each of the three letters we send and the number of patients who attend for their asthma review. We aim to increase our asthma response rate by 5% to 83% by April 2012

## **Clinical Effectiveness**

### **Health checks**

We will be offering cardio vascular checks at the surgery. This follows on from Commissioning and National guidance that we now offer health checks for all patients between 40 – 74 years who are not already on a disease risk register.

The aim is to encourage those patients who do not regularly attend the surgery to have a check up with a healthcare assistant. We will offer general healthcare advice to these patients based on the information they give us at the check (baseline measurements such as weight, blood pressure etc) and results of their blood tests.

Patients in whom areas of concern are identified will be asked to return to the relevant healthcare professional who will advise them.

Our initial search suggests we have approximately 128 patients at high risk of cardio vascular disease whom we will invite. Many of these patients have not been seen at the surgery for a number of years.

We will report on the number of patients invited over the next 12 months in this high risk group and will audit attendance and outcomes.

## **Review of Services Provided 2010 – 2011**

### **Patient Experience**

#### **Blood Tests**

To offer better availability for blood tests we started working with a local pharmacy. Issues included:

- Patients needing fasting bloods are best done on an early morning appointment but we had limited appointment availability.
- A large number of our patients work so sometimes the appointment we offered for blood tests was not always convenient.
- Bloods collected from the surgery at lunchtime. Currently the laboratory did not offer a later collection service.

A local pharmacy offered blood tests between 8.30am – 4.00pm Monday to Friday and 9.00am – 12.00pm on Saturday. No appointment was required. Patients could take one of our completed laboratory forms (signed by a GP) to the pharmacy between these times and have their blood taken. The results were then returned to the surgery and processed in the usual way.

In December 2010 the pharmacy extended their hours to include Sundays (10.30am – 1.30pm)

Patients who used this service reported that it was easy to use and provided a prompt, friendly service.

As a practice we still continue to provide an in house blood test service Monday - Friday

### **Patient Safety**

#### **Scripts for Care Homes**

Following feedback from our reception staff we reviewed our process for processing Care Home repeat prescription requests.

Care Homes have a different repeat prescription process to other patients. Homes must complete a yellow MAR (medication and administration record) form. These forms are delivered to the surgery to be processed and then the prescriptions are collected by the care home. The care home then checks the forms and takes to the chemist for processing.

Concerns raised included:

- Scripts going missing
- Poor communication between staff at the Care Home regarding the prescription process
- Different ways in which repeat scripts were requested.
- People collecting scripts on behalf of the home
- Dates when MAR forms delivered to the surgery

The Practice Manager met with the manager of the Care Home concerned and discussed their process. A discussion also took place with the lead pharmacist at the local chemist, our Care Trust pharmacist and our staff at the surgery. We investigated the missing scripts (with assistance from the Care Trust) and found that none of them had been dispensed by the pharmacist and no patient safety incidences were reported as a result.

Following these discussions a new process was introduced on how we deal with these MAR forms. They included:

- The Care Home agreeing to deliver the MAR to the surgery by the correct date
- The surgery recording all scripts generated from the MAR form
- Creating a list of staff from the care home, who were authorised to collect scripts and sign upon collection.
- A reporting process for any missing scripts
- The Care Home agreeing to only request repeat medications on the MAR form or by a written, signed fax. No telephone requests would be accepted
- The Care Home gave the surgery details of the main point of contact for any queries

Following a three month period, this process was reviewed. Feedback from our reception team and the care home indicated that it was working well. There have been no reports of missing scripts or errors.

## **Clinical Effectiveness**

### **Quality of General Practice**

The Quality and Outcomes Framework was introduced as part of the new GP Contract in 2004 and measures our performance across a range of indicators according to mutually agreed standards. It also looks at how the practice is run on a day to day basis and whether staff are supported and trained in an appropriate manner.

The framework is divided into different areas:

- Clinical Indicators e.g. Disease registers
- Organisational Indicators e.g. Management of records
- Additional services e.g. Cytology and contraceptive services
- Patient experience e.g. National patient survey

Practices aspire to gain as many of the points available, resulting in a much more structured approach to treatment of many disease areas.

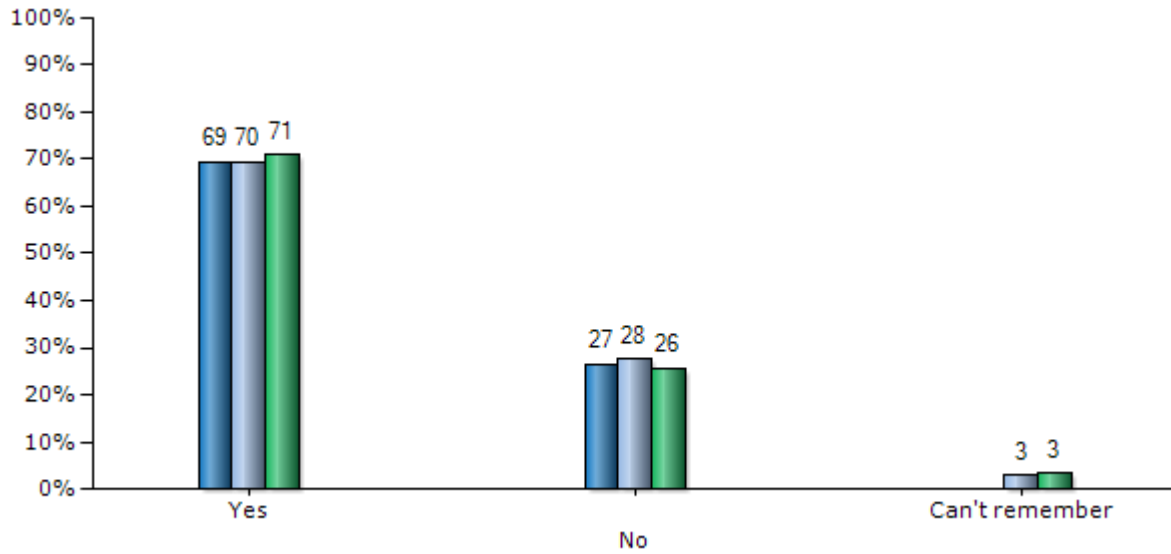
In 2010 we gained 100% in all apart from our National Patient Survey. The points not obtained were on booking appointments more than 2 days in advance. When asked, 69% of our patients were able to book ahead with a GP and only 27% said they weren't, but this was 1% above the national average.

As a practice we prefer to offer our appointments on a 48-hour access basis and this is welcomed by our patients (99% of patients surveyed).

At the end of each year we review the results and decide if different approached needs to be taken in any particular area.

**Question:** Last time you tried to, were you able to get an appointment with a doctor more than 2 full weekdays in advance?

**Base:** All patients who tried to book ahead for an appointment with a doctor in the past 6 months



**Practice results**

- ARDEN MEDICAL CENTRE

**PCT results**

- SOLIHULL CARE TRUST

**National results**

- National

**Question:** 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?

**Base:** All patients who say they tried to see a doctor fairly quickly in the past 6 months

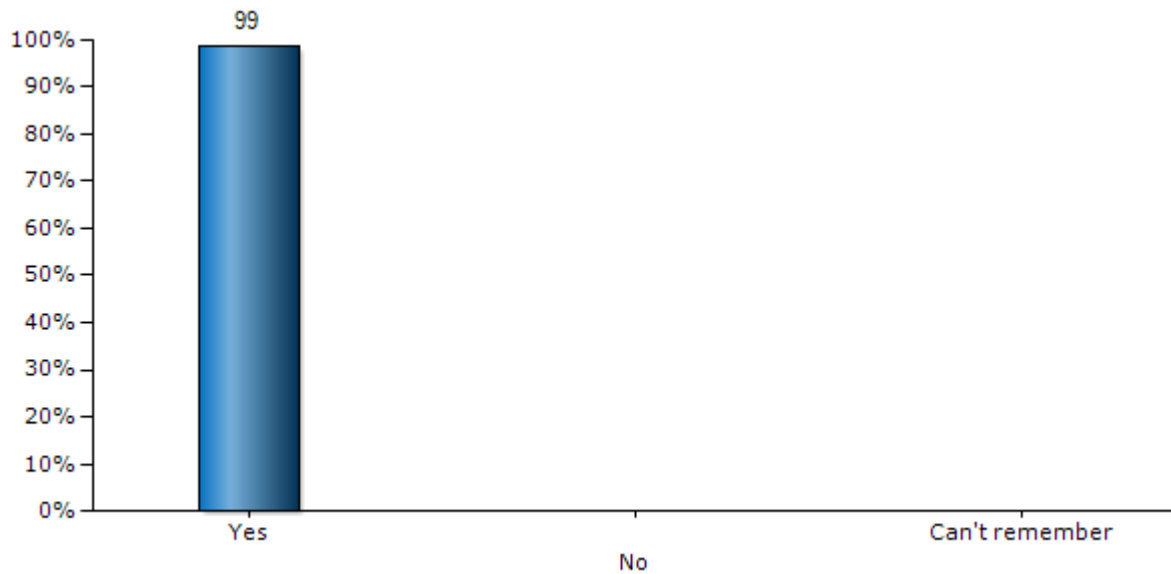


Table taken from GP Survey Results Dec 2010

### **Participation in clinical audits**

During April 2010 and April 2011 Arden Medical Centre has participated in one national audit (diabetes)

The reports of ten local clinical audits were reviewed by Arden Medical Centre in 2010/11 and we intend to take the following actions to improve the quality of healthcare provided:

- Review of the number of asthma patients attending for their annual check. This has been identified as one of our quality initiatives in this report
- Review our referrals into secondary care to see if we can use more local pathways, providing care closer to home

### **Participation in clinical research**

The number of patients receiving NHS services provided or sub-contracted by Arden Medical Centre in 2010 -11, that were recruited during that period to participate in research approved by a research ethics committee was 244.

Participation in clinical research demonstrates Arden Medical Centres commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research lead to successful patient outcomes.

### **Statements from the CQC**

Arden Medical Centre was not required to be registered with the Care Quality Commission during 2010/11. However the Practice is currently in the process of registering in line with the national timeframe for primary care registration.

Arden Medical Centre has not participated in any special reviews or investigations by the CQC during the reporting period.

### **Data Quality**

The practice achieved 84% on its Information Governance Toolkit 2010/11. The IG Toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards.

## **Appendix**

The Quality Account toolkit details a number of statements that are mandatory requirements for inclusion. Many of these statements are not applicable to GP practices. In order to ensure the Arden Medical Centre Quality Account remains user friendly to our readers we have listed all non-applicable mandatory statements here. This was undertaken following advice from Solihull Primary Care Trust.

### **Use of the CQUIN payment framework**

Arden Medical Centre income in 2010/11 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment because the provider does not use any of the NHS standard contracts that are eligible to negotiate a CQUIN payment.

### **NHS number and General Medical Practice Code Validity**

Arden Medical Centre did not submit records during 2010/11 to the secondary uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data (this is a secondary care requirement).

### **Clinical Coding Error Rate**

Arden Medical Centre was not subject to a Payment by Results clinical coding audit during 2010/11 by the Audit Commission

## **Statement from Arden Medical Centre Patient Participation Group**

The Arden Medical Centre Practice Patients Group (PPG) is very proud of its relationship with the Surgery and of the exemplary health care it provides to its patients. A strong, collaborative and harmonious Surgery/PPG partnership exists based on the shared objective of providing a best-in-class service to the B93 postcode.

As evidenced by the Quality Accounts, the PPG is delighted with the results achieved to date and looks forward to contributing in every way possible to a continuous programme of service enhancements.

## **Statement from Solihull Primary Care Trust**

Quality accounts are not yet mandated for primary medical services. Solihull Primary Care Trust is therefore pleased to be able to provide a supporting statement for Arden Medical Centre 'dry-run' quality account, which covers the period 1<sup>st</sup> April 2010 – 31<sup>st</sup> March 2011.

It is pleasing to note that Arden Medical Centre has to date implemented a number of initiatives to improve and enhance patient experience, patient safety and clinical effectiveness. Primary medical services have a busy year ahead with the requirement to register with the Care Quality Commissions '*essential standards of quality and safety*'. The PCT will continue to support the practice in any future challenges and is committed to working together to ensure the achievement of the intended 2011/2012 quality initiatives detailed within this document. In addition this account has identified that the participation of clinical audit (both at a national and a local level) could be further strengthened and the practice will be supported in this. This will be a key priority for the PCT over 2011/12.

In our assurance role the information contained within this account is in our view a reasonable interpretation of the data however it must be recognised that Solihull PCT is not able to corroborate the accuracy of all data within this quality account.

It remains a key priority of Solihull PCT to ensure high quality, safe and effective primary medical services are available for the population of Solihull. The continued implementation of the 2011/2012 quality initiatives detailed in the quality account provided by Arden Medical Centre will drive forward this priority.

---