QUALITY ACCOUNT 2017-18

Introduction
Quality is at the heart of everything we do within the NHS and is deeply embedded into the DNA of Moor Green Lane Practice. Below is our quality strategy and outline of the key quality priority actions we would like to carry out in the next 12 months. We have also summarized the quality metrics that the practice has already achieved.

Quality improvement strategy
We remain committed to our core values in delivering high quality personal care to all our patients. Our aim is to provide the high quality personalised care in a friendly environment with good access and continuity of care. We hope to remain as a small practice but work collaboratively with our practices within our federation to deliver general practice at scale. Some of our quality improvement strategy this year is rightly focused on achieving GP at scale projects. Our CQC rating was good and the report highlighted our innovative work with datix reporting and quality accounts publication although we did not achieve our goal of an outstanding rating.

How did we perform in the last 12 months?

1. Ensure Practice is CQC compliant and achieve readiness status for inspection
   ✓ Review all practice policies and update/refresh
   ✓ Ensure compliance of CQC 100 checklist
   ✓ Ensure staff are trained and achieve working knowledge on safeguarding, end of life care, dealing with emergencies & handing complaints, consent & confidentiality, data protection and information governance
   ✓ Annual staff appraisals and learning awards
   ✓ Infection control audit and health & safety review
   ✓ Complete RCGP practice safety checklist
   ✓ Premises & equipment review

2. Focus on patient safety –cancer pathway
   ✓ Referral under 2 weeks rule monitored & patient outcome audited
   ✓ Provide patients with the revised practice referral information leaflet.
   ✓ All cancer referrals sent electronically via e-referral template
   ✓ Ensure patients receive all appropriate diagnostic tests for the relevant cancer pathway within 31 days from the date that the original referral
   ✓ Audit to ensure patient receives treatment within 62 days from the date that the original referral was made
   ✓ Review all new cancers diagnosis at weekly clinical meetings
   ✓ Patient newsletter article on early cancer detection LIS
   ✓ Significant event analysis on any diagnosis of cancer in A&E or non-elective hospital admission

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3. Achieving quality targets with 2016-17 LIS & DES/ES/quality prescribing programmes
   ✓ Audit LIS performance e.g. RQIP targets e.g asthma reviews, flu vaccination rates, NHS health check uptake, dementia diagnosis, care plans etc
   ✓ Target frail elderly – housebound home visits, medication review, telephone review post hospital discharge (partially complete)
   ✓ ECG LIS training/accreditation
   ✓ Use MUST template and review oral nutrition prescribing
   ✓ EPS prescribing 80% of all prescription (audit required)
   ✓ Increase reporting and learning from medicines related incidents via Datix
   ✓ NSAI prescribing audit
   ✓ Branded prescribing of all inhalers
   ✓ Restart smoking cessation level 2 clinics

4. Improve IT applications with focus on e-referrals and templates
   ✓ All referrals (elective and non-elective) completed electronically i.e. no handwritten referrals
   ✓ Use choose & book e-referrals (majority of e-referrals including children’s hospital)
   ✓ Use book and advice service (partially complete)
   ✓ Review and re configure all word referral document templates with support from IT clinical facilitator
   ✓ Offer full online expanded record access where appropriate
   ✓ Update clinical active problems (patient summary pop up prompt) -ongoing
   ✓ Read Code all referrals with active significant problem (ongoing)

5. Workforce training and appraisals
   ✓ Staff preparation for CQC inspection visit
   ✓ Use Blue Stream Academy eLearning for staff training (ongoing)
   ✓ Identify staff learning needs via appraisals
   ✓ Develop & maintain practice staff training register & CPD activity
   ✓ Annual staff learning awards

6. PPG development and improve patient experience
   ✓ Develop PPG activist programme e.g self-support carer’s group, gardening group, flu vaccine support group, coffee mornings, peer support.
   ✓ NHS reforms patient awareness campaign e.g GP wage poster/ monthly A&E attendance costs/Birmingham STP/CCG changes etc via newsletter, leaflets and posters in reception
   ✓ FFT and MORI poll survey results tracking and PPG feedback/actions
   ✓ Encourage NHS choices feedback campaign

Achievements

Despite a difficult year in general practice it is pleasing to see again that we have achieved most of the targeted activity with a few exceptions in what was an ambitious programme of improvement we set with our quality and safety agenda. Some of these activities are work in progress and is to be carried over to the next 12 months. Audit on NSAIs will be carried out and we hope to maintain staff appraisals.

The challenge is as always to maintain our current high standards in primary care quality metrics as reflected in our current performance in QOF, patient surveys & primary care dashboard. Rising practice list size, workforce (recruitment and

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retention), workload, local NHS changes and PMS funding cuts this year remain the main threats to quality and safety performance.

The **key areas** we would like to prioritise within our quality improvement strategy over the next 12 months (2017-2018) are:

1. Provide ECG interpretation services to our GP federation
2. Provide spirometry services to GP federation
3. Achieving quality targets with 2017-18 LIS & DES/ES/quality prescribing programmes (ongoing from last year)
4. Improve telephone access & e-consultations
5. Increase the use of advice and guidance
6. Extended access via GP federation rotating hub & monitor core quality standards & safety of services delivered by the practice

**What actions**

1. **Provide ECG interpretation services to our GP federation**
   - Arrange rota with ACE partnership AQP provide service to federation practices
   - Review LIS criteria to undertake ECG’s with health checks over 40 years
   - Provide high quality ECG traces and interpretation
   - Audit activity and quality standards using recording templates e.g. number of abnormal ECG’s

2. **Provide spirometry services to GP federation**
   - Set up email referral system
   - Provide service to federation practices
   - Provide high quality spirometry traces and interpretation
   - Audit activity and quality standards using recording templates

3. **Achieving quality targets with 2017-18 LIS & DES/ES including diabetic focus /quality prescribing programmes (ongoing from last year)**
   - Achieve all indicators in the new diabetes LIS
   - Achieve 90% targets BP 130/80 in diabetics (current 75%)
   - Re-audit diabetes prevention in high risk diabetics
   - Undertake gestational diabetes audit
   - Polypharmacy project and report
   - NSAI’s prescribing audit

4. **Improve telephony access & e-consultations**
   - Improve telephone access via new telephony system
   - Audit response time & call waiting activity
   - Develop and promote e-consultations via email.
   - Explore use of web applications/apps to e.g book appointments, health information etc & Emis at home link
   - Establish Wi-Fi access and data gathering e.g smoking/alcohol use

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5. Increase the use of advice and guidance & social prescribing
   - Referral benchmarking and peer review
   - Greater use of advice and guidance option
   - Monitor and audit level of activity
   - Social prescribing

6. Extended access via GP federation rotating hub & monitor core quality standards
   - Develop federation dashboard with core quality standards
   - Increase social prescribing
   - Provide extended access including weekends
   - Integrated telephony and IT system
   - Monitor quality and safety standards reporting via Datix

WHAT DO WE OFFER AT THE SURGERY

Access & information
- Average 90% of patients seen within 48 hours
- 15 minutes appointments
- Surgery open all day from 8.00am to 7pm every weekday and till 8pm on Wednesdays
- Telephone access all day as above. 96% satisfaction with access ranked highest in the CCG (source: NHS MORI poll survey July 2017)
- Urgent appointment same day/emergency appointment available during current surgery session
- Telephone consultation/triage doctor & nurse available between 12.30-1.30 p.m. & 4-4.30pm
- Dedicated line for health professionals/high impact patients
- Online booking appointment and repeat prescription request, access to medical records & e-queries
- Updated Choices & MySurgery website - internet access/ up to date information 24 hours a day which patient can access.
- Flu vaccination over 65 years > 90%, breast screening 79% and smears > 85%
- Practice patient Newsletter every quarter
- Comprehensive Practice information booklet
- LED plasma screen patient information & call system in the waiting room (up to date information while you wait!!)
- PHILS – patient information leaflets on a wide variety of clinical and non-clinical information (** currently 158 different leaflets available)
- GP services focus – a series of patient leaflets on the services we offer at the practice
- Primary Care team - a series of information leaflets on who and what staff do at the surgery
- Female doctor available 5 evening surgeries and 5 mornings every week**
- Health care assistant 4 days per week with walk in blood test & investigations clinic
- 28 general surgeries per week (16 morning & 12 evening)
- 5 clinics per week – antenatal/CHS/well person& travel/respiratory/Vascular & diabetes/hypertension
- Practice nurse available 5 mornings and 5 evenings

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Surgery facilities

- Purpose built surgery
- Compliant for CQC and disability access regulations
- Surgery extension 2009 with new health care assistant room, 3 consulting rooms and offices & conference room on 1st floor
- 24 hrs CCTV security system
- Disable access and disabled toilet facilities ** automatic front entrance doors
- Breast feeding facilities *** new ***
- Refurbished Emergency room 6
- Nappy changing facilities
- Private secure car-park with **security cameras
- Staff library/internet access/equipped kitchen
- Fully equipped treatment room
- Practice library - new books and material & computerised (Microsoft access data base)
- Hearing loop

Chronic disease management

- Hypertension/IHD/Asthma/COPD/Diabetic/Well women/man clinics
- ARTP accredited Spirometry /nebuliser service
- High level achievement local improvement service/ES and RQIP
- >80% CVD/NHS health check undertaken
- Top performance long term conditions LIS

Enhanced services /Direct enhanced service and local improvement scheme

- **Insulin initiation LES to continue quarterly submission** (see schedule) to CCG (new LIS being developed)

ES

- Minor surgery
- Smoking cessation level 2 reinstated
- Avoiding unplanned admission

DES

- Learning disability
- Extended hours access scheme DES
- **Hepatitis B for new born babies at risk**
- MenC vaccination booster for freshers
- MMR (SFE) - for patients over 16 who self present at practices
- Seasonal Flu vaccine- carers/liver disease/pregnant women
- Seasonal Flu 2-4 years old
- **Pneumococcal**
- Shingles (routine cohort patients aged 70 & Catch up programme (patients aged 78-79)
- Pertussis in pregnant women
- Rotavirus routine childhood vaccination
- Meningococcal B vaccine childhood immunisation programme
- Meningococcal ACWY (MenACWY) 14-18 year olds

LIS

- BSC CVD LIS
- RQIP

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• Over 75 yrs LIS (ending)
• Quality Premium LIS – safeguarding/end of life/Impact risk profiling/MDT meeting (ending)
• Patient promises LIS – cancer f/up & pathway
• ECG LIS
• Prediabetes screening LIS

Other services
• Ultrasound service now extended to gynae scans
• All higher childhood vaccination targets met
• Mental health advisor 1 sessions per week
• **CBT practitioner session 1 per week
• Chiropody 1 session per week
• Housebound patient MDT reviews
• Yellow card/service alert monitoring
• Full IT and paperlight accreditation since 2010 including E-fax

Prescribing
• High generic prescribing 86% and high level of compliance with prescribing performance indicators
• Indication labelling with prescriptions (recent audit 90% of repeat prescriptions)
• Achievement of prescribing incentive scheme targets
• 2nd lowest prescriber of cephalosporins and quinolones with Central network
• Astro PU/NIC - 42.33 2nd best in the central network

Audits & Surveys 2015-16
• Referral letters Audit
• Stroke prevention in AF patients
• Antibiotic prescribing audit

Equipment levels
• New 6/12 lead ECG with interpretation and PC link (full computerised)
• Omron ECG heart scan
• 24 hour ABPM BP monitor
• Microloop spirometer
• Vital Signs Spot check
• Nonin Pulse Oximeters (measuring oxygen saturation)
• Fetal Heart Doppler/CO monitor
• Pro-pulse 11 ear irrigation system
• Vascular flow Doppler
• Cryo- success Cryotherapy equipment
• Electro- cautery/dermalite basic
• Fully equipped for minor surgery with disposable equipment
• Fibro-optic Auroscope and Ophthalmoscope/new Reister LED diagnostic sets
• TENS machine/resuscitation kit/electronic sphygmomanometer/CO monitor
• Defibrillator
• Electrically operated plinth and many more!
Practice

- 100% of medical records summarised
- Electronic transfer of records
- Fully computerised/ read code use 99%/fully computerised appointment system.
- 15 minutes booking intervals for doctor consultations and 15 minutes for nurse consultation.
- Active patient participation group
- NHS net/Direct Path links/Choose & Book
- Accredited training practice GP registrars, FY2’s and medical students
- Personal learning plan (staff & doctors)
- Annual Practice development plan
- Practice health directory (comprehensive list of local services/health care access)
- Practice manual – complete reference to administrative and clinical procedures/protocols/guidelines used in the practice.
- Regular practice educational/clinical meetings
- Referral benchmarking
- GOLD framework palliative care
- Significant event monitoring
- Regular staff training/appraisals
- BMA staff contracts
- Active PPG group

Quality Achievements 2016-17

- CCG Finalist Respiratory quality improvement programme BMA awards 2017 practice pilot
- CQC rated good April 2017
- Publication of quality accounts year 4
- 8th lowest prescribers of antibiotics & 7th lowest for restricted antibiotics & 2nd lowest prescribers of ONS within Central Network
- Maximum QOF score & BSC LIS 2016-17
- SMI health check highest ranking within CCG
- Emergency admission 3rd lowest per 1000
- A&E attendances 2nd lowest in CCG per 1000
- CVD screening re-audit – 95% screened
- Flu vaccination over 65’s – 90% (92%) 3rd (2nd) highest CCG ranking & <65%
- 57% 9th (6th) highest at risk group, Pregnant women 4th highest 68.5% & children average 2 or 3rd highest position (Jan 2016)
- Primary care dashboard GPOS higher achieving practice status

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