Jubilee Street Practice

Annual Report
2010-2011

The Jubilee Street Practice

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London, E1 0LS
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Practice Aims

The aim of our practice is to develop and provide a full range of primary health care services to our registered population.

In order to achieve this we lay particular emphasis on the following objectives:
To promote equality of access to health care for all our registered population.
To promote the uptake of preventive procedures which have been shown to be of value.
To develop the potential for patient care in all members of the primary health care team.
To foster an innovative approach to the development of primary care through clinical teaching, audit and research.

Working at Jubilee Street Practice

We believe it is important for all partners, and all other staff, to understand and appreciate the values which underpin our work, as they form the basis of our identity as a practice.

- **Commitment to General Practice as free at the point of need.** Providing a high quality of service with access for patients on an equal basis regardless of race, gender or economic circumstance.
- **Commitment to continuity of care and a high value placed on ‘relationship based’ medicine.** We practice with a personal list system, but include flexibility to allow for patient preference.
- **Commitment to the local community.** The practice can trace its history to 1906 when one of the founding GP’s came to work in the East End. The current doctors are drawn from different generations, representing a broad spectrum of experience and knowledge. Many partners have been active in the development of general practice, with roles in politics, teaching and research over the years. Current involvement includes membership of the LMC and PCT subcommittees as well as in teaching, training and research.
- **Commitment to providing excellent clinical care in an area of economic and social challenge.** We place a high priority on continuing professional development, and practice based education, for which we provide protected time.
- **Commitment to undergraduate and postgraduate teaching.** This keeps us in touch with the new generation of doctors and helps maintain our own skills and knowledge. We find it rewarding to inspire doctors in training with a vision of what being a “good” doctor is all about and encourage enthusiasm for good inner city general practice. We have trained GP’s since 1980, many of whom have stayed to work in East London.
• **Commitment to research.** The practice has built up a strong research base, through links with QMUL, and a portfolio of studies in which we are involved. This keeps us interested in asking questions and challenging our practice. Not all partners will be directly involved in teaching or research, but we need a collective commitment to the practice’s emphasis on these activities as a way of achieving our goals and maintaining our ethos as a practice.

• **Commitment to each other.** Having doctors at varied stages of their careers, we recognize the differing needs at different phases of professional lives. We work hard to support each other and to be accommodating as far as possible, without compromising the needs of the practice.

• **Commitment to our staff; both employed and attached.** We have an excellent, highly committed staff team, and it is a high priority to promote staff development and recognize their expertise. We have a high staff complement for our list size, which reflects our commitment to quality care.

This is a stimulating, and rewarding practice to work in, largely due to relationships with patients, fellow partners and staff, as well as the satisfaction of achieving high quality care in a challenging setting. We are proud to make a contribution to the area through teaching, training, research and the acquired wisdom of long experience of general practice in East London.

*Dr. Naomi Beer, 2011*
History and Development of the Jubilee Street Practice

There are four threads that make up the Jubilee Street Practice, which occupied Steels Lane Health Centre from 1982 – 1998, and moved to its current site at 368 – 374, Commercial Road in 1999, when the building was opened by Professor Wendy Savage.

Harford Street Site

Dr. Harry Roberts laid the first strand of the partnership in 1906. He started medical practice in West Cornwall. His daughter writes:-

"Medical Practice in Stepney in 1906 was at an extremely inefficient level; with few exceptions it was staffed by seriously underpaid doctors who had been unsuccessful in obtaining more lucrative posts elsewhere. Dr. Roberts was deeply involved with a passionate desire for justice to the underdog, and said he felt he could at least be of some help as a doctor in the slums of East London if he could find a practice there. So in 1906, to Stepney he went. Those of us who remember Stepney in the early nineties will recall the incredible poverty and hardship that most people had to face; especially women. For the first year as a doctor in Stepney, my father never left the practice for a single hour. Medical fees were sixpence, to include medicine, and one shilling if you were visited on the round. It is on record that in the first year he attended over 500 confinements and never lost one mother. By the time the Health Insurance Act came into force in 1911, his practice was by far the largest and best run in East London. It had four doctors, one a woman, two qualified nurse midwives, a dentist and a masseur."

After Dr. Roberts’ death in 1946 the practice continued to be run by Dr. Lottie Weihermann and Huxley Fernando, and then by Dr. Harold Claff, who practiced from 66 Jubilee Street until he joined the Jubilee St Practice until his retirement in 1996.

Cable Street Site

Another outstanding doctor who started in practice in Cable Street in 1927 was Hannah Billig. She was awarded the George Medal for exceptional bravery during the Blitz on London in 1941, and later in 1945 was made an MBE whilst serving in the Indian Medical Service. An exhibition of her life and work was shown at the Ragged School Museum Stepney, in 1996. Her successor was Doctor Katarina Schopflin, medically trained in Budapest and Scotland, whose pioneering work in women’s medicine brought her an OBE shortly before her retirement in 1980. Dr. Schopflin opened Steels Lane Health Centre in January 1982.

Arbour Square Site

Dr. Louis Jaffe came to the London Jewish Hospital and took over a small practice in Stepney Way after the First World War, and later moved to Arbour Square to make it a large thriving practice. Despite considerable physical disability as a result of childhood polio, Dr. Jaffe continued in practice until his eighties and a Medical Research Fund was established in his memory. Dr. Brian Harris joined him in 1963.

Methodist Mission Bromley Street Site

During the years of the depression, the Methodist Church ran a Medical Mission for the wives and children of workers who were covered by the ‘stamp’, the forerunner of the National Health Service. The Mission Practice was housed first at the Castle, an ex pub on the site of the present east London stadium and then in Bromley Street, employing a number of young women doctors.
In 1948 this service was taken over by the NHS and Dr. McGill, who had worked many years in Sierra Leone as a missionary, was both the last of the mission doctors and the first to run it as an NHS practice. She retired in 1958 and the practice was taken over by Erica Jones. In the early 1970's Dr. Schopflin and Dr. Jones revitalized the domiciliary obstetric service in Stepney.

**Jubilee Street Practice**

These four strands came together to form the Jubilee Street practice in 1978. The practice started its work from port-a-cabins in Musbury Street between 1978-81. The partnership expanded with the appointment of Mary Edmondson (trained by Dr Schopflin), Mike Young (one of the first doctors to go through the VTS at the London Hospital, trained by Brian Harris, leaving to become a single handed practitioner at St Katherine’s dock in 1995) and Sally Hull (who joined the partnership in 1980, from the vocational training scheme at St Thomas hospital, with a particular interest in developing undergraduate teaching for general practice.)

In 1982 the practice moved into the renovated Steel’s Lane Health Centre on Commercial road. This building was originally bought in 1889 to form the East End Mothers’ Home – with 13 beds – a development of the Glamis Road Mothers’ Lying-in Home for the treatment of poor married women during childbirth. The Regional Health Authority in the late 1970s was keen to develop health centres, and bought and renovated the building to house general practice and community services on a joint site.

When Erica Jones retired from General Practice in January 1992, a notable chapter in the life of the Jubilee Street Practice came to a close. Erica brought to the practice not only her lively and distinctive personality but also a great wealth and breadth of personal and medical experience which benefited the practice and the many young GP's she nurtured in her capacity as trainer. Since the 1990s there has been a greater turnover of principals in the partnership. In 1992 Naomi Beer and Rebecca Viney joined, both had been on the London Hospital VTS and trained at Jubilee Street Practice. Rebecca Viney left in 1994 to be replaced by Jane Edge, who moved to Bristol in 1999 to be replaced by Nicola Hagdrup. In 1997, Dr. Nicola Cowap, who had also been on the London Hospital VTS joined the practice, she has since relocated to Watford.

Brian Harris retired in 2002 after a tremendous career spanning 35 years work in east London General Practice. He played an important role in developing and steering the vocational training scheme in it formative years, and was medical director of the centre for primary care from 1985 to 1995. This was developed following the 1981 Acheson report into inner city practice on which Brian was a working member. Salma Ahmed joined in 2002, taking over Brian Harris’ list. Previously a registrar in the practice (trained by Sally Hull), she has interests in training and research. Robin Cartwright, from Cambridge and then Nick Silberstein from Australia were each with the practice between 2002-7. Since then we have recruited Jens Ruhbach who has a special interest in dermatology, and Natalie Symes who leads on prescribing for the practice.

In 2010 Mary Edmondson retired after a career in general practice extending over 31 years. Alongside the important contribution she made to continuing and truly personal care of her list over these years, and her championship of womens’ medicine, she also developed the role of undergraduate teaching in the practice, and became vice chair of Tower Hamlets LMC, with major contributions to the performance committee.

In 2011 the partnership has six clinical partners and for the first time in its history has recruited a non clinical partner. Virginia Patania has been practice manager since 2007, and has brought a new and welcome range of management skills into the partnership.

*Sally Hull, July 2011*
# People at Jubilee Street Practice

## The Partners

<table>
<thead>
<tr>
<th>Dr. Sally Hull</th>
<th>Dr. Naomi Beer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MSc MRGP FRGP</strong></td>
<td><strong>MBBS DRCOG MRCGP</strong></td>
</tr>
<tr>
<td>Qualified: 1976</td>
<td>Qualified: 1986</td>
</tr>
<tr>
<td>GP Trainer, clinical Senior Lecturer at Queen Mary (University of London), Lead Researcher for the Practice, LMC member</td>
<td>Researcher, Undergraduate Medical Student Teacher</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dr. Nicola Hagdrup</th>
<th>Dr. Salma Ahmed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MBBS MRCGP MPH</strong></td>
<td><strong>MBBS MSc DCH MRCGP</strong></td>
</tr>
<tr>
<td>Qualified: 1987</td>
<td>Qualified: 1991</td>
</tr>
<tr>
<td>Undergraduate Medical Student Teacher, PGEA lead for the Practice, GP Trainer</td>
<td>GP Trainer, Undergraduate Medical Student Teacher, Researcher</td>
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<table>
<thead>
<tr>
<th>Dr. Jens Ruhbach</th>
<th>Dr. Natalie Symes</th>
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</thead>
<tbody>
<tr>
<td><strong>MD DCH DRCOG</strong></td>
<td><strong>MRCGP, BC, MBBS, DRCOG</strong></td>
</tr>
<tr>
<td>Qualified: 1995</td>
<td>Qualified: 2000</td>
</tr>
<tr>
<td>Minor Surgery Lead, Undergraduate Medical Student Teacher</td>
<td></td>
</tr>
</tbody>
</table>

## The Salaried GPs

<table>
<thead>
<tr>
<th>Dr. Mary Edmondson</th>
<th>Dr. Archana Spahn</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MB BCH FRCGP</strong></td>
<td><strong>MBBS MRCGP</strong></td>
</tr>
<tr>
<td>Qualified: 1975</td>
<td>Qualified: 2003</td>
</tr>
<tr>
<td>Lead for undergraduate teaching in the practice, LMC representative</td>
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<table>
<thead>
<tr>
<th>Dr. Jo Price</th>
<th>Dr. Jenny Blythe</th>
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<tbody>
<tr>
<td><strong>MRCGP, DCH, MBBS</strong></td>
<td><strong>MRCGP</strong></td>
</tr>
<tr>
<td></td>
<td>Deputy Editor of Drug and Therapeutics Bulletin</td>
</tr>
</tbody>
</table>
Dr. Ali Klaber  
MBBS MSc DCH MRCGP  
Qualified: 1991

Dr. Alexandra Harborne  
MRCGP DFSRH

Dr. Emma Ovink  
MRCGP

Management

Practice Manager
Virginia Patania

Responsible for overseeing the smooth running of the practice. Your suggestions and ideas are always welcome. Should you have any complaints, please inform her and she will try to sort out the problems and learn how to avoid them arising again in the future.

Assistant Practice Manager
Lyn Owens

One of the Practice’s most longstanding, loyal members of staff. Lyn assists the Practice Manager in running the practice, and is responsible for organizing many vital practice functions, from training to patient participation.

Practice Nurses

Liz Hands  
Ruthlyn George-Mason  
Rachael Sheehan  
Jenny Tregenza

Registrars

Dr. Atiya Ali  
Dr. Jennifer Liddington  
Dr. Michael Wong

Administrators

Christine Hulbert  
Helen Olajorin  
Marjia Sultana  
Majeda Khanum
### People at Jubilee Street Practice

**Continued...**

#### Receptionists

<table>
<thead>
<tr>
<th>Yasmin Rahman</th>
<th>Ayesha Khatun</th>
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<tbody>
<tr>
<td>Fahmida Khanum</td>
<td>Nicola Cyprien</td>
</tr>
<tr>
<td>Assma Begum</td>
<td>Shakeel Hassan</td>
</tr>
<tr>
<td>Bernice Bangura</td>
<td>Jackie Amadiegwu</td>
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</table>

#### Attached Staff

**Health Visitor Team**

<table>
<thead>
<tr>
<th>Jan Pennington</th>
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<tbody>
<tr>
<td>Natasha Cooper</td>
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**District Nurses**

<table>
<thead>
<tr>
<th>Olive Gordon</th>
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<tbody>
<tr>
<td>Suzzett Roper</td>
</tr>
<tr>
<td>Omobonike Aboinghale</td>
</tr>
<tr>
<td>Abimbola Odebiyi</td>
</tr>
<tr>
<td>Sue Francis</td>
</tr>
<tr>
<td>Joanna Humphreys</td>
</tr>
<tr>
<td>Shadia Ali</td>
</tr>
<tr>
<td>Doreen Okello</td>
</tr>
<tr>
<td>Mr Lee Ribbon</td>
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</table>

**Psychologists**

<table>
<thead>
<tr>
<th>Fiona Johnston</th>
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<tr>
<td>Emir Sidki</td>
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</table>

**Bangladeshi**

<table>
<thead>
<tr>
<th>Syed Subhani (Monday)</th>
</tr>
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<tbody>
<tr>
<td>Jakia Haque (Tuesday &amp; Wednesday)</td>
</tr>
<tr>
<td>Kamal Uddin (Thursday and Friday)</td>
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</tbody>
</table>
Jubilee Street Practice Profile

The Jubilee Street Practice is in the London Borough of Tower Hamlets and its catchment area includes the wards of St. Mary’s, St. Dunstan’s, Redcoat and Shadwell. The 2001 census revealed that the borough has a population of 196,106, made up of people from a variety of ethnic backgrounds. More than 40% of the practice list are from Bangladesh while White British make up most of the remainder. Tower Hamlet is the second most socially deprived area in England, with 95% of the population classified as “Most Deprived” using the Townsend score. With its growing population, the Borough of Tower Hamlet is also one of the areas with highest population densities in London.

Practice List Size

At the end of June 2011, the practice list was 10,830, which is much higher than the average list size of 6,614 for the Primary Care Trusts in the UK.

Key Statistics

<table>
<thead>
<tr>
<th>Percentage of Patient</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 4 years old</td>
<td>7.9%</td>
</tr>
<tr>
<td>&gt; 65 years old</td>
<td>10.5%</td>
</tr>
<tr>
<td>&gt; 75 years old</td>
<td>5.1%</td>
</tr>
</tbody>
</table>
Practice Income

Jubilee Street Practice Income Distribution

- **PCT income** – 73%
  - Global Sum & MPIG
  - QOF
  - Prescribing Incentive scheme

- **Education/Teaching** – 2%
  - Trainee Grant, from London Deanery
  - Teaching, students, attachments
  - Hub Payments

- **Network and Enhanced Services** – 22%
  - Network Care Package
  - Diabetes
  - CVD secondary prevention
  - NHS health checks
  - Hypertension
  - Immunization
  - Network Enhanced Services

- **Other Income** – 3%
  - LMC
  - Private Fees
Patient Services at Jubilee Street Practice

Services provided everyday:
- General Surgery
- Healthy Lifestyle Advice
- Pre-conceptual Advice
- Pregnancy Tests
- Women Health
- Family Planning
- Advice on Sexual Health
- Phlebotomy
- Repeat Prescriptions
- Travel Advice and Immunizations
- Psychology Advice
- New Patient Health Checks
- Blood Pressure Monitoring
- Children Immunizations
- Chronic Disease Management

Other Services:

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30am-12:00pm</td>
<td>Triage</td>
<td>Anti-COAG Clinic</td>
<td>Midwife Antenatal Care</td>
<td>Minor Surgery</td>
<td>Injection Clinic</td>
</tr>
<tr>
<td></td>
<td>Diabetic Review</td>
<td>Asthma Clinic Benefits Advice</td>
<td>GP Antenatal clinic</td>
<td>Hawthorne Green</td>
<td>Midwife Antenatal Care</td>
</tr>
<tr>
<td></td>
<td>Same Day Appointment</td>
<td></td>
<td>IUCD clinic</td>
<td>Spirometry</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Asthma Clinic</td>
<td>Stop Smoking Clinic</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Heart Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:30pm-6:30pm</td>
<td>Baby Clinic</td>
<td>Hawthorne Green</td>
<td>Spirometry</td>
<td>Hawthorne Green</td>
<td>Midwife</td>
</tr>
<tr>
<td></td>
<td>Psychological Consulting</td>
<td>Spirometry B/P Check</td>
<td>Midwife CVD Clinic</td>
<td>Baby Clinic</td>
<td>Psychological Consulting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CDT Sessions</td>
<td>NPChecks</td>
<td>Psychological Consulting</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Phlebotomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:30pm-8:30pm</td>
<td>Late Night Surgery</td>
<td>Late Night Surgery</td>
<td>Late Night Surgery- till 7:30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tower Hamlets Emergency Doctors-On-Call provide 6:30pm-8:00am and weekends GP service. Telephone number: 020-7377-7201

Network Enhanced Service:
- Cancer Early Detection
- Immunizations
- Minor Surgery & Surgical Aftercare
- Phlebotomy
- COPD
- Sexual Health and Contraception
- Anticoagulation Therapy
- Type 2 Diabetes
- Healthy Lifestyle Interventions
- Hypertension Care
- CVD
- NHS health checks
- Heart Failure
- Palliative and End of Life Care
- Practice Based Commissioning
- Improved Access to GP Consultations
- Drug Misuse
- Alcohol Screening
It is said that 2011 will mark the greatest changes in the NHS since its birth, and I tend to believe this. Over the past several years the practice has grown and developed at pace, and thank goodness. The current horizons seem determined not to wait for stragglers. Or even walkers, for that matter – the key concept here is speed.

GPs have made headlines several times over the past years: doctors earning over 100k, surgeries providing poor access, practice areas at risk of being scrapped… The view from the other side makes for a less sensational read. Our income has been squeezed regularly for the past several years, with staff pay freezest and diminishing profits as a consequence. Patient demand has spiralled beyond expectation, so that we now receive 300 appointment requests on a Monday, as opposed to the 130 we struggled to manage a few years ago. Telephone calls follow – the practice receives an average 11,000 calls per month as opposed to the good old 7,000 (that’s about 500 calls per day!). So the pressure builds, along with the government’s strong promotion of high expectations.

The latest and most important change, of course, is that while GP income becomes tighter even whilst facing increasing demands, GPs are to soon be holding the larger purse strings in place of Primary Care Trusts. What this means is still unclear, and the commissioner hat sits slightly awkwardly on our heads, while we try to manage surgeries and see patients, at the same time as saving the millions of pounds which the PCT before us were not able to. At Jubilee Street, Dr Nicola Hagdrup and I have taken the slightly hard seats at the GP consortium, with a similar degree of enthusiasm and fear. This is where our Practice’s strength shines through, as Jubilee Street continues to flourish and succeed even in the face of greater demand and fewer resources, no doubt feeding off the enthusiasm and passion our team holds for the NHS.

In fact, although the current scenario sounds and feels somewhat frightening, at practice level we can truly call the past year a success.

Patient satisfaction has increased measurably in all areas, with the practice scoring higher than local and national average on most domains of the GP Patient Survey. The greatest achievement surrounds patient access: from 2008 with 53% satisfaction in being able to book an appointment within 48 hours in 2010 showed a 79% satisfaction score. Hats off all around for this amazing achievement.

In November 2010, the practice also welcomed its first non-clinical partner, yours truly. While this has not meant a great deal in terms of practical changes (and this in itself is another success), it shows Jubilee Street’s commitment to efficient management within the new NHS horizons.
And how are the staff, with these phones ringing 11,000 times per month, having to spin 300 appointments out of the blue every Monday? They’re fantastic – tired, at times stretched and stressed, but fantastic. Smiling, helpful, cheerful and enthusiastic, the greatest achievement of the past years has to be the ownership and understanding of how every person counts along a patient’s journey.

Official recognition of this excellence came in December 2010, when, after several years of hard work, the practice was awarded the RCGP’s Quality Practice Award with flying colours, being defined “the best of the best”, and “a totally committed team full of smiling faces with tremendous energy, enthusiasm and positivity”. The day of the inspection ended with our yearly Christmas party, where we laughed and played as hard as we work, on whatever residual adrenaline was still left flowing.


Bring on another one. We’ll do it all again, and more, and find new ways to define “better”.

Virginia Patania, July 2011

Receptionist report 2011

The past year has seen many changes at the Jubilee Street Practice, especially in the reception area. Apart from the new lick of paint, upgraded PCs and a dedicated prescription desk, JSP has helped develop several members of admin and reception staff to develop multi-functional roles.

Several of us have been trained to perform duties such as phlebotomy and healthcare assistant tasks. The Practice has also gone a step further by bringing services in-house such as the GTT test which is normally performed at the hospital; this is once again a secondary duty for some of our reception / admin staff. Apart from these clinical services, the reception and admin team members each have care package administration duties assigned to them relating, for example, to sexual health, palliative care, IT, or childhood immunisation, to name but a few. More recently, each member of the reception team has also been made Personal Assistant to a particular doctor.

The reception team has also helped improve our patient access perception. The changes that have been brought about include simple reception rota changes to cover all stations at all times, an on the day appointment system, walk in phlebotomy service, bi-lingual help at reception to book or amend appointments, and most recently the change to a brand new telephone system which should mean more calls are answered.

Although quite a lot of our changes are still being ironed out, it is evident from the wonderful patient comments and from the targets that we are hitting that JSP has the right team of people, doing right by our patients.

The Admin Team, August 2011
Achievements at Jubilee Street Practice

Quality Practice Award

On the 16\textsuperscript{th} December 2010, after almost two years of hard work, the Jubilee Street Practice became the first practice in Tower Hamlets to win the Royal College of General Practitioners’ prestigious Quality Practice Award. This is an award to show high quality of patient care standards delivered by all the members of the practice team. In order to win the award, the practice demonstrated excellence in a number of areas, including access, management of chronic illness, children’s health, and patient and public involvement. Wining this award is truly a joint effort from everyone in our practice. Doctors, nurses, receptionists and administrators all participated in doing the work, reviewing the application process and writing up the final report. Besides submitting a 419-page long written report, the assessors walked around our practice and talked to our patients directly during the final inspection. The practice really values the feedback given to the assessing team from our patients.

Some of the comments we received in the final report include:

- Personal care-in the old caring sense; attention to patient’s needs and circumstances;
- Practice’s emphasis on education-shone out, for all to see;
- Bottom up approaches encouraged;
- A totally committed team full of smiling faces with tremendous enthusiasm and positivity.

Our practice will continue working hard to deserve the award and patients’ expectation. We hope to maintain this award and aim to apply for this again in 2015.

\textit{Salma Ahmed, July 2011}

The NHS Tower Hamlets Clinical Commissioning Board

Dr. Nicola Hagdrup and Virginia Patania are on the NHS Tower Hamlets Clinical Commissioning Board as GP representative of the network area and Practice manager representative, respectively. This commissioning board is currently in a shadow form, and is working towards taking on more commissioning responsibility for secondary care services. It hopes to balance the difficult task of improving services available to patients in the borough, as well as working within the current tight financial constraints. The board is reviewing the commissioning functions of the PCT, and looking forward to the challenges associated with taking over many of these activities in 2013.

\textit{Nicola Hagdrup, July 2011}
Elisabeth Paice Award for Education
The Jubilee Practice came second in the Elizabeth Paice London Deanery teaching award for Educational excellence in 2010. The aims of the Award were to recognise outstanding commitment and contributions to postgraduate medical education. The practice came second out of all the teaching practices in London who applied and received a certificate of commendation.

Our practice shows high quality teaching and supportive learning environment in five key areas:

- Continuous attention to patient safety and quality of care
- Multidisciplinary learning
- Learning new skills
- Working with advocates
- Respect for culture and diversity

Every clinician has contributed towards this award and we all aspire to teach junior doctors to a high standard. Our teaching is complimented by the excellent local vocational training scheme as well as the PCT supported protected learning time (PLT). We would also like to respect and honour our colleagues who began teaching general practice in this area in a small port-a-cabin in Tower Hamlets. This prize also acknowledges all the hard work that the training practice has done to maintain this “educational ecosystem” within a primary care setting. We aim to maintain these high standards and achieve even better in the future.

Salma Ahmed, July 2011

Director for the GP-Specialist Training Scheme In Tower Hamlets
Dr. Jens Ruhbach of Jubilee Street Practice is one of three Program Directors for the GP-specialist training scheme in Tower Hamlets, which currently has close to 50 trainees. Under this three-year training scheme, each trainee will spend a total of 20 months in two or three blocks in General Practice and 16 months in four different specialities at a local hospital. Thus, Dr. Ruhbach coordinates this process in order to make this rotation work smoothly for each trainee. In addition, Dr. Ruhbach organizes the regular weekly training days for the GP trainees. These training sessions usually involve improving consultation skills and discussing medical as well as ethical and medico-political topics. He also supervises the educational progress of the trainees to ensure their satisfactory learning experience. Dr. Layla Heidarinia and Dr. Atiya Ali in our practice are currently enrolled in this training scheme.

Jens Ruhbach, July 2011

We were delighted that our efforts to provide excellent teaching and training were rewarded!
Achievements Continued...

Newsletter

The Practice’s newsletters have become a reason for pride over the past years.

Professionally printed and edited to high standards, these quarterly publications aim to be informative, interesting, fun, and eye-catching. Contributions are welcomed and encouraged from everyone, and in fact most people in the practice will have contributed a piece at one moment or another.

In an attempt to personalize staff for our patients, the column “Get to Know Your GP” has featured interviews with all our GPs, offering an insight into their ethos, motivations, and personal life. The column then developed to offer interviews with the practice management staff, and will soon be portraying personal interviews with nurses and other staff.

The newsletter is an excellent resource for promoting health messages, and has been used to discuss best prescribing practice, sexual health, various screening programmes, anti-coagulation, diabetes, osteoporosis, etc.

Space has been given for advertising local groups or initiatives which might benefit the population, such as the Tarling Community Centre or LinkAge Plus.

Patients have actively contributed to the newsletter with input varying from personal stories, poems, letters, to informative articles. Personal experiences and tips are the best way to inspire other patients to action. Dates for future meetings of the patient participation group (Critical Friends) are advertised on the front page, along with other important dates that patients might need to know about (such as planned closures to attend Protected Learning Times).

The main goal of the newsletter is to look and feel like something you want to read: catchy, relevant headlines, the occasional bit of gossip, and a real effort to offer “something for everyone”.

Virginia Patania, July 2011
Local Medical Committee

The LMC is the statutory voice of all GPs in the locality. The Tower Hamlets LMC meets every two months, on the other month we meet jointly with Hackney and Newham to keep an overview on sector wide issues. JSP has always had a presence on the LMC, Mary Edmondson was Vice Chair until her recent retirement and Sally Hull has been a member for nearly 10 years. Key recent issues which the LMC has been involved with include:

- The poor performance of SBS in managing notes transfers, patient removals, list cleansing and contractor finances. This contract is now under review.
- Negotiation of the extended local enhanced services portfolio, one of the largest in England.
- Development of the GP provider networks and care packages associated with a significant increase in funding for primary care, and the recent re-funding of local enhanced services as a new APMS contract with practices to keep the funding within primary care in the new NHS post 2012.
- The development and moderation of the TH balanced score card

Sally Hull, July 2011

Rebuilding

Over the course of 2010, the reception area underwent a major makeover!

Redecoration included:
- A fresh coat of buttermilk colour paint to cover the old mint green chosen by the practice over a decade ago.
- Stylish simulated leather sofas in cranberry and chocolate brown, with fancy little tables for magazines and books.
- Better signs in sleek brushed aluminum.
- Modern, automated entrance doors.
- A new, lowered reception desk for better wheelchair access.
- A new, frosted glass ramp, balustrade and breast feeding / baby changing area.
- A light new floor to make the room seem brighter.
- A fun new wall panel in the children's play area.

Once reception looked the part, new investments were made with a London Deanery grant to give the practice’s overall environment a modern, fresher, more comfortable feel. Good amounts of time and effort went into improving the waiting areas in particular, creating more space and light. We spread to the 2nd floor so that new consultation rooms could be created to better accommodate the increased number of doctors and training that we do in the practice. The overall structural results consist in three new consulting rooms on the top floor, with two dedicated waiting areas (small but functional!) and a larger waiting room on the first floor. New look, new life, so our nursing team, previously grouped together along the ground floor, was split into two teams to cover the ground and first floors.

We also improved facilities for our administrative staff, converting a clinical preparation room into an office, and adding workstations in our library. The result: five new workstations! We feel better equipped to take on the challenges we face in the next few years, and, from the comments received, it would seem that our patients are sharing the good vibrations.

Virginia Patania, July 2011
Achievements Continued...

Prescribing

The Jubilee Street Practice has worked hard to make repeat prescriptions easier to obtain for patients, whilst maintaining robust systems to minimize errors. Over the last year we have reviewed our prescribing policies and revised the repeat prescription process so that patients can obtain their prescriptions within 24 hours, with improved accuracy and minimal errors. We have had good feedback from our patients in response to this. In addition, we have opened a prescribing desk in reception where patients can request repeat prescriptions and collect scripts. We have been promoting online ordering for prescriptions, which has proved popular.

We also increased our repeat dispensing from less than 5% to 14% of all prescriptions prescribed. In this way, patients with repeat prescriptions only need to come to the Practice every six or twelve months to review their prescription, which saves time for both patients and the Practice.

We participated in the Prescribing Incentive Scheme which involved audits on medicines reconciliation, lithium prescribing, enteral nutrition, specials and glitazones and were able to illustrate improvements in prescribing practice in each of these areas. The practice is now operating within its prescribing budget which is a huge achievement. A lot of work has been done to raise awareness amongst prescribers and patients about drug costs. This is through practice education sessions, the practice newsletter, information on envisage (an information screen in the waiting rooms) and through face to face consultations with patients.

Much work was done as part of the QPA on prescribing. We revised our prescribing policies on medication reviews and controlled drugs, and did an audit to illustrate compliance with the BNF, looking specifically at NSAID prescribing. We did a review looking at medications to ensure there is a clear indication for each medication and were able to show 83% of records were compliant with this.

_Natalie Symes, July 2011_

Run the Marathon for charity

Dr. Nicola Hagdrup successfully finished her first 26.2 mile London marathon in four hours and 18 minutes in April 2011. Dr. Nicola began running about two years ago, and usually runs with her dog Finn. She participated in a half-length marathon last year and the London Marathon is her first attempt at a full-length marathon. She ran this marathon both as a personal goal and to raise money for St. Peters Trust, a charity which raises money for important and much needed kidney, bladder and prostate disease research.

_Nicola Hagdrup, July 2011_
Improvement in Access

Recent patient satisfaction surveys have demonstrated, and deservedly so, the practice’s incredible improvements with offering patient access and bettering the perception of what we offer.

At the beginning of 2008, patient satisfaction with being able to get an appointment with any GP within 48 hours was 53%. This score was lower than both national and local averages, but it was the wake up call we needed to spring into action and try to improve our offer of appointments. Of course, access is not only an issue of how many appointments are on offer; it is also about shaping patient perception, and enhancing awareness of the practice’s resources and how best to use them. A strong communication campaign was put in place to drive the message that access had improved, and that many types of resources were available to patients for support. We shouted “improved access” from the highest mountains: regular newsletter articles, posters, pledges stuck to the back of bathroom doors, automated telephone messages promoting 48 hour access, appointment slips that promoted the pledge, a mail shot to the entire practice population, an Open Day with a large stand on improved access - you name it, we did it!

The practice was delighted to receive a score of 83% on satisfaction with 48 hour access in the 2010-11 Ipsos Mori survey. This fantastic result is 30% higher than three years ago (!), 8% higher that the Tower Hamlets average, and 4% above the English one.

None of this has come without a cost. Our GPs have had to change the way the work in a rather radical way. They offer more appointments in the same amount of time, and work long hours to return telephone calls. Our improvements would have all been impossible without the efforts of admin and reception staff, who handed out satisfaction slips for over two whole years, and counted up (get ready!): how many times patients called for an appointment, on which day they asked to be seen, how many times we were not in the position to offer 48 hour access, and how many appointments each doctor offered every day of the year. It makes us dizzy to remember this!

Access has improved not only in the fact that more appointments are now available for booking, but that there is an easy new way to book appointments and request prescriptions, all from the comfort of one’s own home: online. Patients need only to ask reception to register for internet access with the practice. They are given an ID and a special set of numbers, with which it is possible to go online and register an account. Through this, our patients can book and change/cancel appointments and order repeat prescriptions, all without having to contact the practice directly.

The challenges linked to the nature of access have made this an extremely busy year. On the plus side, this has been one piece of work we have truly been able to reap positive, tangible results from. The overall effect has been a change in culture, a happier population, and an even better reputation – tough, but worth it!

Virginia Patania, July 2011
The Patient Participation Group ("Critical Friends")

Jubilee Street Practice has invited a group of diverse and active patients to form the patient participation group, who currently call themselves “Critical Friends”. This group meets once every six weeks and was set up to discuss how to improve communication between practice staff and patients. The over-arching purpose is to provide services to meet local needs, ultimately achieving the feeling of partnership with patients. The group gives the practice a lot of feedback and new ideas. For example, with the feedback from our patient participation group, our practice worked at improving the repeat prescription process to be easier and safer for patients, including provision of repeat prescriptions on line. With their suggestions we have made our telephone answering machine messages more user friendly. Helpful feedback has been given to our new services such as walk-in phlebotomy and the setting up of a new pilot scheme in the community called the “virtual ward”. Being in a diverse neighborhood, the group also gives valuable advice on how to make sure patients who do not speak English have their voices heard. The group and the practice discuss the continuing political changes and how they may impact on the services provided. Our aim is to ensure that patient health is at the forefront despite monetary pressures within the National Health Service. We need our patients to help us.

We constantly strive to improve services by asking for feedback from patients through questionnaires or waiting room surveys. The results of these are shared and discussed with the patient participation group and changes are made with their reflective comments. Our practice values the voices from our patient participation group and implementing feedback continues to make a difference in our practice.

Salma Ahmed, July 2011

Walk-in-Bloods

Since 1st April 2011, our practice has opened a ‘walk-in bloods’ clinic for all patients. This means that patients no longer need to walk down to the local hospital for blood test asked for by clinicians. Instead, patients can just go to the reception desk to book in and wait for phlebotomists to take the bloods. The blood samples will be sent to the hospital to be analyzed as usual.

In addition, besides the blood test service, our practice provides on site Glucose Tolerance Tests. This test was usually done in the local hospital, and took patients up to four weeks to book an appointment. However, the GT-test clinic in our practice opens every day in the morning and patients just need to come in and book a double-appointment. Our practice hopes these services will make patients’ experience within the practice easier and stress free, and we hope for positive feedback after implementing the service.

Ayesha Khatun, July 2011
Information Technology

In November 2011 we will be making the biggest change to our GP system since 1993, when we stopped using the Lloyd George paper notes and took the enormous leap of putting all our notes, consultations, hospital letters and results on to the EMIS computer system—affectionately known as the Rolls Royce of GP systems. Well, 18 years on, we are ready for a new generation of clinical systems with the arrival of EMIS Web. This has a vastly improved range of tools, with increased functionality to capture details and costs of secondary care referrals, and to allow better integration with other software such as Microsoft word. We will also gain a strengthened search facility—which is already proving its worth in the systematic recall of patients which the Network administrator produces for us to support the new care packages.

Within the practice Shakeel Hassan has become the IT man we can’t do without. Indeed he has been so much in demand to sort out blocked printers, restart crashed machines, find lost software…..the list goes on…..that we needed a new strategy. 2011 saw the development of an IT training questionnaire, and the results will allow us to develop in house ‘IT clinics’ to help us all get a grip before EMIS Web arrives.

Sally Hull, July 2011

Improvements in Access to Psychological Therapies

In 2010 psychological services in primary care were reorganized.

One of the major purposes of this was to support the new NICE guidance for depression, anxiety and other common mental health problems which are normally managed in primary care settings.

This has resulted in a new group of graduate mental health workers to provide additional hands on deck for the more senior psychologists in the CHS team. From GP and patient perspective this means that patients who can benefit from Cognitive Behavioural Therapy (CBT) and other psychological therapies are assessed much more rapidly (often during a phone triage session) and then given appointment to be seen - usually at the surgery.

We continue to have the excellent, experienced advice of Fiona Johnson. In 2010 Mary Burd, who started the primary care psychology services in Tower Hamlets and had her clinical ‘home’ at JSP has finally hung up her hat and retired.

Sally Hull, July 2011
Network Formation

Why have networks?
- To offer standardized care packages to improve the consistent delivery of high quality clinical management of chronic diseases.
- To offer care closer to home, bringing secondary care services within locality boundaries.
- To share expertise and learning between practices through shared protocols, education, and expert staff.
- To use our size as a means to reduce costs and improve quality in the provision of extended services.
- To change our current culture as stand-alone practice units and develop an ethos of sharing and developing services as a network, and identifying as such.

What is the vision for the Highway network?
- The Network aims to provide excellence in health care through the reduction of morbidity and mortality for our combined population, through the prevention and optimal management of chronic diseases.
- The Networks share a vision of providing an equal opportunity of service provision to all patients, regardless of geographical location.
- The Networks believe in maintaining patient centered continuity of care in familiar surroundings.

When did it start?
The Highway Network Board, one of the eight networks in Tower Hamlets, was formed in September 2009. It is made up of the four GP Practices within the boundaries of Local Area Partnership (LAP) 4. This network includes Jubilee Street Practice, East One Health, St Katherine Dock Practice and Wapping Group Practice.

How are they organized?
All networks were given a crash course in organizational management by McKinsey consultancy teams – sponsored by the PCT – in 2009/10. Highway network then invested in Francis Group, a different management consultancy, which helped us develop the nuts and bolts of our organization supported by a range of documentation such as the terms of reference, governance and financial process documents. This was a very useful investment and has enabled us to work within a structure which all practices have taken part in developing.
Who runs them?

The Highway network has a board, which consists of two individuals from each practice, and the manager of the network. The board is elected from the practices, and in turn the board elects a chair. The board meets monthly, and reviews progress in each care package (using the ‘dashboards’ developed from EMIS Web) we also discuss PCT policy, negotiate with other staff (eg CHS) who interact with the network and consider strategic development—for example new services which might be provided in a locality.

Clinical leads (currently Sally Hull and Ricardo Cabot) take overall responsibility for clinical management and governance of network activity. Each care package and network enhanced service will have a clinical lead in each practice, so that the Board can keep a track on the plans in each service line.

Who are the network staff?

The network is funded to employ a manager, Ekaette Inyangudor, and a support figure for systematic recall Arshad Takun. The Highway network has chosen to invest some of the diabetic care package money in a network specialist diabetic nurse – who divides her time between the practices. Highway also employs a HCA, Balwinder Jandu, who supports both the diabetes and CVD care packages. Recently we have also employed an advocate to enhance the work of these two clinicians.

Most of the network activity is carried out by existing staff members of the four practices.

What exactly does the network do?

It runs and monitors the Care Packages for major chronic disease (see next page)

Developing systematic care for major chronic disease was the first task of the network, to support the care closer to home strategy, and try to prevent future admissions to hospital for these conditions. In April 2011 all the remaining local enhanced services were repackaged as an APMS contract with each practice. The contract is held with the practice but the performance indicators are monitored at network level. The networks form clusters of provider units, and in the future may be able to provide a broader range of services outside hospital. Networks also form a forum in which good practice can be shared between practices, education can be expanded, and resources can be used between practices.

What are the challenges for networks over the next year?

The development of patient participation in networks has been slow, we hope this will progress in the next year. Initial attention has been on developing robust inter practice relationships, in the future we will need to expand our working relationships to community providers and to other parts of the health sector – particularly voluntary organizations.

Sally Hull, July 2011
Innovations Continued...

Network Care Packages

<table>
<thead>
<tr>
<th>Network Care Packages</th>
<th>Care Package</th>
<th>Lead Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td>Dr. Jens Ruhbach</td>
</tr>
<tr>
<td>Immunisation</td>
<td></td>
<td>Nurse Liz Hands</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease (COPD)</td>
<td></td>
<td>Dr. Ali Klaber/Dr. Sally Hull</td>
</tr>
<tr>
<td>Cardiovascular disease (CVD)</td>
<td>Health Check</td>
<td>Dr. Nicola Hagdrup</td>
</tr>
<tr>
<td></td>
<td>Hypertension</td>
<td>Dr. Nicola Hagdrup</td>
</tr>
<tr>
<td></td>
<td>Secondary Prevention</td>
<td>Dr. Nicola Hagdrup</td>
</tr>
<tr>
<td></td>
<td>Heart Failure</td>
<td>Dr. Nicola Hagdrup</td>
</tr>
</tbody>
</table>

Immunisation Dashboard

<table>
<thead>
<tr>
<th>Target so far (April 2011)</th>
<th>Vaccinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Month Cohort Highway Network: 92.6%</td>
<td>DtaP/IPV/Hib</td>
</tr>
<tr>
<td>Jubilee Street: 97.8%</td>
<td>97.1%</td>
</tr>
<tr>
<td>24 Month Cohort Highway Network: 90.4%</td>
<td>MMR</td>
</tr>
<tr>
<td>Jubilee Street: 96.3%</td>
<td>94.4%</td>
</tr>
</tbody>
</table>
## Network Improved Services

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Lead Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Early Detection</td>
<td>Dr. Salma Ahmed</td>
</tr>
<tr>
<td>Immunisations and Vaccination</td>
<td>Nurse Liz Hands</td>
</tr>
<tr>
<td>Enhanced Minor Surgery and Surgical Aftercare</td>
<td>Dr. Jens Ruhbach</td>
</tr>
<tr>
<td>Phlebotomy</td>
<td>Nurse Liz Hands</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease (COPD)</td>
<td>Dr. Ali Klaber/Sally Hull</td>
</tr>
<tr>
<td>Sexual Health &amp; Contraception</td>
<td>Dr. Archana Spahn / Dr. Salma Ahmed</td>
</tr>
<tr>
<td>Anti-Coagulation</td>
<td>Nurse Liz Hands</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Dr. Jens Ruhbach</td>
</tr>
<tr>
<td>CVD-Health Check</td>
<td>Dr. Nicola Hagdrup</td>
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<tr>
<td>CVD-Hypertension</td>
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</tr>
<tr>
<td>CVD-Secondary Prevention</td>
<td>Dr. Nicola Hagdrup</td>
</tr>
<tr>
<td>CVD-Heart Failure</td>
<td>Dr. Nicola Hagdrup</td>
</tr>
<tr>
<td>Palliative and End of Life Care</td>
<td>Dr. Natalie Symes</td>
</tr>
<tr>
<td>Practice Based Commissioning</td>
<td>Dr. Nicola Hagdrup</td>
</tr>
<tr>
<td>Healthy Lifestyles</td>
<td>Dr. Emma Ovink / Nurse Racheal Sheehan</td>
</tr>
<tr>
<td>Access</td>
<td>Dr. Jens Ruhbach /Dr. Natalie Symes</td>
</tr>
<tr>
<td>0-5 Universal Services</td>
<td>Dr. Salma Ahmed</td>
</tr>
<tr>
<td>Drug Misuse</td>
<td>Dr. Natalie Symes/ Dr. Nicola Hagdrup</td>
</tr>
<tr>
<td>Alcohol Screening</td>
<td>Dr. Nicola Hagdrup</td>
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</tbody>
</table>
Jubilee Street Practice Research

Although the RCGP research practice scheme was disbanded in 2006, JSP continues to be involved in local research. Salma Ahmed vets the research proposals and requests which arrive at the practice and we collectively decide what studies to become involved with. Our current involvement includes:

- The HILO project, a study on different methods to improve management of high blood pressure in primary care
- Vitamin D and prevention of exacerbations in COPD and asthma

Sally Hull continues her research at her post at Queen Mary University of London, in the centre for primary care and public health. The Clinical Effectiveness Group has just completed a three year project on improving health inequalities in the management of chronic disease. This was funded by the Health Foundation. Some of the publications from this project include:

Hull SA, Dreyer G, Aitken Z, Chessor A, Yaqoob M
How does ethnicity affect the prevalence and management of CKD among diabetics in east London? Quarterly Journal of Medicine, 2009; 102(4):261-9


Hull SA, Rivas C, Bobby J, Boomla K, Robson J
Hospital data may be more accurate than census data in estimating the ethnic composition of general practice populations. Primary Care Informatics, 2009, Vol 17(2) 67-78

Hull SA, Health inequalities: affects the health of all. British Journal of General Practice (editorial) 2010, 579: 797-8

Mathur R. Hull SA, Badrick E, Robson J.
Cardiovascular multimorbidity: the effect of ethnicity on prevalence and risk factor management. British Journal of General Practice, 2011; 586: e262-e270

Mathur R, Badrick E, Boomla K, Bremner S, Hull SA, Robson J. Prescribing in general practice for people with coronary heart disease; equity by age, sex, ethnic group and deprivation. Ethnicity and Health, 2011, 1465-3419


Sally Hull, July 2011

Undergraduate Teaching

Jubilee Street Practice has a long history of teaching and training of new doctors. The practice is also involved with undergraduate teaching, which first began in the late 80s. Currently, the practice offers undergraduate teaching for 3rd, 4th and 5th year medical students from Barts and the London Medical School in the following modules: Dermatology, Human Development, Integrated Clinical Studies and an integrated course for Final Year medical students. Our practice also offers eight-week placements for 5th year medical students from King’s College. The Practice provides approximately 60 undergraduate teaching sessions per year. Though Dr. Natalie Symes and Dr. Jens Rubhach are the lead GPs for the undergraduate teaching, providing undergraduate teaching is a joint effort of the whole of Jubilee St Practice. All doctors, practice nurses, district nurses, health visitors and receptionists are involved in teaching, in order to give medical students a more practical and thorough understandings of the dynamics of General Practice.

Jens Ruhbach, July 2011
Junior Doctor Training

The Jubilee Street Practice has been active as a training practice for junior doctors since 1976. The Practice provides training for junior doctors who are recently qualified, but do not as yet have specialist training. Some of the junior doctors are foundation year doctors in their second year (FY2), others are on the three-year GP specialist training program. During their time at Jubilee St Practice, junior doctors see patients and receive training from our GPs. The teaching for junior doctors includes sessions on improving their consultation skills, as well as tutorials from different team members on dealing with different medical conditions, ethical dilemmas and administrative topics. Junior doctors sometimes also give teaching sessions for undergraduate medical students. Currently, Dr. Sally Hull, Dr. Nicola Hagdrup and Dr. Salma Ahmed are trainers for the specialist training program. Dr. Naomi Beer and Jenny Blythe are the trainers for the FY2 doctors in the practice.

Jens Ruhbach, July 2011

GP Registrars Report

Jubilee Street Practice is an excellent place to experience primary care in the diverse location of Tower Hamlets. It is a large practice offering plenty of support to the two GP specialist trainees. All doctors are involved in supervising trainees when their specific trainer is not available and the daily lunch is a great opportunity to discuss any concerns, clinical or otherwise and also for general support. As well as the routine surgeries there are opportunities to visit specialist services both in the community and in hospital settings in protected learning time. Weekly tutorials with both GP trainees and FY2 doctors allows for discussion of difficult cases and also teaching on specific subjects, usually chosen by the trainees. There is a wealth of experience in the clinicians which is a wonderful resource for any trainee doctor. All the staff have supported me in overcoming the clinical and cultural challenges of working in Tower Hamlets.

Jennifer Liddington, July 2011
Workload Statistics for 2010-11

Doctor Consultation Rate
Total Number of GP Clinical Sessions: 3,187
Total Number of GP appointments: 44,615
Average Number of GP appointments per session: 13.99
Doctor consultation rate: 4.12
DNA Rate: 10%

Home Visit
Total number of home visits done: 500
Home visiting rate: 0.046

Nurse Consultation Rate
Total number of consultations with a practice nurse: 15,757
Nurse consultation rate: 1.45

Health Care Assistant Consultation Rate
Total number of consultations with HCA: 3,536
HCA consultation rate: 0.33

Total Consultation Rate
Total number of consultations: 64408
Total consultation rate: 5.95
Major Specialist Referrals from 1.4.2010 to 31.3.2011 recorded on EMIS

Total Referrals: 3,329
Acknowledgements

Many thanks to the following who contributed to towards the annual report:

Dr. Sally Hull
Dr. Salma Ahmed
Dr. Nicola Hagdrup
Dr. Naomi Beer
Dr. Jens Ruhrbach
Dr. Natalie Symes
Dr. Jennifer Liddington
Virginia Patania
Lyn Owens
Christine Hulbert
Helen Olarjorin
Ekaette Inyangudor
Arshad Takun

Special thanks are due to Yimiao Chen, student of Babson College in Massachusetts, United States. Yimiao helped us rewrite this annual report whilst working with us during a six week internship in July 2011.

“The road to success is always under construction”

Lily Tomlin
Jubilee Street Practice 2010-2011