

BINGLEY
MEDICAL
PRACTICE



CQC Visit

12th January 2015

Key Points

- Practice Vision
- Our Practice
- How We Communicate Internally
- Achievements
- How We Offer Appointments
- PPG
- HALE
- Bevan
- Clinician's Summaries
- QPA Award
- Challenges

Vision



- Mission Statement

Our aim is to provide the best possible clinical care from our team of doctors and nurses and a courteous, efficient and friendly service from our reception staff

Vision (2)

Practice Vision achieved by

- Culture of Caring for patients and staff
- Awareness of health values
- Ensure training, policies and procedures are in place to deliver the aims
- Skilled staff to meet clinical roles
- Transparency of practice, reflection and learning
- Strategic planning to achieve this

Vision (3)



- What this means to the back office teams
 - Primary function to support the clinicians
 - Ensure patient centric
 - Face to face or telephone contact with Patient

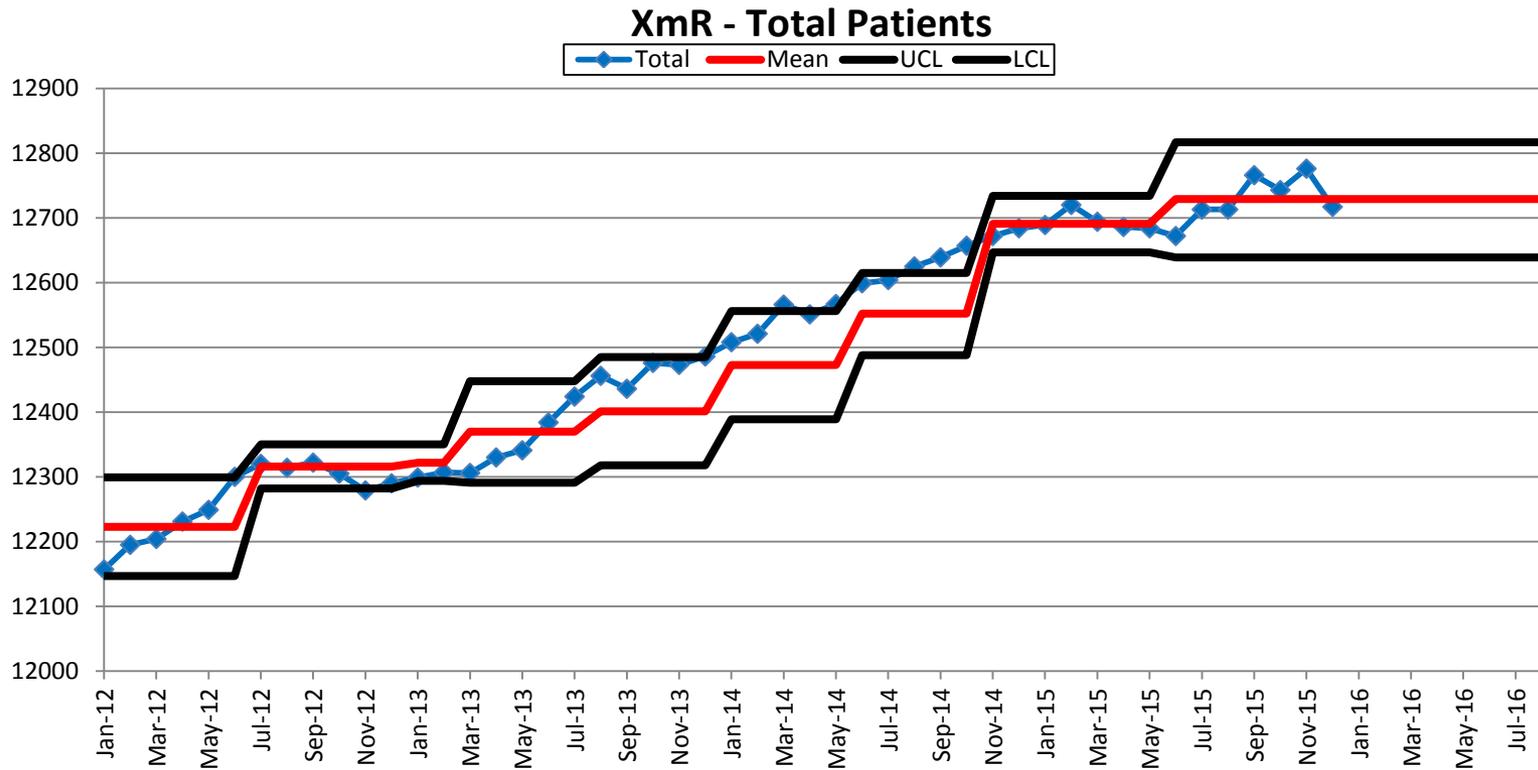
Our Practice



We have over 12,700 patients and population differs from the Bradford Districts CCG and national age distributions

- 19.5% aged over 65 years compared with 14.5% (CCG) and 16.5% (nationally)
- 16.4% aged under 14 years compared with 20.8% (CCG) and 17.3% (nationally)
- 1.02% of the practice's population is of South Asian origin compared with 20.3% in Bradford
- The practice's Eastern European population has increased to 0.7% in the last few years
- 33 patients require the services of an interpreter
- 58 patients are in nursing/care homes
- 130 patients live in sheltered accommodation

Our Practice (2)



- The graph shows we have steady growth
- We've only removed 2 patients (2014 & 2015) in the last 5 years due to unacceptable aggressive and violent behaviour

Our Practice (3)

- We have a culture of discussing significant events and complaints at the clinical or practice meetings.
- The Practice meeting has the following fixed agenda items for any clinician or member of staff to raise their concerns and issues:-
 - Safe guarding
 - Quality and Continuous Improvement
- The Monday meetings are essential to the Practice and is 'protected time' with clinical rotas arranged so that all GPs, ANPs, Lead Nurse and office leads can attend
 - The reception staff have a monthly meeting
 - There is a 'back office' management meeting every Tuesday afternoon
 - The nurses are scheduled to have monthly meetings
- A summary of the learning points from all these meetings is circulated monthly to all clinicians

Internal Communication

- Key Element is internal communication
 - Clinical meetings (weekly)
 - Practice meetings (3 times per month)
 - Palliative Care (approx 6 weeks)
 - Avoidance of Unplanned Admissions (approx monthly)
 - Summary Learning Points circulated monthly
 - Partner Meetings (weekly)
 - Notice Board in office for recent notifications and events

Achievements (most recent)

- Practice policies
 - Bereavement
 - New patient engagement/welcome pack
 - Room use for infection control and IG
 - New telephone System
 - Learning Points circulated monthly
 - Patient Waiting times (December 2015)
 - Duty of Candour
 - Child Safeguarding (PREVENT & FGM)
 - Violence and Aggression Policy
 - Started work experience for students who wish to have a career in medicine
 - Work in Progress: DNA and Carers Policy
- New staff structure
- Staff induction Checklist
- Nurses
 - March 2016 – increase HCA (promotion from reception)
 - Additional receptionist/phlebotomists (Jan 2016)

Appointments

- We operate a triage system (8.00-10.30am)
 - All patients in triage receive telephone or face to face appointment with a GP (or ANP) the same day
- Telephone appointments available
- Where possible continuity of care for patients by booking with same GP
- Routine Appointments available online up to 4 weeks ahead or can be booked by receptionist
- 2 appointments per GP session are available online from 8.00am daily, where practicable
- Text messaging of results and appointment reminders used
- Rotas checked and analysed regularly

- Important to the Practice and seen as ‘putting the patient perspective’ or as a ‘critical friend’
 - Hold meetings bi-monthly
 - Set up ‘Communication team’ (to work out how best to communicate with patients)
 - Communication team meets between meetings
 - Have their own leaflet
 - Have their feedback/survey forms
 - Virtual Group initiated and just started developing
 - In their role regular visitors to the Practice and have attended
 - Monday Practice meeting
 - A joint reception meeting to share experiences December 2015
- Really proud of our PPG

PPG (3)

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PPG (4)

- ‘you asked....we did’
 - **Biggest Achievement** - telephone System
 - Notice Board
 - Hand gel in waiting room
 - Induction Loop
 - Weight Conversion Chart
 - Presented their own topics to meeting (e.g. sexual health)
 - Patient Surveys (excellent!)
- Project involvement
 - Bingley Show – Self Care tent
 - BP Results
 - Blood clinics
 - Condolence cards
 - Text messaging
 - Patient Group Training/buddy/CCG Events
 - Fundraising Coffee Morning

PPG (5)

- Future Work
 - Welcome new secretary into communication team
 - Big issue with representing all patient demographics
 - Mothers & toddlers
 - Young People (approach local schools)
 - Work with other PPGs in locality
 - '4PPG's early stages
 - Support Sexual Health tent at Bingley Music Festival
 - 2016 Patient Survey
 - AGM in May 2016

- Actively support VCS
- Work closely with HALE in establishing Cafe upstairs
 - Provided advertising and mentoring support
- 2016 working with HALE in using our facilities for them to add support sessions on social prescribing, healthy eating, new parents group

Bevan

- Bevan supply a very specialist service (street workers, homeless, refugees and immigrants)
 - We've supplied a manager on loan to fill a gap/support them until they appointed a PM
 - Building facilities advice
- Work alongside Bevan on CCG sexual health service transition
- Ultimate goal – if patients move to the Bingley area ensure we have a smooth transfer from Bevan to us as the local GP practice

Clinical Summaries

Women's Health

- Clinical lead: Dr Bridget Pitcairn
- DRCOG, DFFP, LoC IUT, LoC SDI
- Team support for contraception procedures
- With Dr Sian Morris, Dr Katie Setchell, ANP Kim Kershaw, PN Sue Moore
- Sexual health level 2 Sue Moore
- On the day access for emergency contraception

Clinical Summaries

Child Safeguarding

- Clinical lead: Dr Lisa Fallon & Dr Mais Al-Hity
- Team meet for MDT every 2 months
- Staff trained to Level 1, 2 or 3 with annual updates
- Policy & procedures for safeguarding
- Regular slot on Practice Meeting
- Leads contactable by social worker on days off for safeguarding issue

Child Health

- Post-Natal & Immunisation checks in place
- Children <12 years old seen on the day

Clinical Summaries

Domiciliary Care

- Nurse led service for housebound Long Term Conditions: ANP Kim Kershaw
- This is a service that has been developed initially to provide proactive management of Diabetes in the housebound
- In response to a recall system the ANP liaises with the District Nursing team and arranges appropriate bloods.
- More recently COPD annual reviews have been carried out on housebound patients in this group
- Provide ward round (Tues & Fri) for Thompson Court resource centre (GP & ANP).

Clinical Summaries

Adult Safeguarding

- Clinical lead: Dr Mike
- Cover Wingfield, Duchess Gardens, Cottingley Hall nursing homes
 - Plus Morton Close sheltered accommodation
- Policy for adult safeguarding
- Staff trained in adult safeguarding
- Each nursing home visited by ANP weekly - (main visit on the first Wednesday of each month)
- Home visits are requested by nursing homes for urgent medical problems
- Support Thompson Court Resource Centre with 2 ward rounds per week
- Vulnerable patients are discussed at locality 4 Practices) MDT meeting with (GPs, ANP, DN, Mental Health, Social workers, OT, voluntary sector present
- Avoidance of Unplanned Admissions meeting held monthly

Clinical Summaries

Cancer Care and End of Life

- Lead Dr Mike Francis
- MDT Palliative care meetings held 6 weekly in practice with Sue Ryder nurse, district nurse and all clinical team present.
- Patients are discussed by priority of the GSF traffic light system (Red-Amber-Green) along with any new concerns and recent deaths are discussed for learning. Meeting minutes are recorded directly into the patient notes for continuity and confidentiality purposes.
- Annual audit of cancer diagnoses is carried out to identify opportunities for development.
- Patients reaching the end of life or with anticipated palliative care difficulties are to be referred to the Goldline and OOH Handover done.

Clinical Summaries

Mental Health

- Lead: Dr Mike Francis
- Direct access to in house alcohol worker & Benzodiazepine dependence worker
- Patients with high risk mental health problems are highlighted in the clinical meeting so all clinicians are aware in case of acute presentation.
- Reception aware they can interrupt a clinician to request an immediate review of an acutely unwell patient at any time and this includes acute mental illness such as suicidal intention or psychosis.
- Patients with mental illness who do not attend appointments are followed up by their usual clinician. Patients with severe mental illness would not be removed from the list for any medical reason. There is anticipatory care to meet their needs.
- First response service 01274 221181 for immediate access to advice and support for MH problems presenting to primary care.

Clinical Summaries

Musculoskeletal

- Clinical lead: Dr Andrew Jackson
- GPwSI MSK, RCGP trainer MSK,
- Honorary contract with AGH in orthopaedics
- Team support with physiotherapy,
- Joint injections: Dr Eldred, Dr Newell, Dr Smith
- Self help exercise sheets
- Team working with hospital consultants

Clinical Summaries



Training Practice

- Lead: Dr Mike Francis
- Medical students – medical students from Leeds university 1st, 2nd, 5th and extended research students. Increasing numbers of students choosing to come here from Imperial College London for out of London placement. Consistently high detailed feedback from university. Also pre-medical students from Bradford University come for taster day in primary care. Received Leeds clinical teaching excellence award in 2012, only one other primary care organisation has won this ever.
- Students have formal induction covering IG and confidentiality
- Patients are consented by clinician before seeing students
- Nurse students
- GP trainees and FY2 doctors
- Work experience for 'A' level students who hope to study medicine

Clinical Summaries

Minor Surgery

- Clinical lead: Dr Andy Smith
- Qualification: PGDip Min Surg 2015
- Anonymous data collected to enable audit and ensure all results from histology come back to practice from laboratory
- Dedicated weekly clinic for patients with waiting list kept to a minimum
- Written consent obtained by AJS with patients before procedure
- Written post-op information leaflet given to assist wound care
- Training two HCA's and student nurse to assist in minor surgery
- Process in place to maximise efficiency of clinics with reminders to patients to minimise DNAs

Clinical Summaries

Diabetes

- Clinical lead: Dr Karen Greenhorn (level 2 trained along with Sr Kim Kershaw). This enables the more complicated patients to access more specialist diabetic care in house. We also perform near patient testing of HBA1c results.
- We offer evening appointments for the working population
- We communicate the patient's results by letter, so they are better informed and engaged in managing their diabetes.
- We are keen to refer on to the XPERT program as well as BEEP exercise scheme. This encourages patient self management.

Clinical Summaries

Cardiovascular

- Clinical lead: Dr Richard Newell
- Maximise “gold standard” cardiac care whilst minimising demands on patients:
 - “one stop” appointment with nursing team for biometric measurements and blood tests and health promotion
 - patient record, medicines and results reviewed by lead GP resulting in written advice to all patients, and a GP appointment organised if necessary
- Bespoke audit, reminders and templates on SystmOne that prompt and support clinicians in assessing the need and organising:-
 - anticoagulation for patients with AF.
 - statin prophylaxis
 - to measure blood pressure, and as to when readings require action in which patients
 - calculation of cardiovascular risk and assessment of Familial Hypercholesterolaemia
- ‘Self care’ rooms which promote patients self-management and monitoring of their Hypertension and enhance patient convenience, backed up by a bespoke SystmOne Protocol for Reception and Nursing staff which identifies patient specific raised blood pressure
- Our system has subsequently been adopted across Bradford CCG.
- Recall system that automatically adjusts to most recent blood pressure recording, avoiding duplication and so unnecessary inconvenience for patients
- Recall letters include comprehensive lifestyle advice

Clinical Summaries

Dementia

- Lead: Dr Andy Smith
- Current projects: Screening at risk groups to detect early memory problems to increase prevalence of patients diagnosed with dementia and reduce those in the community who were previously undiagnosed.
- We are working on creating a register of patients who are carers for people with dementia and offering them annual health checks.
- We are offering patients diagnosed with dementia an annual review to create a care plan specific to their physical, mental and social needs.
- We have developed team of Nurse practitioners and healthcare assistants to help us achieve all this and supported them to take ownership of their respective areas within the project.
- We intend to educate our practice team using our protected learning time sessions on how to improve in diagnosing and managing dementia in primary care.

Clinical Summaries

Respiratory

- Leads Dr Andrew Jackson/Sr Gabrielle Foy
- Annual recalls for COPD/Asthma and 6 monthly recalls for severe/very severe COPD patients
- Reviews carried out by Sr Gabrielle Foy & Sue Moore
- Work with NICE guidelines/SIGN guidelines, GOLD guidelines & Bradford City & District CCG's Inhaler guidance
- Use Spirometry for diagnosis and reviews.
- Use clinical tools such as COPD assessment test and Asthma control test to aid care
- Developed and use Self Management plans for both COPD & Asthma to help reduce hospital admissions
- Rescue medication (antibiotics & steroids) issued to high risk patients in conjunction with Self Management Plans to reduce admissions

Clinical Summaries

Prescribing

- Clinical lead: Dr Richard Newell
- flexible ordering allowing patients to order repeat prescriptions online, by email, in writing, by phone, or in person
- early adopters of Electronic Prescribing
- complex and extensive system of clinical audits and “home screen” alerts which aid clinicians in monitoring of medicines
- robust prescription monitoring systems which ensure that all medications are appraised by a clinician at least annually
- robust systems for monitoring use of toxic or addictive medicines

Clinical Summaries

Infection Control

- Clinical lead: Sr Gabrielle Foy
- Back office support: Mrs Sue Dennis
- Cleaning schedule in place for clinical room, dirty/clean utility rooms and back office rooms.
- Core Training requirement – booklet issued to every member of staff
- Reception aware: use baskets for receiving sample bottles and don't use their hands
- Pens are available at reception for patients to write on sample bottles
- Clinical rooms: vinyl flooring where necessary, i.e. where procedures are undertaken
- Reception and nurse teams respond quickly to infection control incidences, e.g. reception, soiled curtain, soiled chairs.
- We use specialist cleaning services with <24hour turnaround
- Hand gel is available in waiting room with a reminder message on the call boards

QPA Award (2011)



Highlights

- IT to team working
- Good communication
- Meeting room
- Other HCP team working
- Patient focuses services
- High level patient satisfaction

Merit

- Clinical skills
- ANP and dedicated time for elderly care

Patient Surveys

Various surveys completed

- Friends and Family Test
 - 93% of patients would recommend us to friends and family
 - Data available on the website
- Annual Patient Survey
 - Well supported by the PPG
 - Undertaken in February 2015
 - Over 400 responses due to direct involvement of PPG
 - 94% of patients would recommend us to friends and family
 - PPG will lead the survey due in February 2016
 - They'll attend on a rota basis

Challenges

- Increased demand and expectation
- Agenda for 7 day a week opening
- Funding crisis
- GP skills crisis
- Room capacity or space
- Increasing ageing population
- Life expectancy the highest ever
- To continue providing the highest level of care and advice to patients
- Maintain personal links between patient and clinician
- Co-ordinated care for patients
- Ensure we offer convenient service to patients
- Integrated care with hospitals

Thank you for listening

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QUESTIONS ?