



FIELD HOUSE MEDICAL GROUP

ANNUAL REPORT

APRIL 2015 – MARCH 2016

Welcome to the Field House Medical Group Annual Report April 2015 – March 2016

Staff Changes

There have been significant changes in staffing over the last twelve months. Dr Plotnek decided to retire totally as a GP and Dr Salawu left us for pastures new. We managed to get some support with Dr Ryder who was loaned to us by Woodford Medical but that has now ended. Nurse practitioner Carol left us to move to West Yorkshire but Nurse Natasha returned to us on a permanent basis. We were also successful in recruiting Helen Howe to replace Diana who left for hospice work in April 2015. We managed to recruit additional nurse hours and Sue joined us in March 2016. HCA Rebecca has been seconded to undertake her nursing degree through the Open University but she will still be working with us on a fairly regular basis. Our reception team leader Sue retired and we successfully recruited Sarah to the role. We also started an apprentice Health care Assistant as part of a national programme with a view to them training with us and coming accredited with the Care Certificate. GP recruitment is and continues to be very difficult, we have tried various approaches to recruit and like other practices have been unsuccessful due to a falling number of GPs despite government promises. We are continuing in our efforts to recruit.

Care Quality Commission

We were inspected in early October and the overall rating was good. They highlighted some concerns over the temperature records for one of our vaccine fridges. After investigation with the help of public health it was decided to recall a number of patients who had been given travel vaccines over a period of time merely as a precaution. There is no evidence that the vaccines were ineffective but there is possibly a risk. This was started in February 2016

Training

We continue on our training programme, however due to fewer GP registrars in the GP training programme, in this area, over the last year we have not always had a GP registrar. We hope that will change later in 2016. We are also able to place a pharmacist in the practice as part of the national pilot to try and take some of the workload away from the overstretched GPs. The pharmacist Bharat started at the beginning of April 2016. We are also looking at expanding the team with other professionals

Patient Involvement and Feedback

At the request of our PPG we now have a suggestion box available and we have introduced the national friends and family test. Some comments have been useful with some constructive suggestions. We introduced a PPG specific noticeboard to highlight and try and recruit as well as giving feedback on the friends and family test survey

Services

North East Lincolnshire Clinical Commissioning Group is currently reviewing services provided in primary care with a view to try and standardise services across practices to the same level as ours and where possible shift some services out of a hospital setting. This is still at an early stage so we do not know the impact as yet.

Vaccination Campaigns

The flu campaign continued and was successful but with a lower uptake compared to previous years. New childhood vaccinations were brought in such as Meningitis ACW&Y, Meningitis B and other changes to the schedule. Finally the shingles vaccination was extended for those aged 70-71 and 77- 79 and will be extended over the next few years when more vaccine becomes available.

Appointments System

We have made no changes over the last year and continue to monitor our appointments system. This seems to be working reasonably well apart from main holiday periods where availability of staff is limited. We will continue to review our systems to see if we can make any further improvements and offer more appointments in high demand times with the use of local based locums.

We continue to offer a number of appointments outside normal hours with a doctor or nurse with early morning on a Monday from 7.00am and late evening on a Tuesday until 8.00pm. These have proved to be popular particularly with those who find it difficult to attend due to their work commitments. This may have to change due to staffing limitations and the proposed roll out of access to GPs until 8.00pm and some at weekends. This will not mean the same staff working seven days but existing staff providing a service across the whole week but across a larger population. This is being trialled in a group of practices across North East Lincolnshire and is being monitored by the North East Lincolnshire Clinical Commissioning Group with a view to roll out across a small number of sites

We have looked at our data for the last few years to compare no of GP appointments for the period April - March as follows

2012/13	41657 GP appointments of which 40076 were general and urgent appointments
2013/14	40598 GP appointments of which 40598 were general and urgent appointments
2014/15	38712 GP appointments of which 37690 were general and urgent appointments
2015/16	32436 GP Appointments of which 31728 were general and urgent appointments

The last year reflects the reduced capacity in our GPs and possibly other professionals doing more. The DNA rate over this period was consistently between six and seven per-cent

Complaints

We have received 19 formal complaints over the last year. The practice will always look at these as a valuable source of learning and where mistakes have been made we will apologise and make changes to the way individuals and the team work. Most complaints centred on communications, attitude, process, delays and treatment.

External Changes

The NHS has been at the centre of political focus over the last year with finance and resources under great strain and lengthening waits for operations, A&E attendances and other particular specialties. This has impacted on the practice as there has been an on-going

threat over reduction in funding. The CCG are continuing to work on alternative services to use this funding for so because we are still not sure this makes decisions on our own service development difficult to make whilst these changes are introduced and their impact known.

Information Technology

Our district nursing team have started to use mobile technology by using computer technology to access records and take photographs of wounds and these being shared with a specialist team for advice on treatment. This should hopefully lead to efficiencies, better communication and a higher standard of treatment

The practice introduced electronic access to medical records from 1st March 2015; we already provided access to repeat prescription, appointment booking and secure messages through electronic means. We have opened this up so patients can see their blood and other test results as well as the last twelve months clinical letters. We have introduced an additional process to register for this to ensure it is safe and secure. Uptake on this has been limited

Summary

Despite the increasing workload, recruitment problems and rising needs of our patients we continue to focus on delivering quality care in an accessible way as possible, using the limited resources available in the most efficient way possible.