

QUALITY AND OUTCOMES FRAMEWORK

REVIEW VISIT REPORT

FORTON MEDICAL CENTRE

18th January 2005

QOF REVIEW VISIT REPORT

PCT QOF Lead: Sharon Martin

1. INTRODUCTION

Date of visit: Tuesday 18th January 2005

Date of report: Tuesday 18th January 2005

Practice Name: Forton Road Medical Centre


Address: White's Place
Gosport
Hampshire
PO12 3JP

PCT QOF Review Team

Name:	Dr Alan McFarlane	Role:	GP Assessor
Name:	Sharon Martin	Role:	PCT Assessor
Name:	Mrs Julie Hawksworth	Role:	Lay Assessor

Report written by: Sharon Martin

Practice members involved in visit

Name:	Dr Peter Beasley	Role:	GP
Name:	Lesley Bohling	Role:	Practice Manager
Name:	Dr Sarah Brook	Role:	GP
Name:	Pam Gander	Role:	Office Manager
Name:		Role:	Receptionist
Name:		Role:	Receptionist
Name:		Role:	Receptionist
Name:		Role:	Clerk

Practice QOF Lead: Dr Peter Beasley

2. INFORMATION USED DURING PRE-VISIT ANALYSIS

Information	Source
QMAS Report (Clinical Data Submission Date 1 st December 2004)	QMAS / PCT
Primary Care Information	PCT / Verified by practice
QOF Portfolio (Evidence A)	Practice

3. DOMAINS AND INDICATORS SAMPLED DURING VISIT

3.1 CLINICAL DOMAIN

Domain Area	Indicator	Comments
Diabetes Mellitus	13 and 18	Practice demonstrated good results throughout. Their aspiration points should be achieved. The practice's flu programme is underway and the current practice prevalence above average. <i>PCT Action: Currently not achieving targets for DM13, would like guidance from PCT on how to proceed due to cost implications.</i>
Hypertension	4 and 5	Verified that all points had been achieved. Practice prevalence is currently above average.
Cancer	2	The practice prevalence is currently higher than average. Indicator discussed with 2 sets of notes verified. The practice has developed a new loop/cycle system for collecting data. The practice should achieve aspiration points.

		PCT Action: How does CANCER 2 six-month rule work?
CHD	2, 6,7 and 9	<p>Good discussion with regards to CHD, the practice should achieve their aspiration points and more. The practice is aware that currently for the indicator CHD2 there are low points, discussion held as to the possible cause which includes changing the template to make it more user friendly or a coding issue. Verified 2 patients' notes in CHD6 and CHD7.</p> <p>QOF Clinical also advised the practice to review Population Manager "not included" list to assist in improving the CHD data. Prevalence is currently at the national level.</p>
LVD	2	<p>Discussion held regarding the current low points being achieved. The QOF Clinical advised that the practice should review Population Manager "not included" which should improve overall points.</p> <p>There was also discussion around the possibility of improving the loop/cycle from investigation to diagnosis to coding in this group.</p> <p>Prevalence is slightly lower than average, overall points are good, and should reach aspiration.</p>
Stroke and Transient Ischaemic Attacks	2, 3, 5,7,8,9 and 10	<p>Reviewed indicators 1 to 10, problems were noted with the use of read codes and inputting of data following hospital discharge. Verification occurred in 2 sets of patient's notes. The practice has put a flu plan into action</p> <p>Practice prevalence is low, however with a little bit of investigation of read coding and the "not included" list, aspiration points should be achieved.</p> <p>Action PCT: The practice would like to inform the PCT that there is inaccurate information being provided by secondary care in some cases. It is unclear has to how to proceed, as to whether individual practices should address or should the PCT write.</p>

COPD	1, 2, 3 and 6	<p>The QOF Clinical advised - for the indicator COPD2 the practice should look at the "not included" list, which includes 14 patients. This will assist the practice in improving their COPD data. For the indicator COPD3 the practice are planning to undertake spirometry on all COPD patients as a long-term project.</p> <p>For the indicator COPD6, the practice has action plans in place, they were also advised to review coding. Good data collection so far should achieve aspiration points, practice prevalence higher than average.</p>
Mental Health	3 and 5	The current practice prevalence is lower than average. This clinical domain has been recently improved by the practice. All aspirations should be achieved.
Asthma	1 and 7	Practice prevalence is currently higher than average. The practice has good data collection and also has a flu programme in place. Practice should achieve aspiration points.
Epilepsy	4	<p>There appears to be some coding problems with this indicator. The QOF Clinician discussed that there may be too many choices in the template box.</p> <p>Practice prevalence was lower than average.</p> <p>With a small epilepsy list this should be easily addressed and aspiration points should be achieved.</p>
Hypothyroidism	1 and 2	All verified. No issues found, all satisfactory.
Exception Reporting		Discussed and no evidence of excessive exemption reporting was found.

3.2 ORGANISATIONAL DOMAIN

Domain Area	Indicator	Comments
Records & Information about Patients	2	Random set of notes reviewed, all entries were legible.
	3	Verified the practice has a process in place. It is the responsibility of the partners and all staff involved to ensure that information is processed efficiently when other doctors out of hours have seen patients.
	5	The practice has a stamp which has been introduced to monitor paper circulation of correspondence and results.
	9	Discussion was held that the practice is aware of how to link medication to medical problems. Action for Practice: Practice to provide a survey in accordance with the QOF Guidance.
	14	Process discussed. The practice would like to scan data into the patients' medical records but are not quite ready. Action for Practice: Practice to provide a survey in accordance with the QOF Guidance.
	15	Discussed. If the summariser has a query they are able to seek guidance from the GPs. The QOF Portfolio reflected that the practice was currently at 22%.
	18	See 15. The practice is notified of progress at nGMS meetings held regularly at the practice.
	19	Discussed. These records are a priority for summarising when they are delivered from the PPSA.

		Action for Practice: Practice to provide a survey in accordance with the QOF Guidance.
Information for Patients	3	Discussed with the PCT and Lay Assessor. The practice leaflet was provided within the QOF Portfolio. The Lay Assessor with the Reception staff undertook further verification. The Practice has a message book, which is also noted on the EMIS system to alert the GP that the patient has called.
	4	Verified and discussed with the Practice Manager, letters were available at the practice. The practice currently has a letter for DNA and Out of Practice Area. If the GP wishes to remove a patient because communication has broken down, this is generated by the GP, as these are more personal letters. Action for Practice: The practice needs to have a written policy for this indicator. This could include DNA, out of area and violent and aggressive behaviour.
	5	The practice hands out leaflets. The first initial appointment is with the Practice Nurse. A couple of practice nurses have received training in Smoking Cessation. The Lay Assessor undertook further verification of this indicator; in the reception area the patients have access to smoking information, via cards on the reception desk.
	6	Comprehensive details verified, covering antenatal and post-natal. PHT information also provided, along with diagnostic testing that is available. Mothers- to-be receive a personalised letter containing all the above details.
	7	Verified by the Lay Assessor, the practice starts appointments at 8.30 am and finishes at 6.00 pm. Verified actual appointment booking process on reception also verified patient being booked into a clinic held within the practice.
Education & Training	1	Verified by the PCT Assessor, evidence of GPs and Nurses available. Two GPs currently have no data, the Practice Manager is addressing this. Some

		nursing staff need their training refreshing, which is carried out by someone external coming into the practice to provide the training.
	4	Policy provided at visit. Receptionist training schedule verified. Comprehensive details provided by practice.
	5	Details verified - 11 staff recorded. The practice are planning to hold further training at ensure all staff are up-to-date with their training.
	6	<p>This indicator has not yet been fully achieved. It is planned that the practice reviews both significant events and complaints on 26 January 2005. The practice provided evidence of complaints, there were 11 in total, however 4 to 5 of these related to changes in the appointment system. A number of staff will be involved in reviewing these.</p> <p>Action for Practice: Practice need to provide evidence in accordance with the QOF Guidance.</p>
Practice Management	2	A number of staff are able to carry out the back-up facility at the practice. The practice has one set on tapes. The practice has a dedicated room for IT, which is air-conditioned. A fire-proof safe is on order. Discussion around ensuring that all staff were aware of the policy regarding IT within the practice.
	4	The process for using the Autoclave was shared. Further details regarding testing the machine and type of machine and other relevant details were also observed.
	5	The Lay Assessor undertook verification. The practice available from 8.30 am to 6.00 pm. The practice does not close for lunch. Practice opening times are advertised in the waiting room and verification also undertaken as details are contained within the practice leaflet. Lay Assessor had the opportunity to speak to 3 patients who were in the waiting room. They were happy with the services offered and appointment system. The patients felt comfortable with the surroundings. Also observed the bright the colourful children's area, which

		was situated in such a place that it did not intrude on other waiting patients.
	6	A person specification and a job description was verified for a medical receptionist. The practice manager was able to provide further verification by showing the PCT Assessor all other roles within the practice.
	7	The practice are still collating and working on this indicator. Evidence of all electrical equipment was observed at the visit. Action for Practice: Practice to provide written evidence in accordance with the QOF Guidance.
	9	The practice has started this indicator and provided details. Action for PCT: Assist the practice by providing further details to achieve this indicator.
	10	All verified by the PCT Assessor.
Medicines Management	4	Practice leaflet provides patients with details on prescriptions. The Lay Assessor verified and observed prescription procedure on reception. The practice has a collection service with the pharmacy in the vicinity of the car park. Notices are also displayed to inform patients of the 48-hour availability.
	5	QOF Portfolio reflected practices achievement is 89%, this is above the target of 80%. Action for Practice: Practice to provide written evidence in accordance with the QOF Guidance.
	6	Documentation provided was verified and discussed with the Practice Manager.

	9	Practices QOF Portfolio reflects 68%, target is 80% to fully achieve this indicator. Action for Practice: Practice to provide written evidence in accordance with the QOF Guidance.
	10	The practice has yet to complete this indicator. Discussion around using the practice PSP to assist in the input and reporting for this indicator between the Practice Manager and PCT Assessor. Action for Practice: Practice to provide written evidence in accordance with the QOF Guidance.

3.3 PATIENT EXPERIENCE DOMAIN

Domain Area	Indicator	Comments
Consultation Length	1	The practice is now able to offer 10 minute appointments. The practice can offer patients book-on-the-day, pre-bookable, and urgent, they also have a duty Doctor who will see emergencies. Discussion around choice of practitioner and extended appointments if required.
Patient Surveys	2	Practice used the CEFP questionnaire. Patients were requested to complete the questionnaire after their consultation.
	3	Practice is waiting for the results to be analysed.
	4	Practice will be requesting that the PCT assist with this indicator.

3.4 ADDITIONAL SERVICES DOMAIN

Domain Area	Indicator	Comments
Cervical Screening	1	Unable to verify at visit. Due to time restrictions
	3	Practice has a lead for this area. All practices undertake this area with the involvement of the PPSA. Policy discussed and verified.
	6	Practice provided data within the QOF Portfolio from PHT. The practice has updated their policy for this indicator and provided an audit. Figures of the internal audit are shared with all GPs and nurses. The practice is having a change in nurse, however the replacement is also trained in smear taking.
Maternity services	1	Unable to verify at visit. Due to time restrictions.
Contraceptive services	1	Unable to verify at visit. Due to time restrictions.
	2	Unable to verify at visit. Due to time restrictions.
Child Protection		Lead GP is Dr Brigg. The practice has a folder and resource pack, which is held in the Practice Manager's office, this is available to all staff. The resource pack holds an updated copy dated October 2004. All members of staff have been issued with the cards and in reception there is a poster. All staff would use the on-site Health Visitors as their first point of call if they suspected anything.

4. ASSESSMENT OF LIKELY ACHIEVEMENT (QMAS Report 1st November 2004)

Domain Area	Practice Aspiration	Likely Achievement (QMAS Report)
Clinical	450.72	530.90
Organisational	184	21
Additional Services	36	10.70
Patient Experience	100	0.00

5. RISKS AND ACTIONS REQUIRED

Domain	Issue	Action Required	Who is involved (eg Practice Member, PCT, Other)
None			

5.1 ACTION POINTS AGREED WITH PRACTICE

Actions as result of the visit.

Practice

- Records and Information about Patients 14 and 19
- Information for Patients 4
- Education and Training 6
- Practice Management 7
- Medicines Management 6, 9 and 10
- Patient Experience 3 and 4

PCT

- Diabetes DM13, testing for micro-albuminuria
- Flu vaccine, problems nationally with Chiron. Will consideration of this be taken into account if the practice fails to meet targets?
- Secondary Care Data, see Stroke and TIA
- CANCER 2, how does the denominator work?

6. DATA QUALITY REMEDIAL PLAN

The practice needs to consider the following points which should help improve the overall achievement:

- Inputting of data
- Templates
- Read coding
- Population Manager's "not include list"

7. PRACTICE ASPIRATION FOR 2005/06

The practice would like to aspire to the following:

- Summarising target of 60% by March 2006
- Potential for scanning in the future

8. PRACTICE COMMENTS

The practice comments included:

- Thanked the Assessing Team for coming
- Found the day useful, pointed them in a few directions for some indicators
- The visit ran smoothly
- The visit was non-threatening

9. SUMMARY AND CONCLUSIONS (include areas of success)

Clinical Comments

- Practice have worked very hard to achieve clinical points to date
- Practice should be congratulated on their progress so far
- Practice should reach their aspiration and more
- Good data collection verified
- Some work required on coding, templates and data entry, this should be minimal to maximise points
- Overall impression very good

Lay Assessors Comments

- Disabled access good
- Able to speak to patients
- High quality children's area
- Notice boards, clear, concise and not overloaded
- Relaxed atmosphere within the waiting room, patients were having conversations with each other

- Reception was run efficiently with everyone competent in their role
- Open and friendly atmosphere
- Verified appointment system, prescriptions and recording of messages from patients
- Observed the outgoing mail process, which is monitored in a book. Internal mail is always actioned first.

PCT Assessor Comments

- Able to verify what was required
- Some minimal work to be done before March 2005
- QOF Portfolio was clear and concise, all those involved are to be congratulated
- Where there was missing data, the practice had this ready to add to the Portfolio during the visit
- Good two-way detailed conversation was able to take place which made the verification easy
- The Practice Manager explained the Management Structure within the practice which made the understanding of roles and responsibilities in regards to policies and procedures easier to understand
- Evidence of a strong, knowledgeable, practice team
- Unfortunately there were no results from the Patient Experience to verify
- Detailed conversation regarding changes to the appointment system

Overall Comments

The team felt happy that the practice will achieve their aspiration and more. There are a few minimal areas that need some further work and the practice could see an instant improvement if they follow the comments in 'Data Quality Remedial Plan'. The practice should also be congratulated on their progress, especially when dealing with a massive practice move. The practice was open, honest and made the team feel welcome. The team wishes to thank the practice for their hospitality on the day.

QOF Data

The data enclosed has been used to inform both the GP Assessor and Lay Assessor with basic practice information in preparation for visiting your practice.

This information has been verified by the practice, before being shared.

**General Practice information for
 Fareham & Gosport PCT - July 2004**

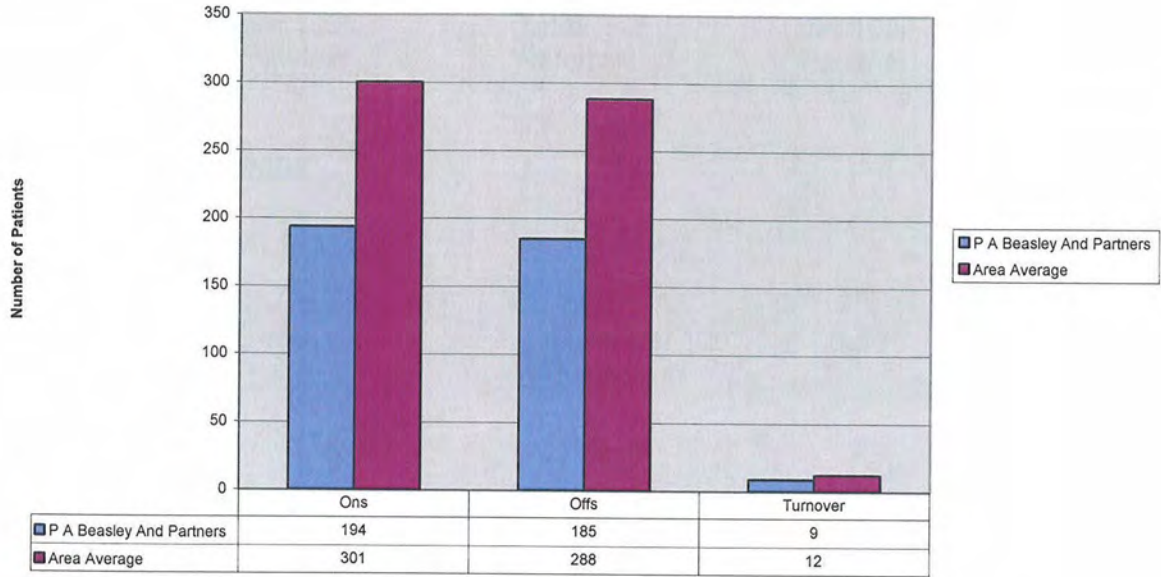
Practice: Dr P Beasley & Partners
Practice Location: Forton Medical Centre
Practice Manager: Lesley Bohling
Practice Code: J82100

<u>Gp</u>	<u>Male/Female</u>	<u>Special Interest</u>
Dr P A Beasley	M	Diabetes
Dr J A Barton	F	Woman's Health
Dr M J Brigg	M	Child Health
Dr S J Brook	F	Woman's Health
Dr E J Peters	F	Asthma
Dr G M Ninan	F	—
Dr A C Knapman	M	—

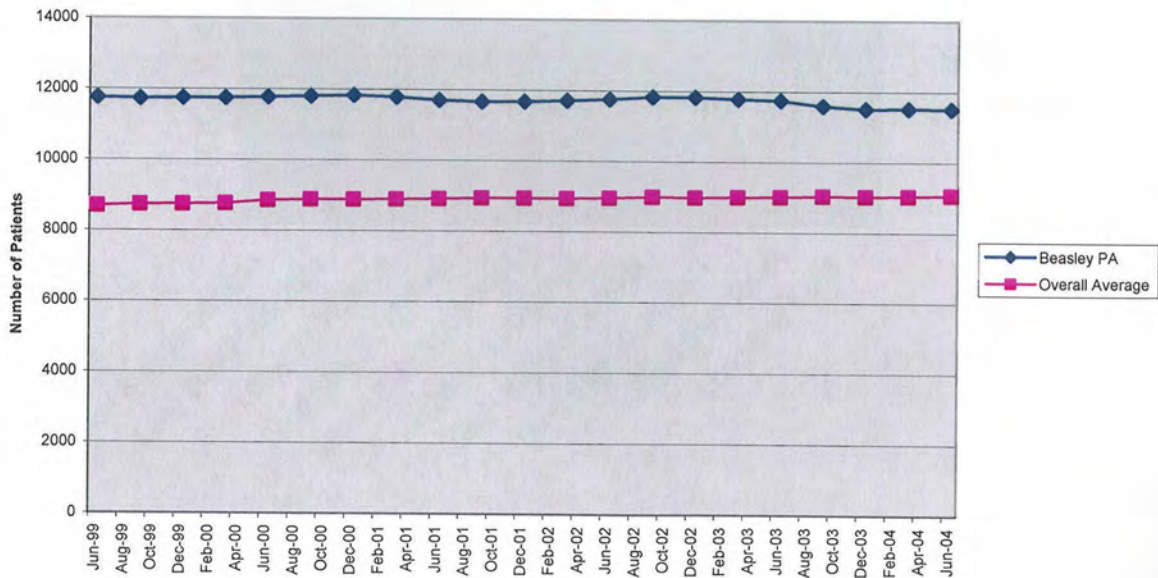
Practice Contract: GMS
Practice List Size: 11500
Total Area Population: 189601
Practice List Status: Open
Area Population Coverage: 6.07 (See Appendix 1)
Patients Per Gp: 2190 (See Appendix 2 & 3)
Expected No. of Pts Per GP: 2016 (See Appendix 2 & 3)
Number of Gp's: 7
Gp WTE: 5.25
Number of Male Gp's: 3
Number of Female Gp's: 4
Number of Nurses: 6
Nurses WTE: 2.45

LINK CODE	PRACTICE	REG LINKS START DATE	IOS LINKS START DATE
TON5	Beasley	22/08/1995	25/06/1998

Dr Beasley & Partners Patient Turnover Quarter Ending 31 March 2004



Dr Beasley & Partners 5 Year Trends for Practice List Sizes



Outpatient Referrals

Year 2002 – 2003

Number of Referrals	2,702	Referrals per 1000 Patients	229.78	Area Total Referrals	39,195	Area Total referrals per 1000 Patients	206.43
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Year 2003 – 2004 (Up to Dec 03)

Number of referrals	1,805	Referrals per 1000 Patients	156.60	Area Total Referrals	27,005	Area Total per 1000 Patients	142.00
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Emergency Admissions

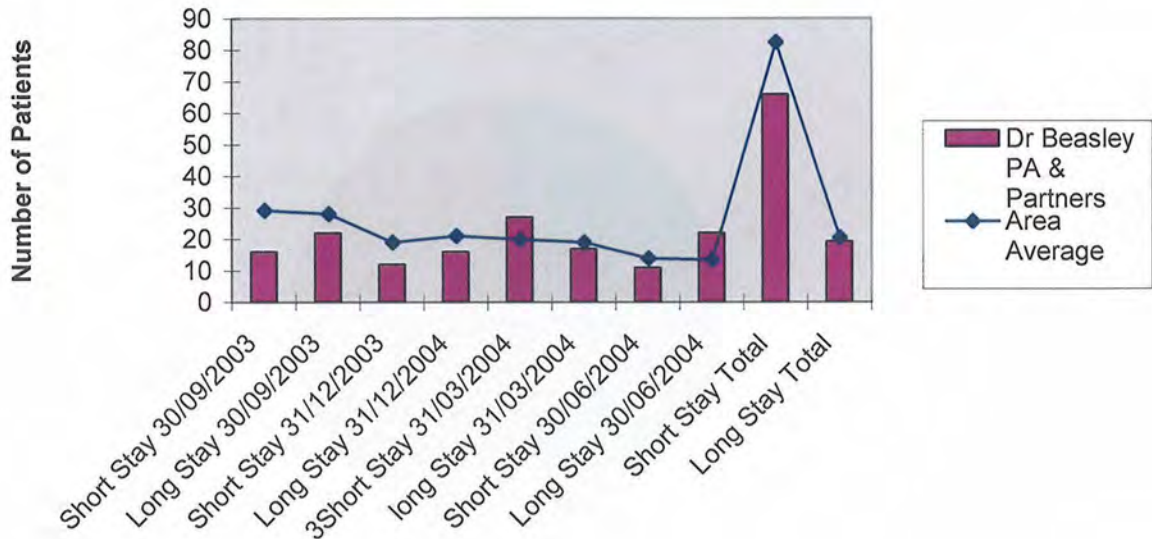
Year 2002 – 2003

Actual Number of Admissions	456	FCEs Per 100 Population	3.89
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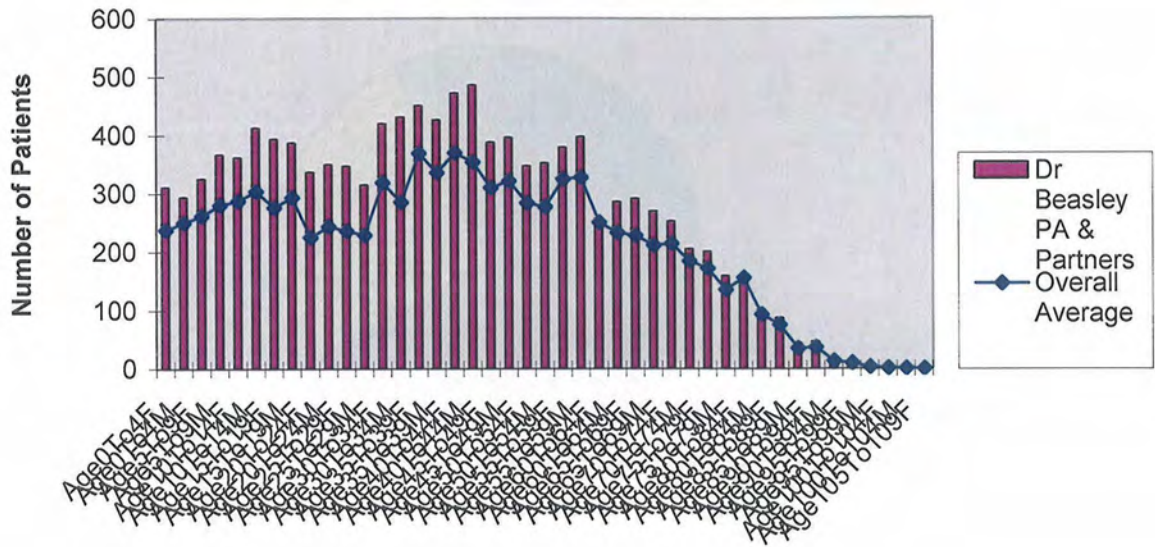
Year 2003 – 2004

Actual Number of Admissions	466	FCE's Per 100 Population	4.04
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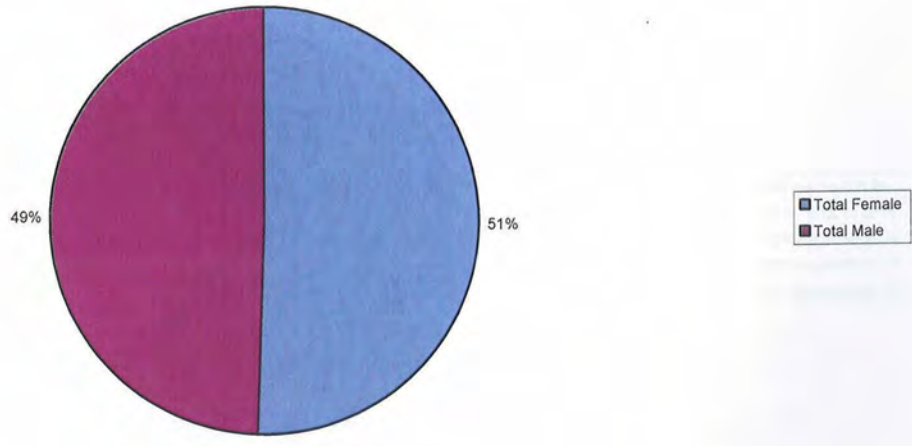
Dr Beasley & Partners Temporary Claims



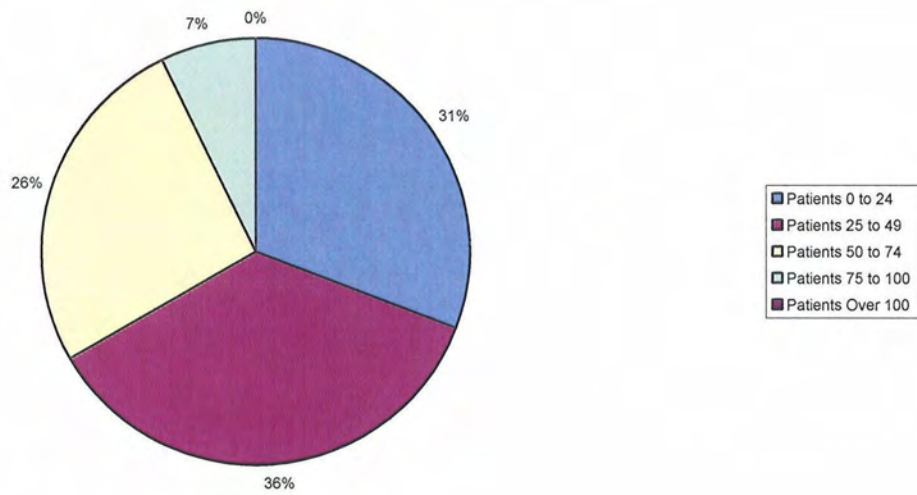
Dr Beasley & Partners Age/Sex July 2004



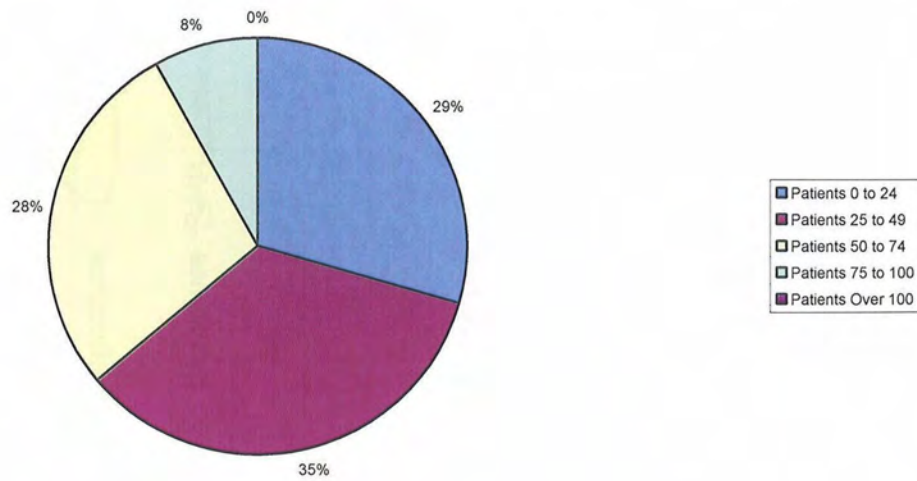
Dr Beasley & Partners Patient Gender Comparison



Dr Beasley & Partners Patinet Age Percentages



Fareham and Gosport Gp surgeries Overall Age Breakdown



* Data based on information provided from Practice Managers and the PPSA for July 2004 and are to be used as an example and/or guide only.

Final report agreed by:

PCT QOF Review Team

Name: Dr Alan McFarlane Signature **Code A** Date 15/3/05.

Name: Sharon Martin Signature **Code A** Date 10/3/05

Name: Mrs Julie Hawksworth Signature **Code A** Date 9.3.05

Practice

Name: Dr Peter Beasley Signature **Code A** Date 23-03-2005

PCT Chief Executive

Name: Mr Ian Piper Signature **Code A** Date 25/3/05