

# **QUALITY AND OUTCOMES FRAMEWORK**

## **REVIEW VISIT REPORT**

**Forton Medical Centre**

**11<sup>th</sup> January 2006**

**QOF REVIEW VISIT REPORT**

**PCT QOF Lead:** Leonard Bates  
Primary Care Development Manager

**1. INTRODUCTION**

**Date of visit:** Wednesday 11<sup>th</sup> January 2006

**Date of report:** Wednesday 8<sup>th</sup> February 2006

**Practice Name:** Forton Medical Centre

**Address:** Whites Place  
Off Forton Road  
Gosport  
Hampshire  
PO12 3JP

**PCT QOF Review Team**

**Name:** Leonard Bates **Role:** PCT Assessor

**Report written by:** Leonard Bates

**Practice members involved in visit**

<b>Name:</b>	Lesley Bohling	<b>Role:</b>	Practice Manager
<b>Name:</b>	Sandie Riffart	<b>Role:</b>	IT Manager
<b>Name:</b>	<b>Code A</b>	<b>Role:</b>	Receptionist
<b>Name:</b>		<b>Role:</b>	Receptionist
<b>Name:</b>		<b>Role:</b>	Secretary
<b>Name:</b>		<b>Role:</b>	Secretary
<b>Name:</b>		Jill Lee	<b>Role:</b>
<b>Name:</b>	Dr. Peter Beasley	<b>Role:</b>	Practice QOF Lead

**Practice QOF Lead:** Dr. Dr. Peter Beasley

## 2. INFORMATION USED DURING PRE-VISIT ANALYSIS

Information	Source
QMAS Data (printed January 1 <sup>st</sup> 2006)	QMAS accessed by PCT
QOF Portfolio	Practice

## 3. DOMAINS AND INDICATORS SAMPLED DURING VISIT

### 3.1 CLINICAL DOMAIN

Domain Area	Indicator	Comments
CHD		See GP Assessor's comments at the end of the Report.
Stroke or TIA		
Diabetes		
Hypertension		
Mental Health		
Asthma		
COPD		
LVD		
Cancer		
Epilepsy		
Exception Reporting		

### 3.2 ORGANISATIONAL DOMAIN

Domain Area	Indicator	Comments
<p><b>Records &amp; Information about Patients</b></p>	<p>14, 15, 18 and 19</p>	<p><b>Records 14:</b> The practice reports 100% against this indicator. The procedure given in the portfolio is clear and details individual responsibilities. On interviewing the relevant staff it is clear that everyone understands the process and their parts within that. Where additional resource is required then this is brought in. The Practice was reminded that to satisfy this indicator a survey of patient records (minimum 50) should be carried out, recording the percentage of records, hospital letters and investigations are filed in date order. Minimum standard 80%.</p> <p><b>Records 15 and 18:</b> Currently Practice is achieving 51%. However, the practice is confident of achieving the 60% target by the end of March. The Summarising Clerk has been with the practice for the past 6 years. Training for the role has required in house training with Dr. Beasley and attendance on external courses. For the last 8 months one of the IT administrators has been able to devote 15 hours a week to support the Summarising Clerk. The emphasis has been on summarising new records and babies.</p> <p>This is an area the practice needs to focus on over the next few months to ensure that the minimum 60% target is achieved.</p> <p><b>Records 19:</b> As soon as records are received they are logged on to the computer. The practice uses the codes MRC received and Lloyd George Summarised. Notes are sorted, summarised and filed when complete. A computer survey carried out on the 9<sup>th</sup> of January 2006 gave the percentage of newly registered patients who had their notes summarised within 8 weeks of receipt by the practice as 98%. The portfolio references a survey of records carried out on the 19<sup>th</sup> of January 2005. The practice was reminded of the need to repeat the survey for this QOF year as per the Blue Book.</p>

<b>Information for Patients</b>	4	<p><b>Information 4:</b> The practice has a significant number of patients who have moved outside of the practice boundary and consequently have been asked to register with a new practice. A specimen letter was made available on the day of the visit. The Practice was reminded to ensure that such letters provide the full contact number for the PPSA in case of difficulties in registering with a new surgery.</p> <p>The Practice policy with respect to change of address seems very rigid and not very sensitive to the patient's condition. The Practice Manager did say that individual cases would be put a Partners Meeting for final consideration. The policy around violent patients should be reviewed as patients can only be immediately removed from the practice list if the incident has been reported to the police. The practice was reminded of the arrangement the PCT currently has with Oak Park Security Services whereby Practices can have a Security guard on site in the event of concerns as to a patient's behaviour. Referral of patients to the Violent Patients Scheme commissioned by the PCT from Fareham Highlands Practice can only be following an incidence of violence or behaviour such that a member of the practice staff has feared for his/ her safety and the incident has been reported to the police.</p>
<b>Education &amp; Training</b>	1 and 6	<p><b>Education 1:</b> The practice has organised update training in Basic Life support Skills for the 24<sup>th</sup> of February at 12:30pm. Given that 8 Practice Nurses and one GP do not currently meet the requirements for this indicator the practice was recommended that they set a second date before the end of March 2006 to ensure that all clinical staff receive the required update</p> <p><b>Education 6:</b> Practice review of complaints conducted on the 10<sup>th</sup> of January 2006. Eight complaints were discussed at that meeting. Minutes from the meeting were requested to be sent to the PCT for verification.</p> <p>Most of the complaints from the meeting held in February 2005 referred to the surgeries running late and the unavailability of appointments. The Practice has taken steps to address this. In terms of the practice meeting their requirements under the DES for Access the practice has engaged two</p>

		<p>additional GPs (1.5 WTE) from April to replace two partners leaving the practice. A third full time partner is to be recruited. One of the actions from last year's meeting to discuss Patients' complaints was for better notices in the Reception Area relating to appointments times and Violent behaviour. There is information around Reception asking patients to make themselves known to the Receptionist if they have been waiting for long periods. However, there was no information as to zero tolerance to Violence.</p>
<b>Practice Management</b>	1 and 9	<p><b>PM 1:</b> Procedures and Protocol available to all staff in the practice Managers Office.</p> <p>Discussions with Reception staff confirmed that should possible concerns regarding child protection be identified they would approach a doctor or health visitor. The practice benefits from very close collaboration with the health visitor team. Both receptionists interviewed were aware that Dr Brigg is the lead GP in this area.</p> <p><b>PM9:</b> Admin staff ask patients as part of the new registration process if they are or if they have a carer. The practice is in the process of revising the new patient registration form and will include this on that form. The Practice asks for the patient's consent for information to be shared with other agencies and refers patients to Social Services as appropriate.</p>
<b>Medicines Management</b>	7 and 9	<p><b>Med Mgt 7:</b> Practice does not have any patients receiving regular injectable neuroleptic medication but has developed a protocol to follow. The Practice procedure is listed in the Portfolio and includes referral to the Community Psychiatric Nurse, if appropriate.</p> <p><b>Med Mgt 9:</b> Data presented in the Practice portfolio refers to a level of 68% at 27/10/04. The PCT will require the practice to complete a computer search to identify the number meeting this criteria now and at 31<sup>st</sup> March 2006 or earlier if the practice achieves the 80% threshold.</p> <p>The Practice is reminded to provide a survey of medication reviews for all patients being prescribed repeat medicines.</p>

### 3.3 PATIENT EXPERIENCE DOMAIN

Domain Area	Indicator	Comments
Patient Surveys	4	A date has been set of the 25 <sup>th</sup> of January 2005 for the Lay Assessor to sit in on a practice meeting to discuss the results. When complete the Practice needs to submit the agreed minutes of that meeting to the PCT for verification.

### 3.4 ADDITIONAL SERVICES DOMAIN

Domain Area	Indicator	Comments
Cervical Screening	6	<b>CS6:</b> The Practice carries out an audit of its adequate cervical smears every two years. The practice was asked to forward copies of minutes from meetings to review the audit and agreed action points.
Maternity services	N/a	
Contraceptive services	N/a	
Child Protection	N/a	

### 4. ASSESSMENT OF LIKELY ACHIEVEMENT (QMAS Report – January 1st 2006)

Domain Area	Practice Aspiration	Likely Achievement (QMAS Report - Clinical Data Submission 01/01/06)
Clinical	544.50	545.78
Organisational	144.00	26.00
Patient Experience	100.00	0.00
Additional Services	36	11.00

The PCT Assessor asked the practice if they were using the on-line reporting tool to log the Organisational Indicators and those for Additional Services and Patient Experience. Although Practices have until the end of March 2006 to load these data onto the database the Practice was recommended not to leave this until the last minute to avoid any possible software/ hardware issues.

## 5. ACTIONS REQUIRED

### 5.1 ACTION POINTS AGREED WITH PRACTICE

In addition to the practice searches/ audits requested in Section 6 the following actions were discussed and agreed.

#### Practice

- Review the practice procedures with respect to violent patients. Patients can only be immediately removed from the practice list following an act of violence or threatened violence and the incident reported to the police. The practice needs to consider the use of posters in the reception area reminding patients of the practice's policy re: zero tolerance to violence.
- The practice needs to ensure that clinical staff in need of an update in Basic Life Support Skills in able to attend the training on the 24<sup>th</sup> of February 2006 or attends a further session before the end of March. Practice needs to send to the PCT the attendance register from the event on the 24<sup>th</sup> of February 2006 to enable the PCT to verify this indicator before the end of the QOF year.
- Practice to submit minutes from the meeting with the Lay Assessor on the 25th January 2006 held to review the results from this year's patient survey.
- Practice to submit minutes from meetings held to review the practice audit of its cervical screening service and highlighting any actions arising from this.

## 6. DATA QUALITY REMEDIAL PLAN

- Practice to submit practice audit/ survey against the following indicators as given in the Blue Book. This needs to be presented to the PCT by the 17<sup>th</sup> of March to enable the PCT to verify the data before the end of the QOF year:

Records 14  
Records 15 and 18  
Records 19  
Medicines Management 9



**7. PRACTICE ASPIRATION FOR 2005/06**

The practice would like to aspire to the following:

- The practice is hoping to achieve an additional 32 points this year. Last year, the practice lost points for DM13 (Micro-albuminuria testing), Records 15 and 18 (Up to date clinical summaries for 60% and 80% of patients respectively), Medicine Management 7 and Practice Management 9. The Practice is likely to pick up points in all of these areas except DM13 and Records 18.

**8. PRACTICE COMMENTS**

Over the last 12 months there has been huge pressure on the practice. The Practice Manager was off sick for 3 months at this time last year and they lost their Deputy Practice Manager part way through the year. The Practice is aware that some of the Patient searches/ audits are still outstanding and will take steps to address these. Similarly, the practice is concerned as to its requirement to ensure that all clinical staff receive update training in Basic Life Support Skills.

## 9. SUMMARY AND CONCLUSIONS (include areas of success)

### PCT Assessor Comments

- It is pleasing to note that the Practice will achieve the points for Medicine Management 7 and Practice Management 9. These were areas that the practice was unable to attain last year.
- A concern remains as to whether or not the practice will achieve the 25 points for Records 15. Given that the PCT has previously made available to all practices funding for Quality Information Preparation we would expect the practice to be able to achieve the 60% target as a minimum.
- Clinically the Practice will over perform on it's high achievement last year.
- The Practice needs to ensure that it concentrates on a number of key organisational areas over the next 6 – 8 weeks to enable it to meet the requirements for Records 15, Education 1 in particular.
- All procedures and practices clearly are described and verified within the portfolio.
- There does remain a high number of practise searches and audits which need to be repeated for the current QOF year. Only on receipt of these searches will be the PCT be able to verify these indicators.

### Overall Comments from the PCT QOF Assessor

The Practice has made huge in roads against areas which they were unable to attain last year. The practice was unable to meet the requirements for Records 15 last year (Up to date clinical summaries for 60% of patients registered with the practice) and still have some work to attain the 60% minimum target for this year. Achieving this would be a major coup for the practice. The practice also needs to ensure that they are vigilant over the coming 6 – 8 weeks to ensure that they do not drop points for indicators which they attained last year. There are four outstanding searches/ audits required to be completed by the end of March. I look forward to receiving these searches so that the practice can achieve these additional points.

Final report agreed by:

PCT QOF Review Team

Name: Leonard Bates

Signature

Code A

Date: 27/2/06

Practice

Name: Dr Beasley

Signature

Code A

Date: 21.03.06

Name: Lesley Bohling

Signature

Date: 20.3.06

PCT Chief Executive

Name: Mr John Wilderspin

Signature

Code A

Date: 4/3/06



**GP ASSESSOR COMMENTS AND  
VERIFICATION FOR QOF TAILORED VISITS**

Fareham and Gosport



Primary Care Trust

## QUALITY &amp; OUTCOMES ANNUAL REVIEW VISITS

## GP ASSESSOR REVIEW FOR TAILORED VISITS

Practice: Forton Medical Centre

Date of Visit: 11<sup>th</sup> January 2006

## Clinical Actions Raised from 2004/05

Summary - 51% - working towards 60  
Newly prescribed Drugs - now, have policy

Discussed DM 8, 9, 10  
COPD 2, 3 7.

Working on these areas.

Adg.

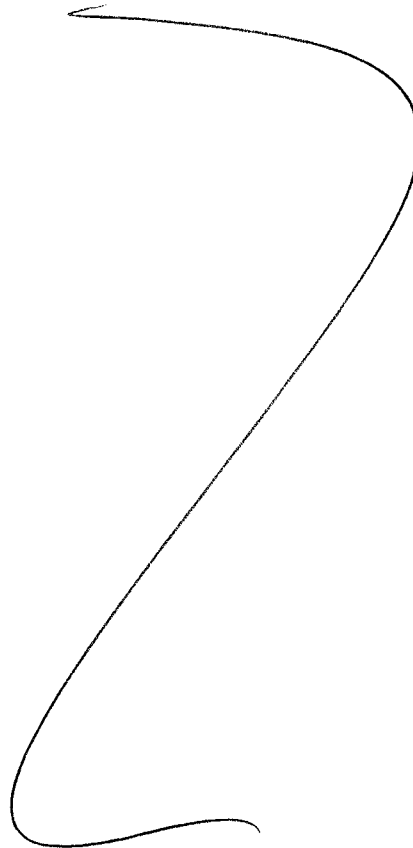
No full issues discussed

Action Taken by GP Assessor

D/W Hedley & Shiley.

No issues

D/W Glenn Martin.



GP Name:

Date Reviewed:

Signed:

u/c/ab

Dr A McFarlane MB BS BSc (Hons) MRCP  
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**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

#### 4. ASSESSMENT OF LIKELY ACHIEVEMENT (QMAS Report 1<sup>st</sup> November 2004)

Domain Area	Practice Aspiration	Likely Achievement (QMAS Report)
<b>Clinical</b>	450.72	530.90
<b>Organisational</b>	184	21
<b>Additional Services</b>	36	10.70
<b>Patient Experience</b>	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



## Domain Level Summary of Achievement against Aspiration

Report: Monthly ~ November 2005

Practice Identifier: J82100

Clinical Data Submission Date: December 1st 2005

Non Clinical Data Submission Date:

Practice List Size Date: October 1st 2005

Points Score

Clinical Domain	Maximum	Aspiration	Achievement	
			Current	Forecast
Coronary heart disease	101	100.96	98.18	101.00
Left ventricular dysfunction	20	20.00	19.19	20.00
Stroke and transient ischaemic attacks	31	31.00	29.88	31.00
Hypertension	105	105.00	81.20	105.00
Diabetes mellitus	99	94.37	91.67	96.00
Chronic obstructive pulmonary disease	45	44.17	42.29	45.00
Epilepsy	16	16.00	13.12	16.00
Hypothyroidism	8	8.00	7.94	8.00
Cancer	12	12.00	12.00	12.00
Mental Health	41	41.00	35.29	41.00
Asthma	72	72.00	66.33	72.00
Rounding Errors		0.00	0.00	0.00
<b>Total</b>	<b>550</b>	<b>544.50</b>	<b>497.09</b>	<b>547.00</b>

QOF 2005/06  
Practice List Size

CLINICAL INDICATORS  
11547

AUDIT - NON-DISCLOSABLE

Indicator	Indicator Description	Max Points Available	Points Achieved March 05	Register Size March 05
<b>CHD/LVD</b>				
CHD1	Register	6	6	396
CHD2	The % of patients with newly diagnosed angina, referred for ETT.	7	6.96	
CHD3	Smoking status	7	7	
CHD4	Smoking cessation advice /referral	4	4	
CHD5	BP	7	7	
CHD6	BP <150/90	19	19	
CHD7	Cholesterol 15 months	7	7	
CHD8	Cholesterol <5mmol/l	16	16	
CHD9	CHD and aspirin / anti-coagulant	7	7	
CHD10	Beta blocker	7	7	
CHD11	MI/ ACE inhibitor	7	7	
CHD12	Flu jab	7	7	
LVD1	Register	4	4	31
LVD2	Chd and lvd and echo	6	6	
LVD3	ACE Inhibitors	10	10	
		<b>121</b>	<b>120.96</b>	
<b>STROKE</b>				
STROKE1	Register	4	4	105
STROKE2	CT/ MRI new patients	2	2	
STROKE3	Smoking status	3	3	
STROKE4	Smoking cessation advice /referral	2	2	
STROKE5	BP	2	2	
STROKE6	BP <150/90	5	5	
STROKE7	Cholesterol 15 months	2	2	
STROKE8	Cholesterol <5mmol/l	5	5	
STROKE9	aspirin / anti-coagulant	4	4	
STROKE10	Flu Jab	2	2	
		<b>31</b>	<b>31</b>	
<b>HYPERTENSION</b>				
BP1	Register	9	9	1443
BP2	Smoking status	10	10	
BP3	Smoking cessation advice/referral	10	10	
BP4	BP in last 9 months	20	20	
BP5	BP <150/90	56	56	
		<b>106</b>	<b>106</b>	
<b>DIABETES MELLITUS</b>				
DM1	Register	6	6	431
DM2	BMI <15mths	3	3	
DM3	Smoking status	3	3	
DM4	Smoking cessation advice /referral	5	5	
DM5	HbA1c <15mths	3	3	
DM6	HbA1c <7.4 <15 mths	16	16	
DM7	HbA1c <10 <15mths	11	11	
DM8	Retinal screening <15mths	5	4.04	
DM9	Peripheral pulses <15mths	3	2.65	
DM10	Neuropathy <15mths	3	2.68	
DM11	BP in last 15 months	3	3	
DM12	BP <145/85	17	17	
DM13	Micro-albuminuria <15mths	3	0	
DM14	Serum creatinine <15mths	3	3	
DM15	Diabetes and proteinuria/ Micro-albuminuria - ACE inhibitors	3	3	
DM16	Cholesterol 15 months	3	3	
DM17	Cholesterol <5mmol/l	6	6	
DM18	Flu Jab	3	3	
		<b>99</b>	<b>94.37</b>	
<b>COPD</b>				
COPD1	Register	5	5	169
COPD2	Spirometry and reversibility testing for new patients	5	4.23	
COPD3	All patients with COPD and reversibility testing for new patients	5	4.99	
COPD4	Smoking status	6	6	
COPD5	Smoking cessation advice /referral	6	6	
COPD6	A record of FeV1 < 27mths	6	6	
COPD7	Inhaler and record of checking technique	6	5.95	
COPD8	Flu Jab	6	6	
		<b>45</b>	<b>44.17</b>	
<b>EPILEPSY</b>				
EPILEPSY1	Register	2	2	52
EPILEPSY2	Seizure frequency <15mths	4	4	
EPILEPSY3	Medication review <15mths	4	4	
EPILEPSY4	Seizure free in 12 months record in<15mths	6	6	
		<b>16</b>	<b>16</b>	
<b>HYPOTHYROIDISM</b>				
THYROID1	Register	2	2	289
THYROID2	Thyroid function test recorded<15mths	6	6	
		<b>8</b>	<b>8</b>	
<b>CANCER</b>				
CANCER1	Register	6	6	58
CANCER2	Practice review in last 6 mths	6	6	
		<b>12</b>	<b>12</b>	
<b>MENTAL HEALTH</b>				
MH1	Register	7	7	65
MH2	Review recorded <15mths	23	23	
MH3	Lithium levels checked, 6months	3	3	
MH4	Lithium patients with serum creatinine and TSH <15mths	3	3	
MH5	Patients on lithium with levels in the therapeutic range in last 6 mths	5	5	
		<b>41</b>	<b>41</b>	
<b>ASTHMA</b>				
ASTHMA1	Register	7	7	684
ASTHMA2	% aged>8 with diagnosis since 1.4.03 confirmed by spirometry or PEFR	15	15	
ASTHMA3	Patients aged 14-19 with smoking status in past 15/12	6	6	
ASTHMA4	Patients >20yrs with smoking status in 15/12	6	6	
ASTHMA5	Patient who smoke with cessation advice	6	6	
ASTHMA6	% with asthma review in 15/12	20	20	
ASTHMA7	Flu jab	12	12	
		<b>72</b>	<b>72</b>	
<b>Clinical Total</b>		<b>550</b>	<b>544.5</b>	