

FORTON
ROAD**Leonard Bates - Primary Care Development Manager**

COMPLETE 31/3/06

From: Leonard Bates - Primary Care Development Manager
Sent: 21 March 2006 13:27
To: Lesley Bohling - Forton Road Surgery
Subject: QOF Actions

Hi Lesley,

Many thanks for sending to me the various information requested at the QOF visit.

There are a couple of aspects still outstanding:

1. Please provide minutes of the practice meeting of the 10th of January 2005 where the following issues were discussed: Audit of smear tests and review of patient complaints.
2. For Records 19 the criterion is for a sample of at least 30 patients notes. You have submitted 20. Please ensure that the survey is repeated for at least 30 sets of records. (Records 19 - 80% of newly registered patients has had their notes summarised within 8 weeks of receipt by the practice.)

Best Regards

Len

21/03/2006

Factor load

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 24th 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 24th 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. 10 JAN 2005

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 17th 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 26/30 ✓
 Medicines Management 9

EDUCATION 6

FORTON MEDICAL CENTRE
WHITES PLACE
GOSPORT PO12 3JP
TEL: (023) 92583333
FAX: (023) 92601107

DR P A BEASLEY & PARTNERS

QUALITY & OUTCOMES FRAMEWORK

RECORDS & INFORMATION ABOUT PATIENTS

Records 19: Records received and summarised within 8 weeks

Practice survey of the records of 30 patients 22.03.2006

PATIENT NUMBER	Records received	Records Summarised
24956	08.11.05	10.11.05
24958	01.11.05	10.11.05
24959	15.11.05	25.11.05
24960	01.11.05	09.11.05
24962	08.11.05	23.11.05
24963	15.11.05	23.11.05
24964	15.11.05	16.11.05
24965	29.11.05	30.11.05
24966	22.11.05	28.11.05
24967	22.11.05	28.11.05
24968	15.11.05	23.11.05
24969	15.11.05	16.11.05
24972	29.11.05	30.11.05
24973	15.11.05	16.11.05
24974	15.11.05	23.11.05
24977	15.11.05	25.11.05
24978	15.11.05	30.11.05
24981	15.11.05	23.11.05
24993	29.11.05	30.11.05
24999	22.11.05	28.11.05
25000	13.11.05	04.01.06
25001	29.11.05	30.11.05
25002	14.02.06	06.03.06
25003	22.11.05	01.12.05
25004	22.11.05	25.11.05
25005	22.11.05	25.11.05
25006	06.12.05	07.12.05
25007	06.12.05	07.12.05
25008	06.12.05	16.12.05
25009	22.11.05	01.12.05
25010	23.12.05	09.03.06

PARTNERS MEETING 10TH JANURARY 2006-03-23

ANNUAL REVIEW OF PATIENT COMPLAINTS

**Present: Dr Beasley; Dr Barton; Dr Peters; Dr Brigg; Dr Brook; Dr Knapman;
Dr Ninan.**

Mrs Bohling Practice Manager

Mrs Gander Office Manager

Sister Lee Sen.Practice Nurse

- 1. The Partners & Managers reviewed eight patient complaints & recorded each one as a Significant Event.**

Each individual Significant Event was analysed under the following headings:

- a) Description of the Event**
- b) Key Issues Arising From Discussion**
- c) Positive Points**
- d) Areas of Concern**
- e) Suggestions to Prevent Recurrence**
- f) Action to be Taken**
- g) By Whom**

- 2. Each complaint was fully discussed amongst the participants and explanations why the patient has complained were given. A number of the complaints revolved around a doctor who was late at times and this has now been addressed.**

The Partners noted that the number of complaints in the Practice fell by three compared to last year, but expressed the need to continually look at improving the service we give to our patients.

- 3. The meeting was concluded.**

PARTNERS MEETING 10TH January 2006

TO DISCUSS INADEQUATE SMEAR AUDIT

PRESENT: Dr Beasley; Dr Barton; Dr Peters; Dr Brigg; Dr Brook; Dr Knapman; Dr Ninan
Mrs Bohling Practice Manager
Sister Devine

1. Audit of Inadequate Smears:

An audit of cervical smears carried out in the Practice between 1.7.05 – 31.12.05 was presented at the meeting.

2. Analysis of Results:

The results showed an improvement in the rate of inadequate smears in the Practice since the last audit two years ago from 14.90% to 12.03%.

It was noted that we have two new GP smear takers for whom we were unable to compare against the previous audit.

We looked at the number of smears undertaken by PAB, ACK, & MD, which are very low. MD is no longer a smear taker & PAB will stop on 31.3.06. ACK will continue.

We compared our inadequate smear rate figures with the rest of Portsmouth district. Our overall inadequate smear rate is in the middle at 10.7%

For existing smear takers six had improved upon their figures for inadequate smears at the last audit. Two had a slightly higher rate of inadequate smears than before.

3. Corrective Action:

For those smear takers whose rate of inadequate smears was higher than before further training has been highlighted. One new smear taker whose rate of inadequate smears was high has now left the Practice.

4. The meeting was concluded.

INADEQUATE SMEAR AUDIT FOR THE PERIOD 1.7.05 - 31.12.05

	PAB	JAB	EJP	MJB	SJB	ACK	GMN	RS	SB	MD
Total C/S	2	38	8	18	53	6	59	9	44	4
Inadequate C/S	0	7	1	0	7	0	7	2	4	1
% Inadequate	0	18.42%	12.50%	0	13.21%	0	11.86%	22.22%	9.09%	25%

Total C/S	241
Total Inadequate	29
% Inadequate	12.03%

Inadequate Smear Audit for the period 1.1.03 - 30.6.03

	PAB	JAB	EJP	MJB	SJB	ACK	MD
Total C/S	28	100	36	20	85	30	36
Inadequate C/S	3	10	7	1	20	4	5
% Inadequate	10%	10%	19%	5%	23%	13%	13%

Total C/S	335
Total Inadequate	50
% Inadequate	14.90%

Portsmouth Hospitals 

NHS Trust

**Portsmouth Pathology Service
Cytopathology Department****Michael Darmady Laboratory
Queen Alexandra Hospital
Cosham, Portsmouth
Hants, PO6 3LY**Tel. (023) 9228 6737
Fax. (023) 9228 649323rd February 2006Dr. P. Beasley
Forton Medical Centre
White Place
Gosport
PO12 3JP

Dear Dr. Beasley,

INADEQUATE SMEARS - 1/4/05 to 30/9/05

Please see below your Inadequate Cervical Smear performance figures for the six month period stated above.

Total Smears:	300
Inadequate Smears:	32
Position in League Table is:	38th out of 85 or 10.7%

The average for the district is 12% with a range of 1.6% to 25.3% (national target 5.8% - 12.9%).

If you disagree with these figures or require any further information please contact me at the above address.

Yours sincerely,

Mrs Eira Greenwood
Failsafe Administrator

Dr P Beasley & Partners Forton Medical centre

THE PRACTICE HAS A SYSTEM TO ENSURE INADEQUATE / ABNORMAL SMEARS ARE FOLLOWED UP

Inadequate Smears

- Paper result is sent to Practice
- GP receives result and writes to the patient advising repeat screening within 3 months
- Inadequate result is entered onto the Practices computer system and manually into ledger with follow up date for repeat test
- Ledger is checked on a monthly basis
- If patient has not attended within the specified time the Practice computer system will flag as overdue and a letter is generated as a reminder and sent to patient

Border Line Changes

As above with Inadequate Smears follow up date will be determined by Lab (3-6 monthly) and entered onto Practice computer system and manually checked on a monthly basis computer generated letter will be sent to patient if failed to attend within specified time

Abnormal Smears

- Letter is automatically sent from the Hospital Lab to the patient
- Paper result with the instruction from lab are sent to the Practice indicating that no action is required by the GP
- Result is entered onto the computer system with no follow up date as patient is being cared for by Hospital

All results are continuously checked on a monthly basis and computer system will alert GPs to overdue diary entries and action is taken