



ANNUAL PRACTICE REPORT 2016-2017

Introduction

Our partners, Doctors Service, Shaw, Desai and Fairhurst are “Independent Contractors” who primarily work for the NHS under a General Medical Services Contract (GMS). They own their own building and employ their own staff.

We produce this report annually to give our patients information and hopefully give them an insight of the work we do and the processes and protocols we have in place to ensure their safety and well-being.

We are a busy, large practice, who has been serving the communities of Whittle-le-Woods, Clayton-le-Woods, Euxton, Brindle and parts of Chorley & Leyland for many years. We are very proud to be part of this community and to have such wonderful reviews and ratings on NHS Choices. We realise that the danger of a large practice is losing sight of the personal touch and we constantly strive to maintain this. We care about our patients and really do our best to ensure the service they receive is the best. However we do know that sometimes things inevitably do not run as smoothly as we would like and we encourage our patients to inform us of any problems they may have encountered and we will do our very best to help.

Whittle Surgery is a member of Chorley & South Ribble Clinical Commissioning Group (CCG). We currently have around 9,666 patients (as at 30th October 2017). We are a GMS (General Medical Services) practice.

We open 08.00 – 18.30 Monday to Friday.

There are a number of changes within the NHS which have impacted on the practice in the last year:

1. Estates & Technology Transformation Fund (ETTF) – Practices were invited to bid for funding to improve Estates or Technology. Our practice submitted a bid for a PortaKabin for temporary extra space and we also submitted a bid under this scheme for a new build. We are currently in the process of purchasing the land required and have submitted an application for planning permission to Chorley Council.

2. On Wednesday 18 January 2017, the new 24/7 urgent care centers opened at Royal Preston Hospital and Chorley Hospital. On the same day, the emergency department re-opened at Chorley Hospital on an 08.00 to 20.00 basis. Patients who attend the hospitals for urgent or emergency care will be triaged and directed to the most appropriate service for their need. This will ultimately help reduce the pressure on our emergency departments.
3. Whittle Surgery provides patients (through Emis Patient Access) access to their medical records remotely. This could ultimately transform how a patient can manage their health. Our patients can currently see summaries of their current problems, medications, allergies and immunisations. We also hope to give access to recent consultations, letters and test results in the not too distant future.
4. As mobile technologies evolve, so does the potential for widening the channels of communication between doctors and patients into email and Skype. There are already apps on smartphones that allow patients to monitor their own weight, blood pressure and glucose levels and to share this information with health care teams. The revolution in information and communications technologies is also giving people much more control over treatment options. Gradually, the balance is shifting towards patients contributing to their health records. Whittle Surgery hopes to be at the forefront of this evolution.
5. Primary care is well established as the first port of call for most people when they need medical help. For many, the GP surgery is a constant thread in their lives. As such, primary care has the potential to offer a much wider range of support. By going beyond medical care as we know it, primary care teams have the chance to influence the wider social determinants of people's health – and to help them make lifestyle and behavioural changes. The process can be two-way with primary care drawing on a community's energy to help tackle social isolation and mental health issues, while strengthening peer support. We have recently started to hold carer's meeting at the practice which gives patients who are carer's an opportunity to find out how the local service can help them.
6. Nationally practices have been encouraged to join together to form a "collaborative". Through these we hope to provide various benefits to patients including a wider range of tailored services, closer to home and in reassuring settings. We have joined a few local practices including Dr Dawoud's, Clayton Brook, Withnell & Dr Raffi & Jacobs to form a collaborative. At present we join together for educational meetings and staff training. In the health care system of the future, hospitals will still play a major role but are likely to work more collaboratively rather than being standalone institutions. There will be a drive towards working more closely with community, social and primary care services in locally integrated systems to ensure that people are only cared for in hospital when appropriate. We

hope to attract many more services when we have our new building and we are hoping to become a diabetes hub for the local practices within our “collaborative” so that these patients can be reviewed at Whittle Surgery and their medications can be altered at the surgery rather than attending hospital.

7. The practice has been struggling for space for a number of years. With an ever growing list size we need to expand the services we offer to patients. We submitted and were successful in a bid for a PortaKabin to provide an additional two clinical rooms. This is now “in-situ” and provides much needed extra clinical space which has also been utilised for a carer afternoon amongst other things e.g. staff lunches.

Practice Staff News

Our new practice manager Mrs Keely Unsworth joined us in March 2016. Two of our long term practice nurses Janette Imam & Janet Hodgson retired after very long careers within the health service and we wish them a long and happy retirement and a very well earned rest. As a consequence we have three relatively new nurses (to us) Yvonne Jordan, Allison Clayton & Jacqui Gooding. Chloe Barber also returned to the practice in her previous role as Nurse. We have also had a new health care assistant join us, Doreen Boydell. Administration and Reception teams were bolstered by the arrival of Marian Rigby, Gillian Starkey, Tracey Huyton, Layla Crotty, Shelagh Shaw and Jade Foote. Tracy Johnston joined the team as housekeeper/cleaner. We would like to extend a massive welcome to all new staff. One of our health care assistants Lauren Connolly has passed her Assistant Practitioner course and exams-very well done Lauren. One of our salaried GPs Dr C Healy is on maternity leave after having a beautiful baby boy Daniel and we are lucky to have secured the services of Dr S Esuga to cover this. We have also secured the service of Dr M Raizada to help us with cover on Mondays. Dr Kong has settled into her role as salaried GP very well and is a valuable integral member of our team. The partners made a decision to employ an Advanced Nurse Practitioner and are delighted that Victoria Birtwistle has joined us in that role.

Our GPs have clinical interests/expertise in the following areas:

Dr Service – Mental health, Child health, Safeguarding, Osteoporosis, Cancer
Dr Shaw – Cardiology
Dr Desai – Diabetes
Dr Fairhurst – Respiratory
Dr Healy – Palliative care, Dementia
Dr Kong- Palliative care

Patient List

The table below shows the year-on-year growth of the practice list:

Date	List size	Percentage change
31.3.17	9513	2%
31.3.16	9314	3%
31.3.15	9035	3%
31.3.14	8750	0.5%
31.3.13	8709	0.87%
31.3.12	8633	

As the table above shows the practice list size has continued to grow year-on-year for the last 5 years. We have had an increase of 880 registered patients (9.25%) on our list over the last 5 years. This has a significant impact on appointments, clinical capacity, administrative capacity and physical space for medical records in the building.

The table below shows the patient turnover year-on-year (number joining and number leaving):

Date	Number joining	Number leaving
1.4.16 – 31.3.17	847	594
1.4.15 - 31.3.16	879	768
1.4.14 - 31.3.15	912	448
1.4.13 - 31.3.14	676	545
1.4.12 - 31.3.13	547	438
1.4.11 - 31.3.12	656	487

The table below shows the number of temporary patients who received care at Whittle Surgery year on year

Date	Temporary Registrations	% of list size
Past Year	83	0.87
1-2 years ago	120	1.29
2-3 years ago	306	3.4
3-4 years ago	64	0.73
4-5 years ago	46	0.53
5-6 years ago	39	0.45

The table below shows the patient ratio to FTE (full time equivalent) GP year-on-year and the comparison to the national average which was approximately 1567 patients per full time GP 2010-2014 and 1577 2014 onwards (latest available figures)

Date	Patient ratio to FTE GP	Comparison to National Average
Whittle Surgery has the FTE of 6 GPs	Whittle Surgery number of patients per full time GP	2010-2014 - 1567 2014-present - 1577
1.4.16 – 31.3.17	1585	8 patients above national average
1.4.15 - 31.3.16	1552	25 patients less than national average
1.4.14 - 31.3.15	1505	72 patients less than national average
1.4.13 - 31.3.14	1457	110 patients less than national average
1.4.12 - 31.3.13	1451	116 patients less than national average
1.4.11 - 31.3.12	1438	129 patients less than national average

As the above table shows (albeit at a reducing number) year-on-year we compared favourably with the national average ratio of total patients per full time equivalent GP. However in the last year we have gone over this average which was an expected outcome

given the way our list size is growing due to our ratings and new development in the local area.

The following table shows the distribution of list size by gender and age groups (the Korner Banding) for the previous year.

Date	Age 0-9	Age 10-19	Age 20-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70-79	Age 80-89	Age 90-99	Age 100+
2016 - 2017	1082	1111	902	1175	1463	1568	1198	804	308	61	1
Male	563	603	450	556	715	812	575	390	137	11	0
Female	519	508	452	619	748	756	623	414	171	50	1

The following table shows the number of patients we have on various chronic disease registers as at 31.10.2017

Key

- CHD-Heart Disease
- CVD-Stroke-transient ischaemic attack
- HT-Hypertension (raised blood pressure)
- DM-Diabetes Mellitus
- COPD-Chronic Obstructive Pulmonary Disease
- Ep-Epilepsy
- Ca-Cancer
- PC-Palliative Care
- MH-Mental Health
- As-Asthma
- Dem-Dementia
- Dep-Depression
- CKD-Chronic kidney disease
- AF-Atrial fibrillation
- LD-Learning Disability
- PAD-Peripheral Arterial Disease
- OP-Osteoporosis
- RA-Rheumatoid Arthritis
- HF-Heart Failure

CHD	CVD	HT	DM	HF	COPD	Ep	Ca	PC	MH	As
360	170	1415	493	81	169	79	315	81	58	671
DEM	Dep	CKD	AF	LD	PAD	OP	RA			
65	1057	442	207	76	59	11	61			

The following table shows the referrals done by Whittle Surgery in the search parameter yearly of 01/04 – 31/03

Year	Number of referrals			
2016-2017	4998			
2015-2016	4745			
Referrals by GP priority	Routine Referrals	Soon Referrals	Urgent Referrals	2 week wait referrals
2016-2017	4248	4	489	257
2015-2016	4044	1	422	156
2014-2015	3695	1	381	4
2013-2014	3609	0	318	3

The following table shows the number of reports received and needing clinical and administrative input by Whittle Surgery in the search parameter yearly of 01/04 – 31/03. As is evident from the results the amount of work required is increasing by a massive number each year.

Year	Pathology Reports	Screening Reports
2016-2017	39709	790
2015-2016	18529	332
2014-2015	1744	No results available
2013-2014	1302	No results available

The following table shows the number of Consultations seen by Whittle Surgery in the search parameter yearly of 01/04 – 31/03.

Year	GP appointments	Nurse appointments	Healthcare Assistant Appointments
2016-2017	38612	9766	5328
2015-2016	19089	5086	1905

As is evident we are providing many more appointments on a year by year basis and we expect this trend to become even more prevalent.

The following table summarises Whittle Surgery prescribing data with the search parameter yearly of 01/04 – 31/03.

Year	Total Prescriptions Issued	Anticoagulant Medication	Diabetic Medication	Anti-rheumatic Medication	Lipid lowering Meds
2016-17	212474	219	409	81	1455
2015-16	213040	185	407	78	1389
Year	PPI Medication	SSRI Medication			
2016-17	1796	1085			
2015-16	1723	1095			
Year	Patients on NO regular meds	Patients on 1 regular med	Patients on 2 regular meds	Patients on 3 regular meds	Patients on 4 regular meds
2016-17	5212	1237	866	554	372
Year	Patients on 5 regular meds	Patients on 6 regular meds	Patients on 7 regular meds	Patients on 8 regular meds	Patients on 9 regular meds
2016-17	335	232	208	157	119
Year	Patients on 10 regular meds	Patients on 11-15 regular meds			
2016-17	83	236			
Type Issued	Acute	Repeat	Repeat dispensed		
Year 2016-17	46113	131126	35223		
Year 2015-16	45179	153764	14114		

In addition to issuing these prescriptions we have reviewed 1652 (94%) of the prescriptions of patients who are on four or more medications and 3489 (79%) of the prescriptions of patients who are on any repeat medication to ensure safety and compliance.

The following table shows a sample of the many audits we undertake to ensure quality, safety and continuity of patient care

Audits	
Appointments	Ongoing monthly audits carried out to ensure the practice is fulfilling their contractual obligations.
Minor Surgery	Quarterly audit performed to ensure all minor ops are suitable for GP premises/experience and check whether any infections have ensued as a result of the surgery.
Diabetes	Periodic audits performed to ensure all new diabetic patients have been assessed using the QRISK algorithm (if they have not already been diagnosed with cardiovascular disease i.e. heart disease, angina, stroke/TIA). This algorithm predicts whether they are at increased risk of developing cardiovascular disease over the next 10 years.
Bisphosphonates	These are a class of drugs that prevent the loss of bone mass and are used to protect bones in the treatment of osteoporosis and some other conditions.
Cervical Smears	These are performed every two years to check that our number of inadequate smears (where the patient has to have a repeat) is within the national recommended guidelines.
2 week referrals	These referrals are made when the patient has signs and symptoms which could indicate something serious and ensures they are seen within two weeks of referral. It is obviously important that these referrals are dictated and processed very quickly.
Cleaning	Any areas identified within an inspection are given to the surgery housekeeper for rectification and spot checks carried out within 2 weeks of the housekeeper completing the tasks.
Infection Control	This audit is performed at least annually by an infection control clinician to ensure compliance with regulations and patient safety.
Disability Access	We are aware that the present building is far from ideal with regard to access for disabled patients and this audit ensures that what we can do does not diminish.
Safeguarding	Any documents or concerns relating to safeguarding are dealt with on an ongoing basis with the clinical and admin lead for this area. Also quarterly audits are presented to the clinical team for discussion and action where appropriate.
Diary Events	These are audited frequently to ensure clinical requests are completed.
Secretarial	Ongoing monthly audit for tracking referrals and workload which is then discussed at clinical meetings
Medication	The Medicines Manager carries out multiple audits of medications looking for any areas of safety concerns, compliance and cost savings to the NHS.
COSHH	This audit is carried on at least an annual basis and every time a new potentially harmful substance starts being stocked within the surgery.

Child DNA	This is an ongoing monthly report which is fed back to the safeguarding clinical lead to ensure that every missed appointment by a child is noted and followed up where clinically necessary.

At Whittle Surgery we have an embedded culture of auditing which is followed up, discussed and learning points actioned and put into practice where appropriate.

The following table shows the number of births per year, also further classified by gender

Year	Total Births	Female Babies	Male Babies
2016	72	29	43
2015	93	47	46
2014	58	28	30

The following literature shows the number of complaints we dealt with in 2016-2017

Complaints data submitted for the year 2016-2017	
Total No of Complaints	33
No of complaints upheld	11
No of complaints partially upheld	10
No of complaints not upheld	11
No of complaints resolved	32
No of complaints c/f to next year	1

Ages of patients who made or on behalf of whom the complaint was made	
Age 6-17	2
Age 18-25	2
Age 26-55	7
Age 56-64	10
Age 75 and over	4
Status of Complainant	
Patient	25
Parent	4
Other	4

Subject area of complaint (may be more than one)	
Appointment	2
Appointment availability/length	5
Delay in diagnosis	1

Clinical Treatment	6
Communication	5
Follow up care	1
Prescribing error	1
Prescription issues	6
Staff attitude/behaviour/values	4
Treatment not available	3
Waiting time for appointment	3

Subject of complaint	
Admin staff including reception	11
Healthcare Assistant	2
Other/no staff involved	5
Practice Nurse	4
Doctor	11

The following table shows the significant events dealt with in 2016-2017

Significant Events in 2016-2017	
Number of significant events	14
Area of significant event	
Clinical care	2
Prescribing	4
Administration	3
Policy/Procedure	2
Premises	1
Out of practice	2
<p>All significant events are discussed in clinical meetings, learning outcomes are transmitted to all practice staff and actions followed up regularly. The year reported on included differing clinical opinions on blood tests, incorrect number of tablets being prescribed due to IT system default, pharmacist giving patient incorrect information according to the British National Formulary, no key holders being on the rota for opening the surgery & communication.</p>	

The following table shows Whittle Surgery patients who are smokers 2016-2017

	Males	Females
Smokers Total	482	385
Age 10-19	9	9

Age 20-29	62	57
Age 30-39	114	59
Age 40-49	95	76
Age 50-59	102	91
Age 60-69	61	54
Age 70-79	31	31
Age 80-89	6	8
Age 90-99	2	0
Age 100+	0	0

This table equates to current smokers being 8.969% of our total practice population. Of the 867 smokers within our practice population 252 of these smokers also suffer from a chronic disease e.g. diabetes, hypertension, asthma etc.

The following table shows how many blood pressure reading in age over 45 we have taken in the previous 5 years which equates to 4696 readings.

Blood Pressure recorded	Male	Female
Age 40-49	371	404
Age 50-59	805	752
Age 60-69	571	619
Age 70-79	390	414
Age 80-89	137	171
Age 90-99	11	50
Age 100+	0	1
Total BPs taken in last 5 years	2285	2411

The following table shows the number and gender of our patients who are on the obesity register i.e. have a body mass index of greater than or equal to 30 in the preceding 12 months

Obesity Register	Males	Females
Age 10-19	1	4
Age 20-29	10	31
Age 30-39	27	41
Age 40-49	49	69
Age 50-59	138	97
Age 60-69	101	87
Age 70-79	71	69
Age 80-89	21	20
Age 90-99	0	1
Age 100+	0	0

This table shows that we have 837 patients with a BMI of equal to or greater than 30 which equates to 8.659% of our registered practice population.

The following table shows the number of cervical smear tests taken by Whittle Surgery in females older than or equal to 25 years and younger than or equal to 64 years

Cervical Smears via age group	
Age 20-29	28
Age 30-39	60
Age 40-49	103
Age 50-59	56
Age 60-69	15
Total smears taken 2016-2017	262
Total inadequate smears (requiring recall)	11
Total smears taken in last 5 years	1998

The following table shows the main vaccinations performed at Whittle Surgery within the search parameter yearly of 01/04 – 31/03.

Type of Vaccine	2015 - 2016	2016 - 2017
Combined vaccines	186	286
HPV	33	84
Influenza	2717	2794
MMR	138	239
Pneumococcal	392	465
Rotavirus	147	104

Combined vaccines are combinations of protection against e.g. diphtheria, tetanus, polio etc. and are mainly used for children.

The following table shows the number of patients using Emis patient access which allows them to book and cancel appointments, order prescriptions etc.

Emis Patient Access	
Patients registered online	1650 (17%)
Appointments booked online 2016-2017	561
Prescriptions requested online 2016-2017	977

As the table above evidences we have a healthy online presence with our patients and it is something we wish to encourage as it is available 24 hrs a day 365 days a year and is

convenient and safe for all patients, especially if they are busy people who have limited time to telephone the surgery.

The following table shows the number of patients who have passed away in the search parameter yearly of 01/04 – 31/03

Patients Deaths	Number	Male	Female
2016-2017 Total	75		
Age/sex breakdown 20-29	0	0	0
Age/sex breakdown 30-39	1	0	1
Age/sex breakdown 40-49	1	0	1
Age/sex breakdown 50-59	3	3	0
Age/sex breakdown 60-69	8	4	4
Age/sex breakdown 70-79	16	9	7
Age/sex breakdown 80-89	32	20	12
Age/sex breakdown 90-99	12	3	9
Age/sex breakdown 100+	2	0	2
2015-2016 Total	48		
Age/sex breakdown 20-29	1	1	0
Age/sex breakdown 30-39	0	0	0
Age/sex breakdown 40-49	4	3	1
Age/sex breakdown 50-59	3	2	1
Age/sex breakdown 60-69	4	3	1
Age/sex breakdown 70-79	11	6	5
Age/sex breakdown 80-89	20	8	12
Age/sex breakdown 90-99	5	1	4
Age/sex breakdown 100+	0	0	0
2014-2015 Total	67		
Age/sex breakdown 20-29	1	1	0
Age/sex breakdown 30-39	1	1	0
Age/sex breakdown 40-49	2	1	1
Age/sex breakdown 50-59	4	3	1
Age/sex breakdown 60-69	8	7	1
Age/sex breakdown 70-79	9	2	7
Age/sex breakdown 80-89	24	10	14
Age/sex breakdown 90-99	16	3	13
Age/sex breakdown 100+	2	0	2

The following table shows the clinical staff who work at Whittle Surgery

Doctors/ANP	Nurses	HCA/Assistant Practitioner
Dr M A Service	Mrs C Barber	Mrs L Connolly
Dr R R Shaw	Ms Y Jordan	Mrs D Boydell
Dr H Desai	Mrs A Clayton	
Dr A M Fairhurst	Ms J Gooding	
Dr C Healy		
Dr C Y Kong		
Dr S Esuga		
Dr R Boyes		
Dr M Raizada		
Victoria Birtwistle		

ANP = Advanced Nurse Practitioner

The following table shows the non-clinical staff who work at Whittle Surgery

Management	Secretarial	Reception	Administration
Keely Unsworth	Chrissie Oldham	Vanessa Cant	Sinead Bretherton
Dee Ingham	Nicola Carter	Nicola Carter	Danielle Cole
Sinead Bretherton	Barbara Corkin	Kate Marsh	Julie O'Brien
Vanessa Cant		Gillian Starkey	Marian Rigby
		Shelagh Shaw	Kerrie O'Carolan
		Tracey Huyton	Lynne Churchill
		Kerrie O'Carolan	
		Layla Crotty	Housekeeping
		Lynne Churchill	Tracy Johnston
		Jade Foote	

Some staff may appear in more than one category; this indicates they work in more than one department.

We are required to undertake and successfully complete training in the following areas

Subject	Staff Group	Timescale
CPR	Clinical	Annually
CPR	Non-clinical	Every 3 years
Conflict Resolution	Clinical & Non-clinical	Every 3 years
Equality Diversity & Human Rights	Clinical & Non-clinical	Every 3 years
Fire Safety	Clinical & Non-clinical	Every 2 years
Health Safety & Welfare	Clinical & Non-clinical	Every 3 years
Infection Prevention & Control	Clinical & Non-clinical	Annually
Moving & Handling	Clinical & Non-clinical	Annually

Safeguarding Children level 1	Non clinical	Every 3 years
Safeguarding Children level 3	Clinical	Every 3 years
Safeguarding Adults	Clinical & Non-clinical	Every 3 years
Information Governance	Clinical & Non-clinical	Annually

In addition to the mandatory subjects above clinical staff have also attended educational events to update their knowledge of palliative care, diabetes, hearing loss, acute kidney injuries, depression & anxiety, sepsis, frailty, ENT, paediatric asthma and child and adolescent mental health to name but a few. Some of these educational events are within working hours but some require the clinicians to attend during their own time.

Quality and Outcomes Framework

QOF	Achieved points clinical	Maximum points available	Achieved points public health	Maximum public health points available
2016-2017	434.25	435.00	124	124
2015-2016	401.70	435.00	114.87	124
2014-2015	414.21	435.00	118.43	124

The quality and outcomes framework measures the practice against national standards for various clinical domains i.e. Atrial fibrillation, secondary prevention of coronary heart disease, Heart failure, Hypertension, Peripheral arterial disease, stroke & transient ischaemic attack, Diabetes Mellitus, Asthma, chronic obstructive pulmonary disease, dementia, depression, mental health, cancer, chronic kidney disease, epilepsy, learning disabilities, osteoporosis, rheumatoid arthritis & palliative care. It also measures the practice against national standards for various public health domains i.e. Primary prevention of cardiovascular disease, blood pressure, obesity, smoking, cervical screening & contraception.

Whittle Surgery received total NHS funding for this financial year of £1,368,933.91. This funding is used to provide staff, services, equipment and medicines.

We have an active patient group who are consulted regularly on any changes we plan to introduce into the surgery.

Whittle Surgery has over 350 active working policies/procedures which are accessible by all staff and followed rigorously to ensure your safety and the safety of your data. These policies and procedures are updated according to national guidelines and checked by the Quality Care Commission at inspection.

Whittle Surgery was inspected by the Care Quality Commission in December 2016. They are the independent regulator of health and social care in England and as this was the first time we had been inspected by the CQC we were delighted to be scored as good in all categories i.e. safe, effective, caring, responsive and well-led. We also scored good in the ratings for

specific services i.e. Older people, People with long term conditions, families, children & young people, working age people, vulnerable people and people with poor mental health. In no area did we score as inadequate or requiring improvement. This is a tremendous result and we are delighted with the inspection. One of the most important comments to us was “Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment”. The full CQC report is available via our website whittlesurgery.co.uk.

This next 2-3 years promises to be very busy but also very exciting and if all goes according to plan at the end of this period we shall have a new, purpose built health centre which is fit for purpose and will enable you to continue receiving the very best health care in a building fit for the 21st century.

We sincerely hope you have enjoyed reading our Annual Practice Report and that the information contained within this report has been useful.

Thank you