



## ANNUAL PRACTICE REPORT 2017 - 2018

### 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 superb. 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 9,870 patients (as at 17<sup>th</sup> October 2018).

We open 08.00 – 18.30 Monday to Friday.

Also we are part of a collaborative with other local NHS surgeries. Within this collaborative we provides appointments for our patients 08.00 - 20.00 and on Saturdays & Sundays. Between the hours of 08.00-18.30 Monday – Friday patients will be seen in the surgery they are registered with and outside these hours they can be seen either in their own practice if we are open or one of the other practices within the local collaborative. All of our partners within the collaborative have access to your essential medical information to ensure patient safety.

There are a number of changes within the NHS which have impacted on the practice: -

#### **1. General Practice Forward View**

General practice is at the heart of the care provided by the NHS. The need to invest in general practice has never been more important for the long term sustainability of the NHS. GPs have one of the highest public satisfaction ratings of any public service, at over 85%, but we know improving access to primary care services is a top priority for patients. General practice is undeniably the bedrock of NHS care. General practice provides over 300 million

patient consultations each year, compared to 23 million A&E visits. So if general practice fails, the NHS fails. Yet a year's worth of GP care per patient costs less than two A&E visits, and we spend less on general practice than on hospital outpatients. For the past decade funding for hospitals has been growing around twice as fast as for family doctor services.

The General Practice Forward View (GP Forward View), published in April 2016, commits to an extra £2.4 billion a year to support general practice services by 2020/21. It will aim to improve patient care and access, and invest in new ways of providing primary care. The plan was developed with the Royal College of General Practitioners (RCGP) and Health Education England (HEE)

As part of this package NHS England will invest £500 million in a national sustainability and transformation package to support GP practices, which includes additional funds for local clinical commissioning groups (CCGs).

It will include help for struggling practices, reversal of historic under-investment in general practice, plans to reduce workload, expansion of a wider workforce, investment in technology and estates and a national development programme to speed up transformation of services. NHS England have committed to an increase in investment to support general practice until 2020/2021.

It is hoped there will be at least 10,000 more staff working in general practice by 2020/21 - 5,000 more doctors and 5,000 other staff like clinical pharmacists, nurses, and physician associates.

One of the biggest challenges facing general practice is the workload placed on staff and practices which it is hoped the GP Forward View will alleviate somewhat.

This plan is hoping to invest in improving GP buildings and technology as well as range of other support. This is designed to improve services for patients and enable a wider range of health services closer to where they live.

It is also hoping to support practices to strengthen and redesign general practice, including delivering extended access in primary care and to find new ways of working through training and development.

## **2. GDPR**

The EU General Data Protection Regulation (GDPR) came into force on 25 May 2018 and is directly applicable as law in the UK. The legislation introduced important changes in the law governing the management and use of patient data.

### **3. Hospital clinic letters**

NHS England and NHS Improvement have strengthened the requirement for transmitting letters to GPs following clinic attendance. The previous timescale for production (within 14 days of attendance) has reduced to seven days (from 1 April 2018).

This is a new requirement of the NHS Standard Contract.

### **4. Collaborative Working**

From 13th January 2018 we have been working closely with other local practices Withnell Health Centre, Drs Baghdjian/Jacobs at Chorley Health Centre, Dr Dawoud's Surgery at Preston Road & Clayton Brook Surgery. This enables us to provide you with access to a doctor every night until 20.00 during the week and Saturday & Sunday at varying times.

### **5. Self-Care**

As part of a new initiative changes in prescribing were recently introduced by Chorley & South Ribble CCG. Self-care is widely acknowledged as an important solution to managing demand and keeping the NHS sustainable. Supporting people to self-manage common conditions such as coughs and colds could help bring down the 57 million GP consultations each year for minor ailments, a situation which costs the NHS approximately £2 billion and takes up to an hour a day on average for every GP. Promoting the concept of self-care and increasing the awareness that there are alternatives to making GP appointments, or attendance at Out Of Hours Services or A&E departments with minor conditions, will aim to encourage patients to explore self-care in the future, so changing the culture of dependency on the NHS.

### **6. Third Party Script Ordering**

GPs have been instructed to refuse repeat prescriptions ordered on behalf of patients by pharmacists, in a bid to cut down on medicines waste.

This is the latest in a line of prescribing savings schemes of late, including GPs being asked to stop writing prescriptions for drugs available over the counter.

The new scheme is intended to tackle medicines wastage. An estimated £300m of NHS funds is spent every year on medicines that are not used equating to around £600,000 in West Lancashire alone.

GP practices will no longer accept repeat prescriptions from pharmacists ordering on behalf of a patient and the patient will now be required to order these prescriptions for themselves (apart from in exceptional circumstances).

Patients are being encouraged to sign up to the free 'Patient Access' website and smartphone app available to help manage their repeat ordering.

The aim of this campaign is to engage with patients, to give them the confidence to take control of how they take and order their medicines and to only order what they need. At its core, ultimately it is about everyone in the U.K. working together, residents, GPs and pharmacists so that collectively we can help to tackle this issue of medicines waste.

At this practice GP staff have had many more contacts to deal with, putting pressure on staff time and telephone systems.

### **Practice Staff News**

Lauren Connolly has left the practice to pursue a career in mental health nursing. Lauren had been with us since leaving school at 16 years of age, starting first on work experience and administration, then being trained as a phlebotomist and last year qualifying as an Assistant Practitioner. We are extremely proud of all Lauren achieved whilst with us and will miss her. We wish her every success in her latest venture and are certain she will enhance mental health nursing as she has Whittle Surgery. Thank you so much Lauren and good luck from all of us!

During the past year we have lost Kate Marsh who excitingly has left to pursue a full time career singing and Kerrie O'Carolan due to pregnancy and relocation-we wish both of them the best of luck and much future happiness.

Reception and Secretarial teams have been bolstered by the arrival of Debbie Makinson, Dee Matthews, Eleanor Sanders and Emily Bucher and we would like to welcome all of them to the practice and hope they will enjoy joining our team.

The stork would appear to have been flying over the practice in the past year with three of our numbers expecting a lovely new arrival. Keely, the Practice Manager will be finishing for maternity leave very soon as will Chrissie, one of the secretaries whilst Nicola, another of the secretaries has just finished for her maternity leave.

Dr C Healy is back from maternity leave after having a beautiful baby boy Daniel and we are delighted she has returned to the fold. We wish to thank Dr S Esuga who covered so capably for Dr Healy whilst she was away.

### **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
31.3.18	9771	2.7%
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 6 years. We have had an increase of 1138 registered patients (13.18%) on our list over the last 6 years. This has significant impact on appointments, clinical capacity, administrative workload 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
1.4.17 – 31.3.18	972	625
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 have received care at Whittle Surgery year on year

Date	Temporary Registrations	% of list size
Past year	78	0.80
1-2 years ago	83	0.87
2-3 years ago	120	1.29
3-4 years ago	306	3.4
4-5 years ago	64	0.73
5-6 years ago	46	0.53
6-7 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 30 September 2014 onwards (latest available figures from GP Workforce Census)

Date	Patient ratio to FTE GP	Comparison to National Average
<b>Whittle Surgery has the FTE of 6 GPs</b>	<b>Whittle Surgery number of patients per full time GP</b>	<b>2010-2014 - 1567 2014-present - 1577</b>
1.4.17 – 31.3.18	1629	52 patients above national average
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 two years 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+
2017 - 2018	1116	1100	900	1210	1450	1622	1232	872	314	58	3
Male	577	584	456	574	725	831	582	438	136	10	0
Female	539	516	444	636	725	791	650	434	178	48	3
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 31.10.2018

**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
370	170	1474	490	78	172	82	338	64	62	704
DEM	Dep	CKD	AF	LD	PAD	OP	RA			
60	119	477	217	81	62	14	60			

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

Year	Number of referrals			
2017-2018	5546			
2016-2017	4998			
2015-2016	4745			
Referrals by GP priority	Routine Referrals	Soon Referrals	Urgent Referrals	2 week wait referrals
2017-2018	4733	0	499	314
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
2017-2018	39604	914
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	Total appointments
2017-2018	35285	16271	6538	58094
2016-2017	38612	9766	5328	53706
2015-2016	19089	5086	1905	26080

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
2017-18	10923	273	376	94	1389
2016-17	10982	219	409	81	1455
2015-16	10793	185	407	78	1389
	PPI Medication	SSRI Medication			
2017-18	1613	1024			
2016-17	1796	1085			
2015-16	1723	1095			
	Patients on 1 regular med	Patients on 2 regular meds	Patients on 3 regular meds	Patients on 4 regular med	Patients on 5 regular meds
2017-18	1581	1027	742	502	423
2016-17	1237	866	554	372	335
	Patients on 6 regular meds	Patients on 7 regular meds	Patients on 8 regular meds	Patients on 9 regular med	Patients on 10 regular meds
2017-18	329	304	202	166	129
2016-17	232	208	157	119	83
	Patients on 10+ regular meds				
2017-18	621				
2016-17	236				

Type Issued	Acute	Repeat	Repeat dispensed		
2017-18	6506	4088	329		
2016-17	6607	4041	334		
2015-16	6528	3956	309		

In addition to issuing these prescriptions we have reviewed 1413 of the prescriptions of patients who are on four or more medications and 2093 of the prescriptions of patients who are on any repeat medication to ensure safety and compliance.

**N.B. On last years practice report the figures were incorrect for total prescriptions issued due to an error in the search data so these have been corrected on this year (2017-2018) report.**

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	Annual 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 and clinicians are performing well.
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.

<b>Disability Access</b>	<b>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.</b>
<b>Safeguarding</b>	<b>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.</b>
<b>Diary Events</b>	<b>These are audited frequently to ensure clinical requests are completed.</b>
<b>Secretarial</b>	<b>Ongoing monthly audit for tracking referrals and workload which is then discussed at clinical meetings</b>
<b>Medication</b>	<b>The medicines co-ordinator carries out multiple audits of medications looking for any areas of safety concerns, compliance and cost savings to the NHS.</b>
<b>COSHH</b>	<b>This audit is carried on at least an annual basis and every time a new potentially harmful substance starts being stocked within the surgery.</b>
<b>Child DNA</b>	<b>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.</b>

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**

<b>Year</b>	<b>Total Births</b>
<b>2017</b>	<b>102</b>
<b>2016</b>	<b>72</b>
<b>2015</b>	<b>93</b>
<b>2014</b>	<b>58</b>

The following literature shows the number of complaints we dealt with in 2017-2018

Complaints data submitted for the year 2017-2018	
Total No of Complaints	42
No of complaints upheld	16
No of complaints partially upheld	8
No of complaints not upheld	19
No of complaints resolved	42

Ages of patients who made or on behalf of whom the complaint was made	
Age 0-5	2
Age 6-17	2
Age 18-25	1
Age 26-55	21
Age 56-64	2
Age 65-74	8
Age 75 and over	6
Status of Complainant	
Patient	29
Parent	6
Other	7

Subject area of complaint (may be more than one)	
Appointment availability/length	7
Delay in diagnosis	1
Delay or failure to refer	1
Clinical Treatment	10
Charging/costs	1
Communication	8
Follow up care	1
Prescribing error	1
Prescription issues	8
Staff attitude/behaviour/values	11
Refusal to prescribe	2
Premises	3
Treatment not available	5
Waiting time for appointment	3

Subject of complaint	
Admin staff including reception	20
Healthcare Assistant	1

Other/no staff involved	7
Practice Nurse	3
Doctor	11

The following table shows the significant events dealt with in 2017-2018

Significant Events in 2017-2018	
Number of significant events	9
Area of significant event	
Clinical care	0
Prescribing	0
Administration	8
Policy/Procedure	1
Premises	0
Out of practice	0
<p>All significant events are discussed in clinical meetings, learning outcomes are transmitted to all practice staff and actions followed up regularly. This year reported on included not checking patient details correctly leading to incorrect information being put on system, having to be deleted and typed retrospectively thereby increasing the chances of an error, incorrect blood test being taken by district nurses leading to unnecessary admission of palliative care patient, incorrect refusal of home visit by receptionist, doctor not informing secretaries when they had typed a referral themselves and delay therefore in sending referral. The common theme that causes a number of these significant events is communication related.</p>	

The following table shows Whittle Surgery patients who are smokers 2017-2018

	Males	Females
Smokers Total	421	316
Age 10-19	5	5
Age 20-29	50	40
Age 30-39	99	51
Age 40-49	90	60
Age 50-59	89	79
Age 60-69	53	46
Age 70-79	29	27
Age 80-89	6	8
Age 90-99	2	0
Age 100+	0	0

This table equates to current smokers being 7.54% of our total practice population, which is pleasing as it is a 1.5% reduction from 2016-2017.

The following table shows how many blood pressure readings in patients aged over 45 we have taken in the previous 5 years which equates to 4863 readings.

Blood Pressure recorded	Male	Female
Age 40-49	398	387
Age 50-59	821	787
Age 60-69	580	646
Age 70-79	436	434
Age 80-89	135	177
Age 90-99	10	49
Age 100+	0	3
<b>Total BPs taken in last 5 years</b>	<b>2380</b>	<b>2483</b>

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	2
Age 20-29	11	33
Age 30-39	20	32
Age 40-49	60	74
Age 50-59	132	90
Age 60-69	112	91
Age 70-79	86	77
Age 80-89	18	22
Age 90-99	1	4
Age 100+	0	0

This table shows that we have 866 patients with a BMI of equal to or greater than 30 which equates to 9% 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 in the past 5 years

Cervical Smears via age group	
Age 20-29	156
Age 30-39	517
Age 40-49	602
Age 50-59	579
Age 60-69	197
<b>Total smears taken 2017-2018</b>	<b>581</b>
<b>Total inadequate smears (requiring recall)</b>	<b>16</b>

<b>Total smears taken in last 5 years</b>	<b>2490</b>
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The following table shows the main vaccinations performed at Whittle Surgery within the search parameter yearly of 01/04 – 31/03.

<b>Type of Vaccine</b>	<b>2015 - 2016</b>	<b>2016 - 2017</b>	<b>2017-2018</b>
<b>Combined vaccines</b>	<b>186</b>	<b>286</b>	<b>355</b>
<b>HPV</b>	<b>33</b>	<b>84</b>	<b>87</b>
<b>Influenza</b>	<b>2717</b>	<b>2794</b>	<b>3081</b>
<b>MMR</b>	<b>138</b>	<b>239</b>	<b>244</b>
<b>Pneumococcal</b>	<b>392</b>	<b>465</b>	<b>367</b>
<b>Rotavirus</b>	<b>147</b>	<b>104</b>	<b>118</b>

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.

<b>Emis Patient Access</b>	<b>2017-2018</b>	<b>2016-2017</b>
<b>Patients registered online</b>	<b>3330 (34.08%)</b>	<b>1650 (17%)</b>
<b>Appointments booked online</b>	<b>618</b>	<b>561</b>
<b>Prescriptions requested online</b>	<b>1221</b>	<b>977</b>

As the table above evidences we have a fantastic online use 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

<b>Patients Deaths</b>	<b>2017-2018</b>		<b>2016-2017</b>		<b>2015-2016</b>		<b>2014-2015</b>	
<b>Total Number</b>	<b>81</b>							
<b>Sex M=male F=female</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>
<b>Age 20-29</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Age 30-39</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Age 40-49</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Age 50-59</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>1</b>
<b>Age 60-69</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>7</b>	<b>1</b>
<b>Age 70-79</b>	<b>11</b>	<b>10</b>	<b>9</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>2</b>	<b>7</b>
<b>Age 80-89</b>	<b>9</b>	<b>16</b>	<b>20</b>	<b>12</b>	<b>8</b>	<b>12</b>	<b>10</b>	<b>14</b>
<b>Age 90-99</b>	<b>1</b>	<b>12</b>	<b>3</b>	<b>9</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>13</b>
<b>Age 100+</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>

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

Doctors/ANP	Nurses	HCA
Dr M A Service	Mrs C Barber	Mrs D Boydell
Dr R R Shaw	Ms Y Jordan	
Dr H Desai	Mrs A Clayton	
Dr A M Fairhurst	Ms J Gooding	
Dr C Healy		
Dr C Y Kong		
Dr R Boyes		
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	Danielle Cole
Dee Ingham	Nicola Carter	Nicola Carter	Julie O'Brien
Sinead Bretherton	Barbara Corkin	Gillian Starkey	Marian Rigby
Vanessa Cant	Eleanor Sanders	Shelagh Shaw	
		Tracey Huyton	
		Layla Crotty	
		Lynne Churchill	
		Jade Foote	Housekeeping
		Debbie Makinson	Tracy Johnston
		Dee Matthews	
		Emily Bucher	

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	Annually
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



<b>Safeguarding Children level 1</b>	<b>Non clinical</b>	<b>Every 3 years</b>
<b>Safeguarding Children level 3</b>	<b>Clinical</b>	<b>Every 3 years</b>
<b>Safeguarding Adults</b>	<b>Clinical &amp; Non-clinical</b>	<b>Every 3 years</b>
<b>Information Governance</b>	<b>Clinical &amp; Non-clinical</b>	<b>Annually</b>

In addition to the mandatory subjects above clinical staff have also attended educational events to update their knowledge of palliative care, heart disease, diabetes, hearing loss, acute kidney injuries, depression & anxiety, sepsis, safeguarding, 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

<b>QOF</b>	<b>Achieved points clinical</b>	<b>Maximum points available</b>	<b>Achieved points public health</b>	<b>Maximum public health points available</b>
<b>2017-2018</b>	<b>435.00</b>	<b>435.00</b>	<b>124</b>	<b>124</b>
<b>2016-2017</b>	<b>434.25</b>	<b>435.00</b>	<b>124</b>	<b>124</b>
<b>2015-2016</b>	<b>401.70</b>	<b>435.00</b>	<b>114.87</b>	<b>124</b>
<b>2014-2015</b>	<b>414.21</b>	<b>435.00</b>	<b>118.43</b>	<b>124</b>

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 £1,212,975. 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 to ensure your safety and the confidentiality 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](http://whittlesurgery.co.uk). We have not been inspected again as yet since 2016.

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 21<sup>st</sup> 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**