

SKY BLUE MEDICAL GROUP ANNUAL REVIEW 2007



Green Lane and Harnall Lane Medical Centres - Coventry

This has been a challenging and successful year which has seen our practice population grow by another 10% and considerable changes in the demographic profile of the practice.

The practice has responded to the challenges by increasing both doctor and nurse time, expanding the building to provide a modern, patient friendly environment, providing more flexible access to doctors appointments, and adopting a corporate logo. Sky Blue Medical Group signifies our vision to expand our services and develop patient-friendly initiatives to our large catchment area across Coventry. We have joined Godiva PBC, a Commissioning Collaborative of Coventry GP Practices, with the aim of bringing high-quality, cost-effective services closer to our patients. As part of our policy to increase patient empowerment we have also developed our own website and are part of a national pilot to enable patients to view their records on line.

This modern and innovative approach has resulted in us achieving 99.9% of the quality framework points and increased patient satisfaction as demonstrated by our regular patient surveys.

Personnel Changes

Practice nurse Verna Balfour joined the practice from secondary care bringing a wealth of experience from emergency care. She is keen to develop her skills in Practice nursing especially in teenage health, nurse triage and Diabetes. Debbie Shepherd has decided to move on to pastures new in occupational health and the practice is looking to add additional sessions for a specialist Diabetic nurse -Viv Reid within the coming months. This is in recognition of our large and increasing practice Diabetic population and their individual needs. Viv will work in tandem to the practice nurse team to manage the more difficult Diabetic patients.

At Green Lane Medical Centre Hannah Williamson joined the practice to cover a recognised period over the lunch time within reception as well as adding valuable administration support.

At Harnall Lane Medical Centre we were pleased to welcome Dr Anne-Marie Slowther who is an associate Clinical Professor of ethics at Warwick Medical School and has joined the practice to cover 2 clinical sessions. This has enabled the practice to remain open on a Thursday afternoon where she joins Dr Selwyn and Dr Jackson.

Organisational Changes

In 2007 the PCT recognised that there was a clear need to maintain both the Access and The Choose and Book initiatives. They therefore maintained a LES for this year which the practice signed up to in late October. Most of the Doctors are now actually processing the Choose and Book in consultation, with the referral letters being attached within the required time frames by either Michelle or Theresa.

The practice has joined the Godiva PBC consortium and has commenced working with the nominated leads, with a view to achieving savings which can be ploughed back to provide patient centred services within the community.

Training & Education

In 2007, the practice continued to provide training for student from Warwick Medical School although it was felt that due to practice pressures that the winter months were best service by not actually having a student. However it has been agreed that within the next financial year that with the additional doctors coming on board that we would as a practice take 2 students as of March 2008.

The nursing staff have continued their professional development by attending course on chronic diseases, and Verna has completed her Smear training enabling her to complete these as well as training for ear syringing. As part of a recognition that the practice needs to be looking at ways of assisting access for patients Verna has also attended a Nurse Triage away day to ascertain if perhaps this is a way forward for the practice.

IT

Information management and Technology has been central to many practice developments and achievements during 2007. The practice has developed an efficient system of generating referral letters from consultations, printing of blood forms and certain X-ray forms. The practice has developed new protocols to support the National IM&T DES and to improve data quality. The Government has identified that the NHS requires improved patient care by

reducing risks, increasing efficiency and enabling more effective ways of working. The new Connecting for Health (CfH) National initiatives for IT include:

- Electronic prescribing (EPS) – Phase 1 commenced
- Electronic transfer of notes (GP2GP) – Preparatory work commenced
- Choose and Book – fully active and used by all staff
- The NHS Care record – Preparatory work commenced

We are introducing these and are starting to see the benefits of increased efficiencies, workflow and business processes. It has meant new processes and procedures to support the requirements of improved Data Quality (DQ), confidentiality, system failure and Information Management.

To support our increasing list size and IT initiatives, the practice upgraded our clinical server at Green Lane Medical Centre and the PCT also provided and fast Ethernet Circuit to our branch site at Harnall Lane.

Our Clinical System supplier EMIS has supported an improved uptake by patients using EMIS ACCESS to order repeat prescriptions, book appointments and send emails to the doctors, currently 2852 patients (**20.7%**) of all our patients are registered with this service .

We have offered online secure access to medical records for the past 6 months. We are one of only 40 practices in the UK offering this service which we call "MR ACCESS". Currently 48 patients do use this service to access their records regularly, placing us third in the National League table for this service provided by EMIS.

We updated many IT systems used during consultations, such as Templates to assist data entry of important clinical information. This has greatly helped the management of patients particularly those with chronic diseases. Along with our new data quality initiatives this has improved patient safety by presenting information better to clinicians.

Primary Health Care Team

2007 was notable for the budgetary cutbacks by the PCT and we have made every effort to prevent this impacting on our patient services but are sorry to say we have not been able to maintain a health visitor led child health clinic within the practice.

We have maintained excellent links with the health visitors in the Harnall Lane consortium and do have essential face to face weekly meetings although our patients now have to attend Hillfields health centre to see a health visitor. The population in the inner city remain very demanding with high levels of domestic violence/sexual abuse/single parent families and child protection issues not to mention the multiple problems brought to us by the growing ethnic populations and steady stream of asylum seekers.

At Green lane we are hoping to re-instate a child health clinic which would be open to the locality as the service to our patients has been reduced to a skeletal one which is not satisfactory. We have had a number of meetings to express our concern regarding our patients suffering from an under-resourced service and insufficient face to face interaction with the local health visiting consortium.

Our district nurses have managed to provide an excellent service despite multiple staff changes –we were particularly sorry to lose Linsey Ebury who was a lead sister and had particular input in working on the Gold standard cancer care framework. She has moved to a senior nursing liaison post in Birmingham. We are maintaining our palliative cancer care meetings with the district nursing team and feel this has helped to develop both good teamwork and a higher standard of care for our patients with terminal illness.

We are concerned that our district nurses have recently had to re-locate from Cheylesmore to Canley, very much against all our wishes. This move takes them much further away from their patient population and involves driving many extra miles wasting time and petrol not to mention causing increased stress to a an under-staffed and pressurised team. 2008 brings further changes with a degree of uncertainty and concern in the practice about how, with their roles changing to manage more chronic disease, the core district nursing service will be maintained.

On a more positive note we were very pleased to welcome back Liz Colley, our community matron, who returned from a tour of duty with the TA in Iraq.

Our counseling service has again provided an invaluable resource with waiting lists intermittently. In order to cope with demand Terri McEvitt is planning to trial some group sessions in 2008. We have also maintained our links with the community mental health team with input at each surgery from CPNs. A move forward in 2008 will be hopefully to offer a community based psychiatric clinic in the practice. Dr Ndebele from the Caludon Centre has expressed some interest in doing this. Dr Barrett is also looking at the possibility of offering a

practice based service to drug users, after being accredited by The Royal College of General Practitioners as a Substance Misuse Management GP.

Locality Development

There has not been any significant development in 2007. We have decided against joining with our other locality members for PBC, preferring the larger Godiva consortium. Dr Barrett has developed the Consortiums website at www.godivapbc.co.uk

Practice Investment

In 2007 work started on the extension at Harnall Lane, which was completed in July. Three new consultation rooms were added, as was a new reception area, a new staff room and a new storage room for patient notes. The total cost of the extension was £260,000, of which the SHA/PCT contributed £130,000.

At both surgeries the practice spent £800 pounds on a weight and height measurement machine which enables patients to check their own weight and height.

At Harnall Lane the practice bought a patient questionnaire computer at a cost of £900 in order to be able to get a true reflection of the patient's opinions at Harnall Lane.

At both surgeries the practice has invested in buying and installing 2 LCD televisions at a cost of £500 each. At Green Lane the practice also bought a small LCD TV at a cost of £400 in order for young children to be able to watch children's TV programs while they are waiting to see the doctor.

Currently the practice is purchasing new software which should enable us to show health promotion videos on the LCD TV's, whilst they can be simultaneously used as a patient call system.

Other Activities

Many of the partners have held positions outside the practice in 2007 and all partners are encouraged to maintain special interests and bring additional knowledge and expertise into the practice.

Dr Mohan has been a LMC member for the last 2 terms as well as a GP appraiser. He is chairman of the Coventry and Warwickshire division of British International Doctors Association and external clinical advisor to PCTs in complaints hearings.

Dr Selwyn remains a Family Planning instructing doctor and provides a full family planning and Women's health service within the practice. She is the clinical lead for our medical students, supported by Dr Jackson. She has remained a link GP with the community and locality services since the primary care sub-committee has been suspended following the change of executive. She is the GP representative on the Patient Participation Panel for the PCT.

Dr Jetty is a GP appraiser and the Clinical lead in the practice for cervical cytology. She continues to be our Diabetic Lead clinician.

Dr Kapma is responsible for Audits and Finances, and leads for Practice Based Commissioning. He is also a QoF Clinical Assessor for the PCT.

Dr Matthews is an Honorary Lecturer at Warwick Medical School involved with teaching undergraduate and postgraduate medical ethics, medical education and assessment/examination of medical students.

Dr Jackson leads on significant events analysis. She did the 4 day clinical assessment course in January 2005 and published the article "Don't scold Smokers" in the Journal of Patient Education and Counselling in 2005.

Dr Barrett is the IT lead in the practice and Clinical lead for psychiatry and drug related problems. Dr Barrett moved to General Practice from Forensic Psychiatry and maintains an interest Mental Health (Psychiatry & Psychology), Cognitive Behaviour Therapy (CBT) and Addiction Services. He recently became accredited by The RCGP to work as a Substance Misuse Management GP (SMMGP). Our inner city site does have a significant number of patients with mental health problems and his input has been very valuable. He designed and maintains the Practice Website & Practice Intranet. He is also an IMT&T Clinical Assessor and QoF Clinical Assessor for the PCT. During 2007, he completed all four modules of the MRCGP examinations, and was

successfully awarded the post-graduate qualification – Member of The Royal College of General Practitioners.

2008- The year ahead

2008 is likely to present another challenging year.

We anticipate a continued growth in patient numbers especially at Harnall Lane which will require us to add an additional full time partner and also increase our nursing hours. We will need to continue to increase the skill mix of our nurses and continue planning to look at introducing nurse triage along with our popular daily doctor triage sessions as well as looking at the possible benefits of having a nurse practitioner. Our nurses will need to be supported in acquiring further skills to deal with chronic disease management.

We anticipate a requirement for extended opening hours starting in April 2008. This will present some difficulties in terms of employing additional reception staff to cover unsociable hours until 8pm weekdays particularly in the city centre.

It remains to be seen whether through PBC there will be an opportunity to bring the attached district nursing staff into our own primary health care team. We feel this will be extremely beneficial for the morale of the district nursing staff and greatly enhance patient care. This could also apply to health visitors but some thought would have to be given as to whether this should be practice or locality based.

To further patient involvement we are planning to establish a patient participation group at each surgery. This will present more of a challenge at Harnall Lane with our very mixed population but could prove to be a further asset to enhance patient care.

With regards to the implementation of PBC plans the practice is currently auditing referral rates and emergency admissions with the aim of ensuring patients are dealt with in the most appropriate and timely manner.

The practice would also hope to engage in a discussion with the PCT to look at the correlation of prescribing, morbidity and mortality, as we strongly feel that positive outcomes of appropriate prescribing eg a reduction in the prevalence and incidence of CHD events within the practice is not reflected in the statistics provided by the PCT.

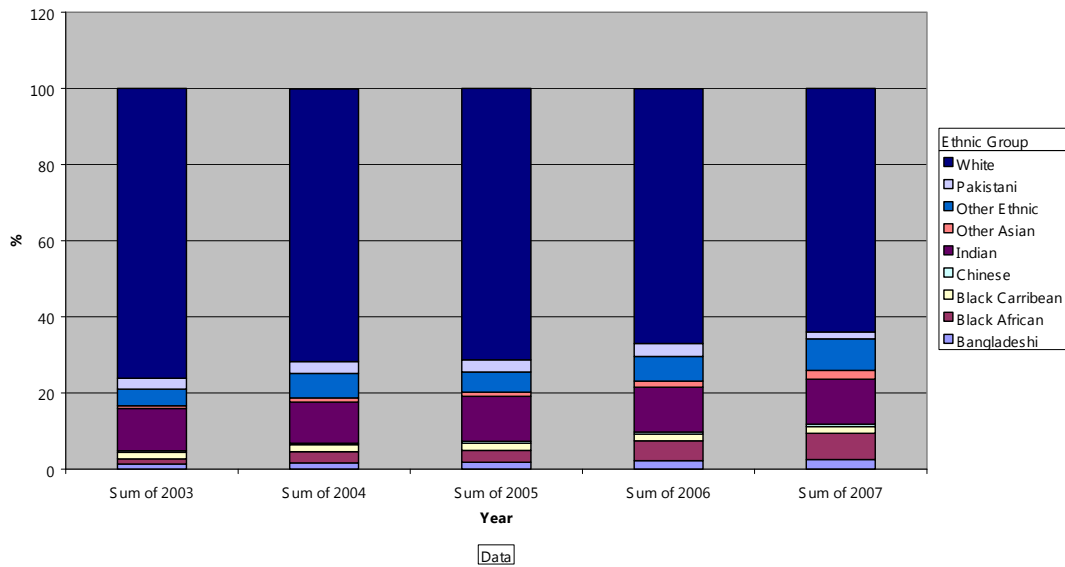
The practice is looking forward to take part in a new patient centred educational programme called Edu-Care for newly diagnosed Type2 diabetics. This will enable patients to learn about and understand their disease and be empowered to manage their condition. Together with the clinics and Home Visits that will be provided by the specialist diabetic nurse in the New Year, we hope that these measures will have a positive effect and further improve the care provided to this complex patient group.

On a very positive note, Dr Barrett will be joining the partnership fully from 1.4.2008!

Patient Population

	2006	%	2007	%
Total Number of Patients	12759	-	13813	-
Registered at Green Lane	7030	55.0	7315	53.0
Registered at Harnall Lane	5729	45.0	6498	47.0
Caucasian	8539	66.9	8838	64.0
Black Caribbean	232	1.8	253	1.8
Black African	668	5.2	951	6.9
Indian	1501	11.8	1624	11.8
Pakistan	435	3.4	252	1.8
Bangladesh	281	2.2	350	2.5
Chinese	69	0.5	88	0.6
Other Asian	211	1.6	311	2.3
Other Ethnic group	823	6.5	1146	8.3
Total number Ethnic group	12759	100	13813	100

Ethnic Group 2003-2007



Country of birth

Europe	Albania 21	Austria 1	Belgium 14	Czech 47
Bosnia 31	Bulgaria 9	Croatia 3	Cyprus 10	Denmark 46
England 8248	Estonia 8	France 35	Germany 22	Greece 5
Hungary 1	Ireland 167	Italy 5	Kosovo 30	Latvia 32
Lithuania 2	Malta 4	North Irel. 14	Norway 134	Poland 225
Luxembourg 1	Romania 5	Scotland 122	Slovakia 94	Spain 4
Azerbaijan 2	Macedonia 1			
Sweden 24	Netherl. 64	Ukraine 6	Wales 68	Yugosl. 9
Asia	Afganistan 71	Bahrain 4	Banglad. 177	Indonesia 1
China 34	South Korea 11	Georgia 4	India 479	Iran 55
Iraq 167	Japan 2	Kazachstan 2	Kuwait 16	Lebanon 4
Malaysia 30	Pakistan 159	Palestine 11	Israel 2	Russia 13
Saudi Ar. 6	Singapore 5	Sri Lanka 27	Syria 7	Taiwan 3
Syria 7	Indonesia 1	Phillipines 1	Yemen 5	
Thailand 6	Turkey 11	UAEmirates 1	Vietnam 1	
America's	USA 14	Canada 18	Costa Rica 1	Ecuador 1
Uruguay 1	Chile 2	Argentina 1	Brazil 2	Peru 1
Guyana 2	Bermuda 1			

Australasia	Australia 11	New Zealand 5		
Africa	Algeria 7	Angola 6	Botswana 1	Burundi 31
Cameroon 20	Congo 30	Chad 3	Egypt 3	Ethiopia 17
Eqat. Guinea 1	Eritrea 23	Gabon 1	Niger 2	Benin 1
Gambia 11	Ghana 28	Ivory Coast 13	Kenya 74	Liberia 3
Libya 142	Malawi 24	Mauritius 6	Mozambique 2	Nigeria 69
Rwanda 15	Centr Afr rep 2	Sierra Leone 6	Somalia 196	South Afr 43
Sudan 18	Tanzania 35	Uganda 33	Zambia 4	Zimbabwe 79
Tunisia 1				
West Indian	Antigua 3	Barbados 14	Dom.Rep. 5	Jamaica 43
Trinidad 2	St Kitts 1	St Lucia 1	St Vincent 1	Montserrat 1
Total	11977		87%	

People have originated from **125** different countries.

Language

	Number	%
English	10835	78.4
Arabic	287	2.1
Bengali	263	1.9
Cantonese	20	0.2
Czech	141	1.0
French	106	0.8
Gujerati	307	2.2
Hausa	3	0.02
Hindi	208	1.5
Kutchi	2	0.02
Mandarin	21	0.2
Polish	196	1.4

Punjabi	368	2.7
Russian	34	0.2
Somali	184	1.3
Swahili	111	0.8
Tamil	17	0.1
Urdu	203	1.5
Farsi	97	0.7
Kurdish	130	0.9
Italian	6	0.04
Albanian	33	0.2
Japanese	3	0.02
Vietnamese	1	0.01
Ukrainian	2	0.02
Portuguese	7	0.05
Shona	19	0.1
German	9	0.07
Greek	8	0.06
Korean	8	0.06
Croatian	24	0.2
Lithuanian	3	0.02
Amharic	5	0.03
Dutch	13	0.09
Pashto	2	0.02
Flemish	7	0.05
Mayalam	16	0.1
Norwegian	5	0.03
Swedish	3	0.02
Tigrinya	15	1.1
Serbian	6	0.04
Thai	5	0.03
Turkish	9	0.07
Bahassa	1	0.01
Sinhala	1	0.01
Romanian	9	0.07
Bulgarian	5	0.03
Spanish	8	0.06
Total	13766	99.7

A total of **48** languages are spoken within the practice!

Religion

Religion	Number	%
Church of England	3357	24.3
Roman Catholic	1552	11.2
Non Conformist	15	1.1
Atheist	47	3.4
Jewish	4	0.02
Jehovah Witness	28	0.2
Islam	2158	15.6
Sunni Muslim	34	0.2
Shiite Muslim	44	0.3
Christian	1044	7.6
Sikh	697	5.0
None	1438	10.4
Baptist	52	3.8
Methodist	108	0.8
United Reformed Church	17	0.1
Presbyterian	3	0.02
Church of Scotland	31	0.2
Pentecostal	11	0.07
Plymouth Brethren	20	1.4
Christadelphian	5	0.04
Agnostic	4	0.03
Buddhist	16	1.2
Hindu	666	4.8
NOS	61	0.4
Christian Scientist	14	0.1
Evangelical	7	0.05
Salvation Army	1	0.01
Rastafarian	3	0.02
Pagan	1	0.01
Orthodox	18	0.1
Society of Friends	1	0.01
Total	11457	82.9

Year Registered

	Number	%
0-1	1744	12.6
2-5	3098	22.4
6-10	743	5.4
11-20	457	3.3
21-50	500	3.6
51+	160	1.6
Total	6702	48.5

1 patient has been registered with the practice for 91 years!

Number of Attendances

	Number	%
0-1	1205	8.7
1-5	220	1.6
6-10	122	0.9
11-15	68	0.5
16-20	25	0.2
21-30	10	0.07
31-50	3	0.02
51+	2	0.02
Total	1670	12.1

Social Status

	Number	%
Married	2667	19.3
Cohabiting	323	2.3
Single	2006	14.5
Divorced	170	1.2
Widowed	217	1.6

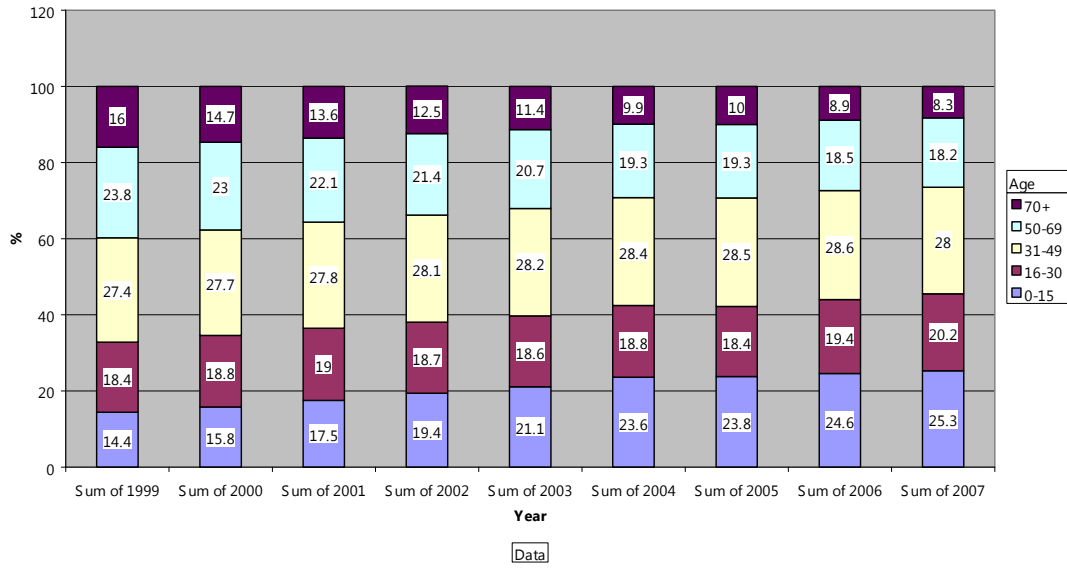
Occupation

	Number
Infant	965
School child	2500
Clerical	472
Top Managers	127
Management support	522
Education/Welfare/Health professionals	885
Literary/Artistic/Sports	63
Professional Scientist/Engineering/Technology	281
Managerial	236
Selling	219
Security/Protective	79
Catering/Personal	294
Farming/Fishing	22
Materials Processors	11
Making/repair	47
Painter/Product assemblers	27
Product inspectors/packagegers	6
Construction/Mining	48
Transport/Movers/Storing	206
Others	462
Housewife	448
Student	505
Unemployed	672
Retired	1433
Total	10530

Practice Population

	0-15	16-30	31-49	50-69	70-120	Total
1999	1442	1842	2747	2387	1613	10031
2000	1622	1936	2853	2365	1510	10286
2001	1825	1979	2900	2313	1419	10436
2002	2063	1989	2989	2280	1332	10653
2003	2300	2014	3063	2241	1233	10851
2004	2733	2176	3291	2233	1145	11578
2005	2735	2122	3283	2219	1152	11511
2006	3135	2477	3645	2355	1147	12759
2007	3499	2786	3865	2508	1155	13813

Age Distribution 1999-2007



The demographic changes are clear to see, the percentage of patients aged 70 and older has almost halved in the last 8 years!.

Workload 2007

369	JVCM						393	EMS				
	Cons	Tel	Visit	Cryo	Email	Lab	Cons	Tel	Visit	Email	Lab	
Jan	550	109	12	0	0	40	545	504	11	1	33	
Feb	342	87	2	0	2	69	527	367	12	5	99	
Mar	553	122	7	0	3	132	554	324	10	9	127	
Apr	441	148	5	0	4	114	374	194	10	9	141	
May	354	86	4	0	0	74	490	322	6	5	114	
Jun	371	218	2	0	0	49	420	292	4	4	115	
Jul	289	76	5	0	0	61	572	404	8	6	120	
Aug	505	198	9	0	0	131	292	257	6	3	95	
Sep	422	127	5	7	0	130	514	238	10	6	194	
Oct	493	196	6	0	0	177	604	361	11	11	198	
Nov	363	144	3	0	0	95	625	367	9	0	168	
Dec	425	135	6	0	0	84	366	181	10	0	90	
Total	5108	1646	66	7	9	1166	5883	3811	107	59	2594	

386		UJ				424	JK				
	Cons	Tel	Visit	Email	Lab	Cons	Tel	Visits	Email	Cryo	Lab
Jan	672	304	9	0	55	696	317	14	30	0	757
Feb	382	187	6	0	116	668	393	7	17	0	402
Mar	553	281	6	0	245	610	271	5	18	0	282
Apr	525	256	10	1	191	438	252	2	20	0	125
May	532	333	6	1	207	518	218	10	10	0	266
Jun	398	263	7	0	126	501	245	2	13	0	258
Jul	217	104	3	1	61	744	476	9	33	0	380
Aug	642	292	4	0	260	553	295	2	48	0	300
Sep	563	219	5	0	232	423	197	6	25	44	114
Oct	812	355	11	0	144	333	142	3	18	59	98
Nov	489	243	7	0	115	726	369	13	21	61	316
Dec	458	214	4	0	93	538	239	5	16	39	72
Total	6243	3051	78	3	1845	6748	3414	78	269	203	3370

184		SM				283	AJ				
	Cons	Tel	Visit	Email	Lab	Cons	Tel	Visit	Email	Lab	
Jan	0	0	0	0	4	443	259	11	7	21	
Feb	196	162	7	0	32	383	182	9	7	68	
Mar	298	146	5	3	59	391	163	12	1	68	
Apr	190	149	2	0	27	293	79	7	4	76	
May	215	65	4	0	29	373	152	10	7	88	
Jun	259	293	2	0	73	390	144	6	2	86	
Jul	314	336	7	0	73	455	146	8	1	114	
Aug	172	43	4	0	33	268	155	4	0	68	
Sep	245	169	4	0	68	393	168	6	9	85	
Oct	269	228	9	0	28	355	163	6	9	95	
Nov	315	226	4	0	72	166	55	4	1	47	
Dec	204	148	5	0	47	277	143	5	0	97	
Total	2677	1965	53	3	545	4187	1809	88	48	913	

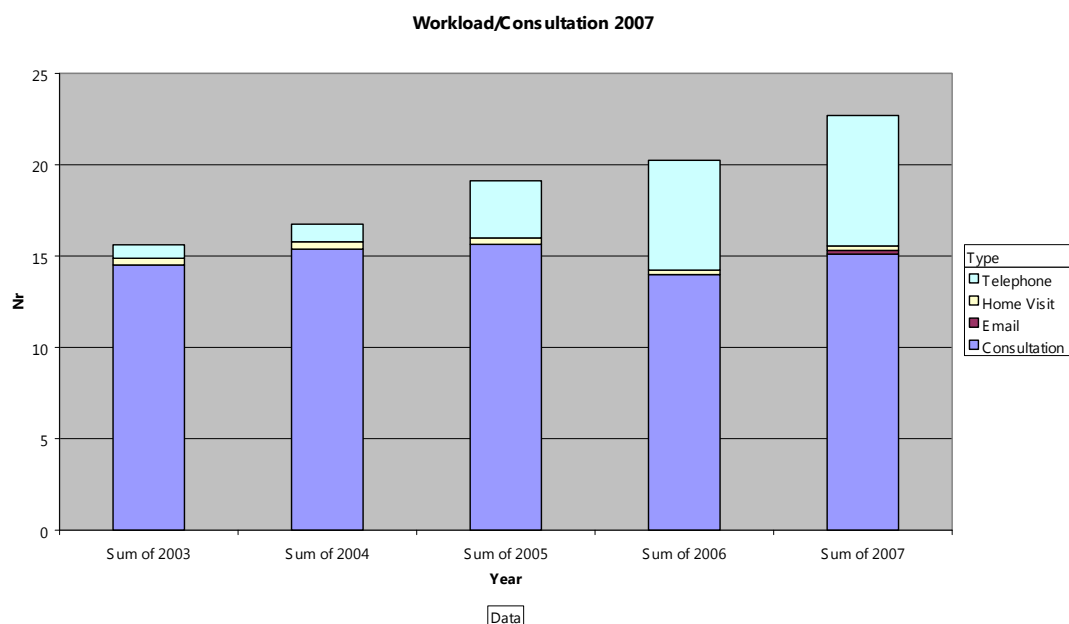
348		DB					22	AS			
	Cons	Tel	Visit	Email	Lab	Cryo	Cons	Tel	Visit	Email	Cryo
Jan	324	66	6	0	0	0	-	-	-	-	-
Feb	451	101	8	0	11	0	-	-	-	-	-
Mar	497	90	8	0	77	0	-	-	-	-	-
Apr	410	68	5	3	32	0	-	-	-	-	-
May	486	115	4	2	106	0	-	-	-	-	-
Jun	597	164	6	26	126	0	-	-	-	-	-
Jul	424	88	7	12	65	0	-	-	-	-	-
Aug	364	89	7	13	46	0	-	-	-	-	-
Sep	499	44	9	8	94	6	-	-	-	-	-
Oct	418	117	4	10	123	8	146	3	1	0	0
Nov	476	104	5	18	88	8	62	0	1	0	0
Dec	384	135	7	9	109	0	128	0	0	0	0
Total	5330	1181	72	101	877	24	336	3	2	0	0

	SR		LC		DS		VB	
	Cons	Tel	Cons	Tel	Cons	Tel	Cons	Tel
Jan	267	10	410	9	507	0	-	-
Feb	243	21	278	6	396	0	-	-
Mar	141	19	388	13	536	0	-	-
Apr	185	20	223	9	361	0	-	-
May	159	9	350	12	475	0	-	-
Jun	177	13	433	21	499	0	-	-
Jul	263	8	301	11	378	0	94	0
Aug	181	10	344	7	552	0	119	7
Sep	222	13	279	5	305	0	323	0
Oct	239	5	192	2	377	0	303	0
Nov	247	4	22	0	428	0	750	0
Dec	217	10	258	8	298	0	316	0
Total	2541	142	3478	103	5112	0	1905	7

	Consultation	Telephone	Home Visits
Doctors	36726	17352	574
Nurses	13036	256	0

Consultations Doctors

	Consultations	Telephone	Emails	Path Links	Home Visits
2003	31340	1581	-	-	807
2004	33236	2077	-	-	860
2005	33802	6769	-	-	759
2006	31796	13621	-	-	576
2007	36726	17352	492	11310	574



Workload/Session

In order to establish to workload per session the number of consultations have been divided by the number of weekly sessions, as have the number of telephone consultations. The number of home visits has been divided by the number of morning sessions. This does not take into account visits for Cryotherapy and Friday Lunch time meetings, nor the locums that some doctors do whilst other doctors are on holiday, nor the student sessions and assessments

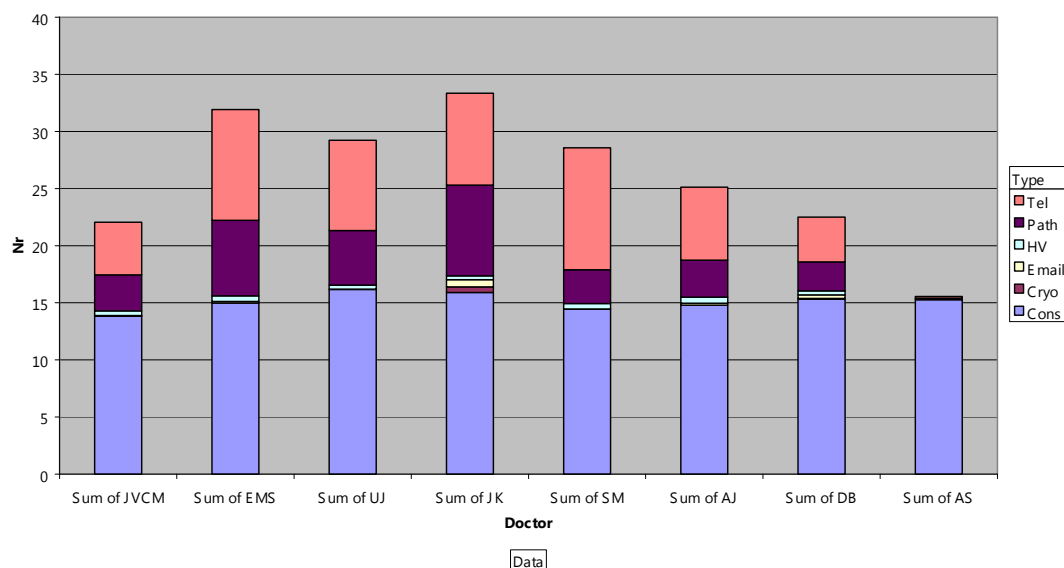
	JVCM						EMS				
	Cons	Tel	Visit	Cryo	Email	Lab	Cons	Tel	Visit	Email	Lab
2004	15.3	0.40	0.26	-	-	-	15.4	1.57	0.83	-	-
2005	14.5	2.78	0.23	-	-	-	14.2	3.60	0.73	-	-
2006	12.6	4.20	0.17	-	-	-	13.7	7.8	0.49	-	-
2007	13.84	4.60	0.41	0.02	0.02	3.16	14.97	9.70	0.49	0.15	6.60

	UJ					JK					
	Cons	Tel	Visit	Email	Lab	Cons	Tel	Visit	Email	Cryo	Lab
2004	14.7	1.26	0.60	-	-	17.9	0.74	0.62	-	-	-
2005	15.4	3.05	0.57	-	-	18.3	2.29	0.63	-	-	-
2006	13.9	6.85	0.36	-	-	15.8	5.22	0.48	-	-	-
2007	16.17	7.90	0.36	0.01	4.78	15.91	8.05	0.33	0.63	0.48	7.95

	SM					AJ				
	Con	Tel	HV	Email	Lab	Con	Tel	HV	Email	Lab
2004	15.3	1.40	0.87	-	-	15.7	0.45	0.91	-	-
2005	15.6	5.68	0.76	-	-	16.1	2.32	0.92	-	-
2006	13.3	10.0	0.73	-	-	15.0	4.88	0.58	-	-
2007	14.44	10.68	0.48	0.01	2.96	14.79	6.39	0.54	0.17	3.23

	DB						AS			
	Con	Tel	HV	Email	Cryo	Lab	Con	Tel	HV	Email
2004	-	-	-	-	-	-	-	-	-	-
2005	-	-	-	-	-	-	-	-	-	-
2006	14.6	4.27	0.44	-	-	-	-	-	-	-
2007	15.32	3.93	0.37	0.29	0.07	2.52	15.27	0.14	0.13	0

Workload per GP in 2007



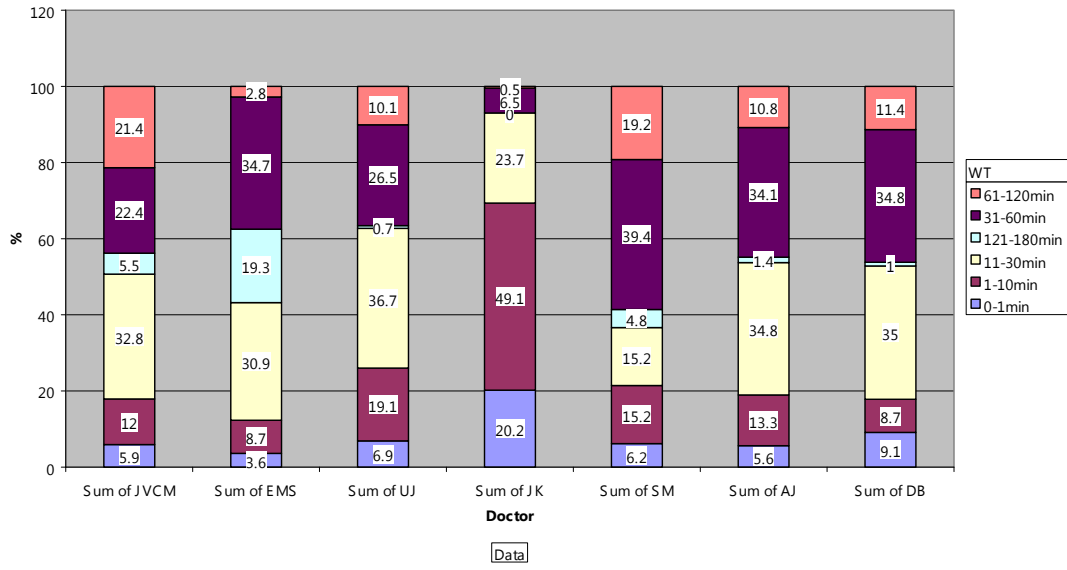
Waiting times

This search was done on 3.9.07.

The data is presented to indicate general waiting room "waits" to see the doctor concerned.

Waiting Time	JVCM	EMS	UJ	JK	SM	AJ	DB
Under 10mins	17.7%	12.4%	25.9%	69.3%	21.3%	18.8%	17.7%
10-30mins	32.8%	30.9%	36.7%	23.7%	15.2%	34.8%	35%
30-60mins	22.6%	34.7%	26.5%	6.5%	39.4%	34.1%	34.8%
Over 60mins	26.9%	22%	10.9%	0.5%	24.1%	12.3%	12.5%
Total	5158 100%	7815 100%	5582 100%	9185 100%	3288 100%	5180 100%	6374 100%

Waiting times last 12 months 3.9.07

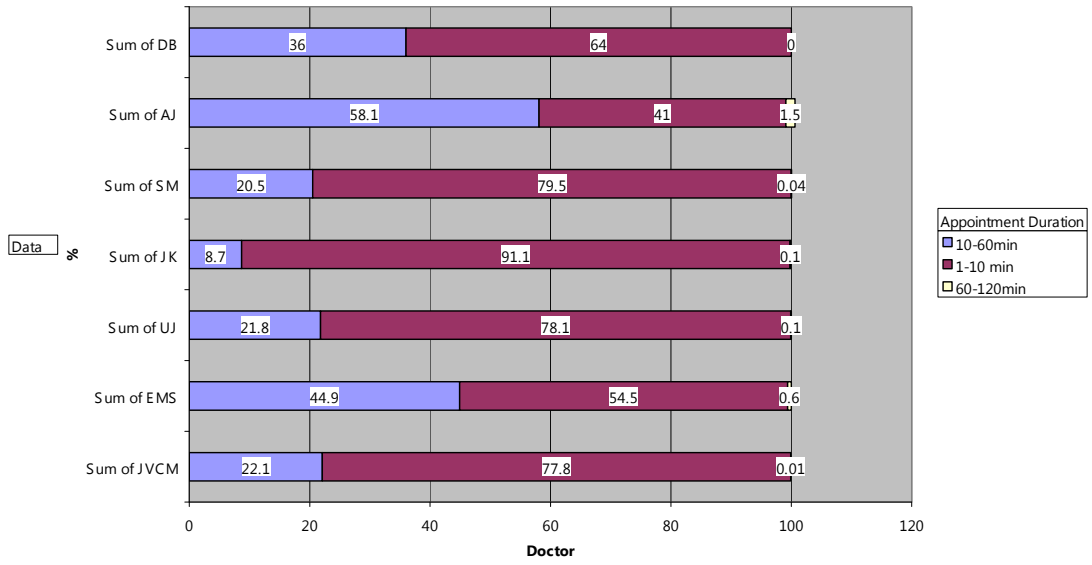


Appointment Duration

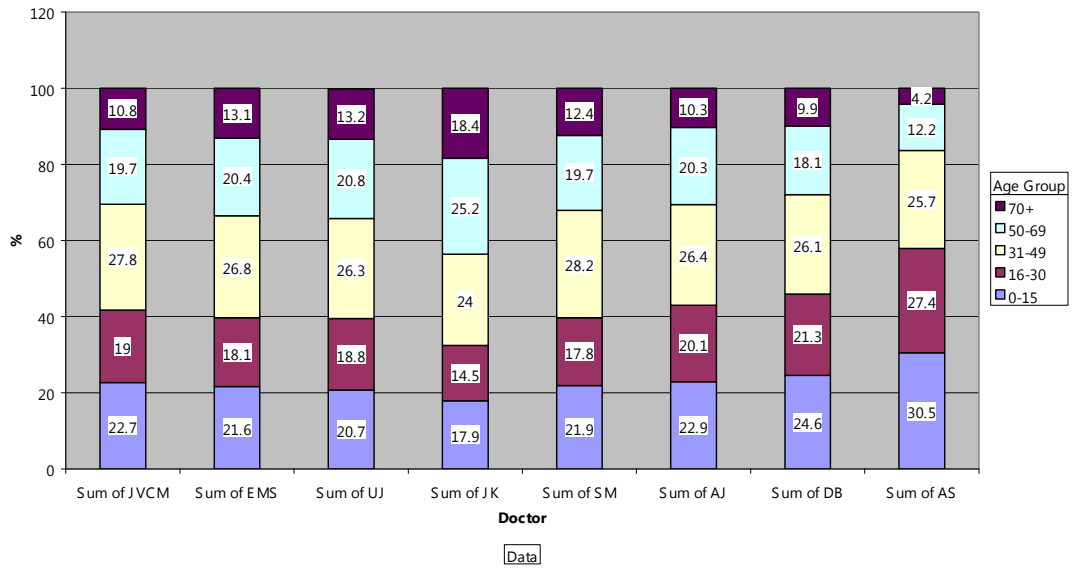
This indicates how long patients spend in the consulting room with the doctor.

Appointment Duration	JVCM	EMS	UJ	JK	SM	AJ	DB
Under 10mins	76.9%	61.6%	77.2%	85.6%	74.1%	50.9%	73.4%
Over 10mins	23.1%	38.4%	22.8%	14.4%	25.9%	49.1%	26.6%
Total	5996 100%	8409 100%	5883 100%	9113 100%	4255 100%	5540 100%	5874 100%

Appointment Duration Last Year



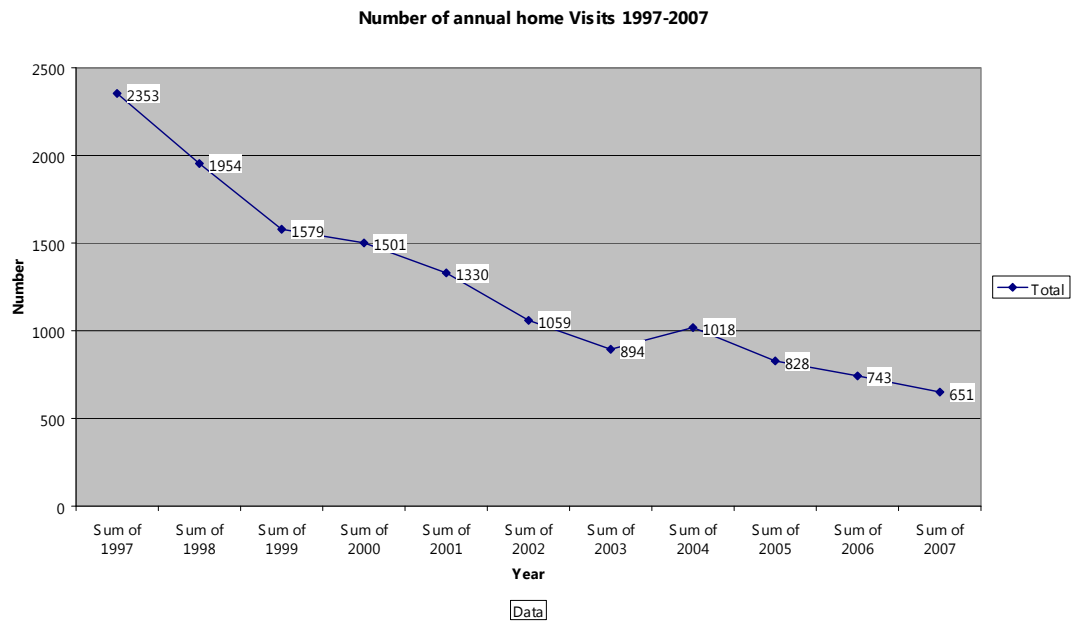
Age group consulting Individual Doctors



Home Visits

Year	1997	1998	1999	2000	2001	2002	2003	2004	2005
Number	2353	1954	1579	1501	1330	1059	894	1018	828

Year	2006	2007	2008	2009	2010	2011	2012	2013	2014
Number	743	651							



Patients seen

	2002	%	2003	%	2004	%	2005	%
Patients seen by any Health Professional	8626	80.9	9041	83.3	9041	78.1	9084	78.9
Patients seen by Doctors	7930	74.3	8061	74.3	8801	76.0	8864	77.0
Consultations/Patient	4.2		3.9		4.1		4.6	
% of practice population seen in the last 3 years	-	-	10270	94.6	10976	94.8	10909	94.7
% of patient population seen in the last 5 years	-	-	10389	95.3	11210	96.7	11174	97.0

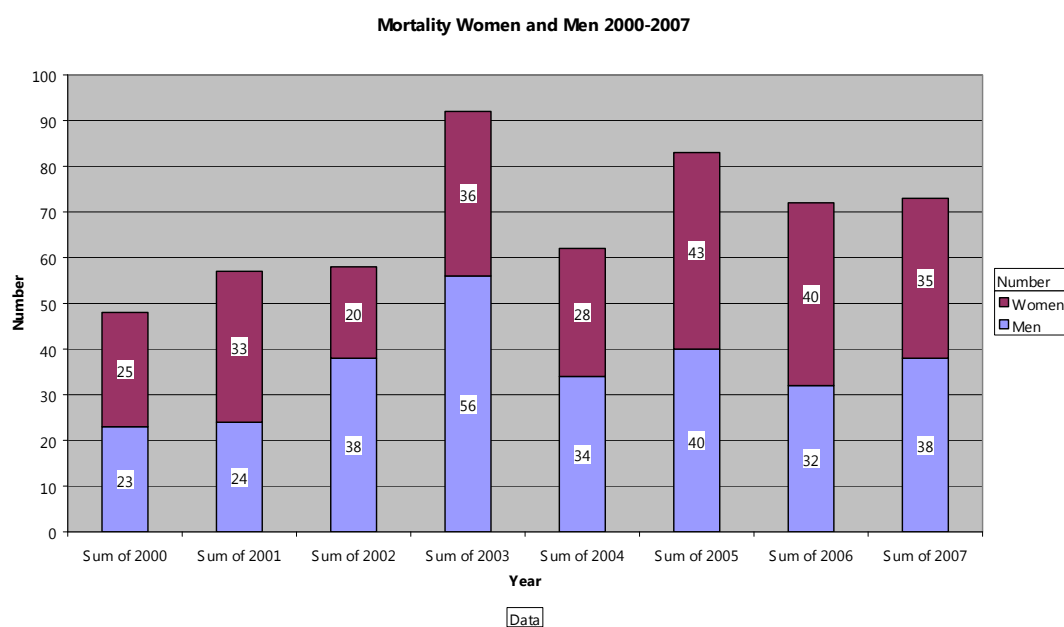
	2006	%	2007	%	2008	%	2009	%
Patients seen by any Health Professional	10800	84.6	11766	85.2				
Patients seen by Doctors	9426	73.9	10357	75.0				
Consultations/Patient	4.0		3.54					
% of practice population seen in the last 3 years	12084	94.7	13163	95.3				
% of patient population seen in the last 5 years	12352	96.8	13432	97.2				

Mortality

	Total	Women	Men	Aver. Age	Youngest	Oldest
2000	48	25	23	77	27	98
2001	57	33	24	73	32	109
2002	58	20	38	72	27	98
2003	92	36	56	75	27	97
2004	62	28	34	76	21	92
2005	83	43	40	74	6	96
2006	75	43	32	75	21	97
2007	73	35	38	73	11/52	95

Year	UK Male	UK Female	Practice Male	Practice Female
2000	10	10.5	4.6	4.8
2001	9.9	10.4	4.7	7.1
2002	9.8	10.4	7.3	3.7
2003	9.8	10.6	10.6	6.5
2004	9.4	9.9	6.0	4.7
2005	9.3	9.9	7.1	7.3
2006	9.1	9.6	5.1	6.6
2007			5.6	5.0

This represents the number of deaths per 1000.



Morbidity

Endocrinology	Diabetes Mellitus	Hypothyroidism	Hyperthyroidism
2001	291	179	59
2002	334	246	71
2003	407	283	78
2004	447	320	105
2005	460	332	112
2006	498	345	109
2007	537	357	112

Gastro-Enterology	Cohn's Disease	Ulcerative Colitis	IBS	Hepatitis	Gastric Ulcer	Duodenal Ulcer
2001	11	23	270	46	21	100
2002	12	30	327	48	26	105
2003	16	37	344	53	36	116
2004	15	43	384	70	61	178
2005	17	44	408	69	61	181
2006	18	48	442	74	57	181
2007	19	49	480	81	60	178

CHD	Angina	MI	Angina & MI	AF	CCF	Hypertension
2001	178	75	75	96	159	1184
2002	257	149	73	109	146	1360
2003	262	151	79	131	128	1500
2004	272	157	84	140	126	1583
2005	262	167	82	144	124	1612
2006	264	167	86	143	114	1707
2007	247	168	88	138	114	1786

Neurology	Multiple Sclerosis	Parkinson's Disease	Epilepsy	CVA/TIA	Dementia
2001	15	17	96	147	25
2002	16	15	114	151	26
2003	17	17	115	162	29
2004	19	26	136	170	29
2005	19	29	134	163	23
2006	19	26	144	167	28
2007	19	23	128	164	26

Dermatology	Eczema	Psoriasis
2001	236	156
2002	416	174
2003	562	175
2004	690	210
2005	827	227
2006	989	253
2007	1140	275

Chest Disease	Asthma	COPD	Sarcoidosis
2001	820	152	11
2002	1084	174	13
2003	1399	174	13
2004	1353	195	21
2005	1853	223	22
2006	2028	236	22
2007	2185	254	24

Operations

	Hysterectomy	Appendicectomy	Cholecystectomy	Hernia Repair	Hip Repl.	Knee Repl.
2004	439	538	212	302	72	62
2005	448	532	213	308	74	56
2006	457	551	219	316	74	66
2007	434	567	225	331	75	63

DNA = Did Not Attend

	Doctors/Nurses	Difference
2000	1254	-
2001	1075	- 11.7
2002	1412	+ 31.3
2003	1473	+ 4.3
2004	1697	+ 15.2
2005	1748	+ 9.7
2006	1830	+ 4.7
2007	2204	+ 20.4

Immunisations

Influenza	CHD	CVA	DM	COPD	65+
2002	73.3	77	69.5	69	72.3
2003	83.2	78	77.4	73.3	77.5
2004	87	87	87	87	81.7
2005	87	87	88	87	82.3
2006	88	81	87	90	78
2007	94	93	92	91	80.9

Complaints & Significant Events

	Complaints	%	Significant Events	%
2002	6	0.06	5	0.05
2003	1	0.008	9	0.09
2004	18	0.2	8	0.06
2005	16	0.1	9	0.06
2006	7	0.05	8	0.06
2007	13	0.09	7	0.05

Quality Indicators

	Points Available	2003 Achieved	2004 Achieved	2005 Achieved	2006 Achieved
CHD	101	101	100.61	101	101
LVF	20	20	20	20	20
Hypertension	105	95	104.32	104.85	105
Diabetes	99	90	98.45	98.82	99
CVA	31	30	30.54	30.54	31
COPD	45	37	44.84	45	45
Epilepsy	16	9	15.93	14.3	16
Hyperthyroidism	8	5	8	8	8
Cancer	12	12	12	12	12
Mental Health	41	36	38.09	37.4	41
Asthma	72	69	71.39	72	72
Total	550	504	544.17	544.3	550

	Points Available	2007 Achieved	2008 Achieved	2009 Achieved	2010 Achieved
CHD	89	89			
LVF	20	20			
Hypertension	83	83			
Diabetes	93	92.6			
CVA	24	24			
COPD	33	33			
Epilepsy	15	15			
Hyperthyroidism	7	7			
Cancer	11	11			
Palliative Care	3	3			
Mental Health	39	39			
Dementia	20	20			
Chronic Kidney	27	27			
AF	30	30			
Learning Diff.	4	4			
Smoking	68	68			
Obesity	8	8			
Depression	33	33			
Asthma	45	45			
Total	654	653.6			

Exemption reporting

	CHD	CCF	HT	CKD	DM	Epilepsy	COPD	Cancer	Mental Health	Asthma
2006	2	1	1	0	3	3	0	2	41	7
2007	1	0	1	24	0	0	1	0	29	1

The practice hardly ever exempts a patient from the QOF indicators. 29 patients with mental health had to be exempted as there disease was in the past and they are currently not taking any medication, nor have they suffered with any mental health problems for years.

Audits performed

1. Coronary Heart Disease
2. Diabetes mellitus
3. Asthma
4. Mental health
5. Primary Prevention
6. Cancer Care
7. Epilepsy
8. CVA

Patient Version Document prepared by Dr J Kapma / Dr D Barrett – April 2008