

Practice & Visiting Team Information			
Practice Name	Castle Medical Group	Practice Code:	C82014
Appraisal Team:	Professor Mayur Lakhani & Ian Potter	Appraisal Date:	03.02.17

Agenda	
Agenda Item	Overview
Practice Attendees	<p>Attendees and roles.</p> <p>Mayur Lakhani – GP and Appraiser</p> <p>Ian Potter, CCG Deputy Chief Operating Officer</p> <p>Tony – PPG Chair</p> <p>John Addison – GP Partner</p> <p>Caroline Robinson, Practice Manager</p> <p>Neil Sanganee – GP Partner</p> <p>Linda, assistant practice manager</p> <p>Elly – reception</p> <p>Maria –reception staff</p> <p>Jo Lovett, Practice Nurse</p>
Brief summary of practice	<p>Overview of practice. List size / Clinical team description/ Any changes from last year</p> <p>Practice has undergone a phenomenal amount of change ranging from relocation to purpose built new premises, change of IT system, staffing turnover and sickness. This has been a stressful time for the practice resulting in patient dissatisfaction especially with access and customer service in general. Negative comments were also found on NHS choices.</p> <p>However, the practice has gripped the problems and put in actions to energise improvements and have produced data to show improvements. They have been innovative for example using social media for communication. They have a face-book face. This was used effectively when they a flood recently! Internal communication has improved via a bulletin and a newsletter.</p> <p>Changes in workforce have necessitated the use of GP locums. The teaching and training commitment has also been more intense due to supporting struggling trainees. The practice is also providing nurse training and has recently appointed a clinical pharmacist. Overhaul of practice nursing structure</p> <p>There is a practice culture of reporting SEAs. However the practice has found Datix 'horrible' for use in general practice.</p>

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	<p>The practice had prepared extremely well for the appraisal and had ready a presentation to highlight key issues and action plans. In addition further data was submitted at the appraisal including:</p> <ul style="list-style-type: none"> • Complaints process, figures and changes made, list of compliments • Patient survey local, with results and comments with analysis and action plan • Vaccination data • FFT data • NHSE GP outcome standards data <p>There is a very active PPG that work closely with the practice to engage patients.</p> <p>What came through were lots of passion and enthusiasm for patient centred high quality care. Their actions are leading to improvements e.g. compliments and good postings on NHS choices are now present.</p>
Practice Identified Areas for discussion	<p>Practice concerns / Areas brought up for discussion</p> <ul style="list-style-type: none"> • Practice has undergone a phenomenal amount of change especially in staffing due to sick leave, bereavements and loss of key members of staff (e.g. treatment room manager, reception manager) • Partnership changes • New premises issues – ‘shakedown’ • Financial instability
Actions Taken since Practice Appraisal in 2015/16	<p>Review of last year’s action plan. Progress?</p> <ul style="list-style-type: none"> • Local patient survey completed led by the PPG (419 responses) • Review of appointment systems has taken place- overhaul of telephone system and introduction of an open/drop in clinic (‘sit and wait’) started in August 2016 • Rationalising of repeat dispensing due to problems caused by changing to System One • Phone systems- impressive project with data collection, practice gets 1400-1500 calls per week and the maximum waiting times have been reduced to 2 minutes. The overall impact of these changes has been very positive. • The chair of the PPG stated that this had been the ‘major issue’, now this has dropped off the radar and compliments are being given. The impact on staff has been good.

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Practice Profile Feedback	<p>Discussion of the profile.</p> <p>List size has reduced by 49, possibly due to relocation of the practice. There are 125 patients in six care homes- 3 residential and 3 nursing. The practice is heavily involved in teaching and training. It has five partners and one salaried GP. The list size is 14620. Core funding is £82.38 per patient.</p> <p>LTC prevalence shows increase trend in diagnosis in all conditions except for diabetes which is lower than CCG and locality benchmarks. Register figures are comparable to or exceed benchmarks in almost all cases. Palliative care register is at 1.07%. There is a low QOF exception reporting rate. QOF clinical achievement is 100%. There is a high usage of ACE/ARB usage in heart failure and 83.2% of patients with AF anticoagulated. Prediabetes are referred to the NDPP. CKD prevalence is increasing but has slightly declined in COPD and stroke in the latest quarter.</p> <p>734 health checks invitations have been issued with 438 performed. Childhood immunisation rate is 94%</p> <p>Main ED attendances have declined from the previous year.</p> <p>Prescribing spend is -3.21% below target to August 2016. Antibiotic performance indicators are reassuring.</p> <p>Patient experience This was the main area of discussion of the profile led by the practice in its presentation. Overall experience was 73.27% which was a reduction of -4.42%. Confidence and trust in GPs had increased to 91.54%, FFT level of strongly recommend practice is 92.75%. Major changes have been made to the appointments system. In addition a thematic review of patient complaints has been undertaken. The practice responds to online comments and has received many more positive comments. It uses a facebook page for communication. .</p>
Areas of Good Practice	<p>Highlight areas for good practice from the profile discussion and other sources</p> <ul style="list-style-type: none"> • Teaching and training – multi-professional • Leadership to the local health economy by GPs • Remedial support for struggling trainees • Customer care training • Measurement and audit

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	<ul style="list-style-type: none"> • Use of Facebook • Overhaul of appointment system including telephones • Business continuity plan and staff emergency alert system
Areas for Sharing Best Practice PLT event	<p>Any ideas/areas that could be shared with other practices at the Best Practice PLT</p> <ul style="list-style-type: none"> • Approach to change management – example of customer care approach • Teaching and training
Areas for Improvement and suggested areas for consideration	<p>Areas the practice need to work on during the forthcoming year and discussing possible ideas on how to progress this</p> <ul style="list-style-type: none"> • Continue to develop and embed practice staffing structure through skill mix, role diversity, multiskilling • Continue to develop the PPG – ideas include constituting the PPG as a charity, developing the courtyard, staff member being a carer champion, transportation • Monitor clinical quality of new members of staff being upskilled • New ways of working: Review document management system to streamline workflow of letters processing, e.g. digital dictation, prescribing and optimising medicines management, review and improve how the practice interacts with care homes • Continue to prepare for the future and sustainability • Continue to prepare for CQC
Contractual concerns raised	<ul style="list-style-type: none"> • Practice raised the issue of the anticipated large increase in patient population due to new housing close to the practice

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QIPP	<p>At this stage of the QIPP year you appear to be (above /on /below) target for payment.</p> <p>This will be assessed through a separate process. Information provided includes work in long terms condition management using integrated recall, SMI – MHW is in transition, new person has been appointed. Practice also uses other providers on the border so PRISM not always applicable.</p>
CCG Actions	<p>Identified Actions for the CCG management team to take away and provide clarity.</p> <ul style="list-style-type: none"> • Dr Addison and Caroline to meet with Ruth Waddington and Ian Potter to agree how Section 106 funding and GP Resilience funding can be utilised for practice projects • Practice to discuss with CCG any possible response to the local MP regarding lunchtime opening hours which the practice uses for staff training and development.