

EAGLE HOUSE SURGERY

Spring Newsletter - Issue 2

Key Performance Indicators (KPIs)

Following the Newsletter issued in September 2014, please find the following update regarding the surgery's achievement in KPIs. These are a range of extra services, which we have been very happy to participate in.

As previously explained, we were given a list of extra services and asked to select those, in consultation with our Patient Participation Group members, that we would like to offer to our patients.

There were a total of 37 indicators ranging from recording the percentage of patients smoking in pregnancy, through to undertaking medication reviews for patients over 65 taking four or more medications weekly, providing annual health needs assessments for patients with Learning Disabilities, plus a group of indicators relating to Diabetes care.

We met with members of the surgery's Patient Participation Group last September, and met them again on March 11 2015, to confirm the surgery's achievement on each indicator, which is confirmed as follows:

- Infant Feeding – the percentage and type of feeding infants are receiving (i.e. breast fed or bottle fed) to be recorded during the 6 - 8 week check and recorded on a specific template. *Target: 98% Achievement: 100%*
- Smoking in pregnancy – the percentage of pregnant women recorded as smokers; smoking discussed and patients referred to Stop Smoking services
Target: 60% Achievement: 100%
- Phlebotomy – the surgery offers a choice of phlebotomy appointments available to any patient to have blood taken:
yes, the surgery has Phlebotomy sessions on Monday morning and afternoons, Wednesday mornings and Friday mornings and afternoon which are open to any patient by Phlebotomists from local hospitals. Domiciliary phlebotomy appointments are available to patients who are housebound.
- Over 65s medication reviews – recording the percentage of patients aged over 65 taking four or more medications receiving a 6 monthly medication review
Target: 90% Achievement: 98%
- Practice's opening hours – the Practice is open at least 52.5 hours per week and is able to take calls over lunchtime: *Yes*
- Clinical availability – Clinical appointments available must total 16.5 hours per 1000 patients per week *Yes*

- Patient Participation Group – patients have influenced service redesign through the practice’s PPG, been involved in discussions with the practice about the development and selection of KPIs for 2014. The practice is to publish its KPIs in the surgery’s waiting-room and on the practice’s website and to engage the PPG in monitoring its KPI achievement:

Yes, we met with the PPG in September 2014 initially, and circulated a copy of the indicators available. Following discussion between PPG members, and with Dr. Rubenstein and Dr. Khaled, the indicators the surgery would provide were formally agreed. In March 2015, we arranged a further meeting with the PPG and one of the Agenda items was the surgery’s progress upon each indicator against the target set

- Learning Disabilities: patients with Learning Disabilities on the Register who are given a consultation with a clinician for an annual health needs assessment
Target: 50% Achievement: 70%

- Diabetes testing* – screen patients in at risk groups for Diabetes with a fasting blood glucose test with one of more of the following criteria:

- Obesity
Target: 70% Achievement: 86%
- Ischaemic heart disease
Target: 70% Achievement: 71%
- Patients with CVA (Cerebral vascular accident, a stroke)
Target: 70% Achievement: 71%
- Hypertension
Target: 70% Achievement: 96%
- Patients with a 10 year cardiovascular disease risk of more than 20%
Target: 70% Achievement: 74%

- Diabetes Care 1: Year of Care - Practice to offer “Gold Standard” Diabetic Year of Care treatment to all patients with Type 2 Diabetes. With this method of management, all type 2 Diabetics should expect to receive the 15 Diabetes UK expectations of care (as appropriate)

Target: 100% of patients to be invited and 65% must attend
Achievement: 100% of patients were invited and 98% attended

- Diabetes Care 3 – Diabetes Control in Primary Care (in a GP surgery) - Type 2 Diabetics on insulin to be seen in-house for their diabetic control unless complications such as CKD 3b (stage 3 kidney disease) or above, where hospital management is indicated

Target: 75% Achievement: 93%

- Diabetes Care 4 – Type 1 Diabetics who do not wish to go to hospital are offered an appointment at least twice yearly for a Diabetic review

Target: 90% Achievement: 100%

- Diabetes Care 5 – insulin initiation: initiate insulin for appropriate patients as per NICE (National Institute for Health and Care Excellence) guidance
Target: 100% Achievement: 100%
- Diabetes Care 6 – GLP initiation – initiate GLP1, which is one of the most recent Diabetic medications, for appropriate patients as per NICE guidance
Target: 100% Achievement: 100%

If you have any questions about any of these Indicators or feel that one or more may apply to you, please ask your GP at your next consultation for more information.

GPs at Eagle House Surgery