

## **Featherstone Family Health Centre** **Practice Based Commissioning Report** **2009/10**

This report summarises Featherstone Family Health Centre's achievements against the targets and objectives set out in our PBC LES plan Surgery for 2009/10. The achievements included here are solely those for Featherstone.

We would like to thank Liz McCourt, the PBC Commissioner for Seisdon Peninsula for her enthusiasm and commitment in assisting Featherstone Family Health Centre since its independence from Brewood Surgery. Her advice and assistance has helped to improve health care provision to the residents of Featherstone.

### **Featherstone Pride Locality Project.**

This project identified a lack of health care facilities in Featherstone to accommodate the patients who were left without a GP due to the closure of Dr George's Surgery in South Crescent in October 2008. It was also noted that there was also a lack of accommodation for community staff such as the community midwife, health visitor, health trainer, physiotherapist, community psychiatric nurse and district nurse. The practice has been working very closely with Councillor Beardsmore who led the Featherstone Pride Locality Project to facilitate the development.

The Featherstone Parish Council and Dr Lee have worked tirelessly to try to secure a strip of land to extend the surgery therefore improving the facilities for patients and ensuring accommodation for more staff. The freed up resources from PBC budget will be used for this development in accordance with the PBC regulations. It is envisaged that the building work will be started in May 2010.

### **Hospital Follow-up Analysis. Dermatology and Plastic Surgery.**

The pathway has been re designed and we are no longer commissioning the services of Brewood surgery. Steps were taken to contact the Dermatologists and Plastic Surgeons encouraging them to discharge patients with conditions such as Basal Cell Carcinoma and benign naevi for review in Primary Care by Dr Lee. The response from them had been poor with only four patients being discharged. However, Dermatology referrals are constantly being reviewed and both the referral rate and routine hospital follow-up for dermatology and plastic surgery has reduced

### **CVD LES**

The practice started to carry out opportunistic CVD risk assessments this year. We have been screening above and beyond what is suggested in the LES. To March 31<sup>st</sup> 2010 170 assessments have been completed and patients referred to other agencies as necessary. The practice have also been carrying out our own Glucose Tolerance Tests to ease pressure on the Clinical Chemistry Department whose waiting lists for these tests was over 3 months and this will speed up the diagnosis of Impaired Glucose Tolerance and Diabetes Mellitus.

### **Expansion of Intermediate Care Team.**

During this financial year, both the Mid Staffordshire Foundation NHS Trust and the Royal Wolverhampton Trust have experienced unprecedented levels of demand from the H1N1 influenza pandemic and the ongoing novo and rotovirus illnesses.

The clinical staff has been trying to keep as many people out of hospital as possible. We have been very diligent in following the community care pathway and worked closely with the intermediate care team (ITC) and collaborated with specialized nurses to offer additional support to patients in the community that may be teetering on the brink of an admission. The plan was for the GP first to make telephone contact with the hospital Consultants and the ITC to see what could be done to support the patient's stay at home to avoid an admission. The Practice has worked in partnership with the community staff to achieve this. Some patients have benefited from admission to temporary community respite care in the non-hospital setting. Consequently, admission avoidance was achieved on a small scale.

### **Primary Care Mental Health Services.**

The Practice has worked closely with the Community Psychiatric Team during the year. We have engaged with them on a regular basis including monthly meetings with the CPN to discuss all patients on their caseload. A further meeting was arranged with the CPN co-coordinator and Liz McCourt to explore ways of improving mental health provision. We continue to commission counsellors from MIND and second Psychiatrist who has a weekly outpatient clinic in the surgery.

Maureen Lee  
Featherstone Practice manager