



Garswood Surgery

**Annual**

**Report**

**2006-7**

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## Report 2006-7

This is our third annual report. The list of over 30 achievements on the next page speak for themselves. Almost every one is the result of us working together as a team to achieve considerably more than we could do so individually. The successful recruitment of Tracey Peet as our practice nurse in the summer of 2006 completed our team, at least for the time being, although in years to come we shall doubtless wonder how we managed with only nine permanent members.

We enjoy the active support of our Patient Group [formerly the Garswood Steering Group] who feel particular satisfaction at the site of the new building rising above the fencing. The number of patients we care for has increased steadily and currently is 2920. We decided recently to expand the geographical area we cover, partly as a result of patient demand, but had to decline request to stay on our list by a family moving to Manchester!

Geetika Sharma completed a successful year as our first registrar and has now moved to Glasgow. Jon White is starting the new trainer's course now, in April 2007 which should help us make the most of the opportunities to train doctors.

Our continued efforts to be as efficient as possible are currently centred around repeat dispensing [see report later]. A major push for the scheme has been accompanied by warm acceptance by patients, for whom we hope it will simplify and speed up the collection of their medicines each month. We decided that the benefits would only be realised as we recruited substantial numbers of patients, which we are now doing. However we also realise that dispensing medicines will be much easier for everyone when we are sharing a building with the Pharmacy.

The system of birthday reviews, explained later, is also bearing fruit as it is now much clearer to all when people's major annual review should occur. We hope the coming year will see this firmly embedded in our systems. Chronic disease management accounts for most of our work, as shown by the report of 57 quality indicators from the 15 clinical criteria for the Quality and Outcomes Framework, QoF. Not only have the criteria widened and become harder but our growing list has been accompanied by rising prevalence, so achieving 99% of those available is a source of genuine satisfaction.

The year ahead also has many challenges. Not least of these will be the move to the new surgery which we currently anticipate moving in to at the end of 2007 as progress is rapid.

#### Achievements of the year

At a lunchtime session on 29<sup>th</sup> March 2007 we had our annual discussion about our achievements over the past 12 months. Once again we listed over thirty, which were as follows, in no particular order of priority:

1. Recruiting Tracey Peet as our practice nurse
2. Starting repeat dispensing and having 200 patients 'signed up' in the previous 3 months
3. A further, steady increase in list size
4. Successfully starting GP registrar training with Geetika completing her MRCGP whilst with us
5. Successfully starting F2 trainee placements
6. Development of the 'Garswood Patient Group' including getting their help with reviewing and implementing the results of the patient satisfaction survey
7. Establishing email ordering of prescriptions
8. Texting messages to patients who sign up for this service
9. A health education TV service in the waiting room
10. Finger prick INR testing of patients on anticoagulant therapy so that results and instructions may be given immediately to patients
11. Further increase in number of flu vaccinations given
12. CPR and defibrillator training for all staff
13. Back up vaccine fridge [after the loss of two loads of vaccines]
14. The start of the new building
15. Baby changing facilities
16. Pneumococcal vaccine added to childhood schedule

17. Safety improvements including anti-slip ramp
18. Multi-choice template for [improved] letters to patients
19. More efficient banking services
20. Electronically generated laboratory forms
21. Diabetes prevalence passing the 'true/desirable' 4.2% level [see later in report]
22. Chronic disease management nurse clinics run by Tracy Kirk
23. Revisions to the message handling system to minimise messages being overlooked
24. Re-approval as a training practice until 2010 [with an 'excellent' rating]
25. Starting the 'birthday review' system of annual review for many patients
26. Maximising room usage by bringing the L-shaped room into use as an office [for Jillian Nye, practice-based commissioning consortium manager]
27. Joining PSUK to enhance the efficiency of purchasing supplies [including much less time seeking the best deals]
28. Widening the practice area, to include Winstanley for example
29. Starting Monday lunchtime clinical meetings for doctors, nurses, medical students
30. Starting the 'Choose and Book' system for making hospital referrals and appointments
31. Successfully starting the new QoF areas of chronic kidney disease, atrial fibrillation and depression
32. Substantial increase in yellow fever vaccinations, and training as a nationally-approved centre

### Staff

Mrs Sharon Greenwood	Practice manager	
Mrs Tracey Peet	Practice nurse	
Mrs Julie Bryan	Receptionist	& phlebotomist
Mrs Linda Halliwell	Receptionist	& performs spirometry
Mrs Anne Oakes	Receptionist	& performs spirometry
Mrs Carol Still	Receptionist	& phlebotomist
Miss Lisa Taylor	Receptionist	

### Medical students

We have had two 4<sup>th</sup> year medical students here once again, Susanna Stoneley and Wessam El Ghoul.

### Warfarin audit

The students carried out an audit of patient's understanding of warfarin.

They found 28 patients on regular, long-term warfarin monitored here (4 who were monitored elsewhere were excluded) treatment [and at 1% of the practice population exactly what would be expected].

Age distribution:	30 & under	31-50	51-70	70+
Number	1	2	7	18
Diagnoses	Atrial fibrillation	14	Atrial fibrillation and stroke	2
	DVT +/- recurrence	5	Stroke (cerebral infarcts)	2
	PE +/- recurrence	2	Prosthetic heart valve	2
	Mitral stenosis	1		

All patients were having regular INR monitoring, none had defaulted. 20/27 [74%] of patients were within therapeutic range for at least two of the last 3 INR readings. [One patient had recently started therapy.]

Patients were given a questionnaire about warfarin, then an explanatory booklet. Improvements were seen in various aspects of understanding:

	Initial survey	Two weeks after receiving booklet
Their diagnosis	21 [75%]	24 [86%]
Duration of therapy	20 [71%]	28 [100%]
How warfarin works	20 [71%]	26 [93%]
What to do if a tablet is missed	18 [64%]	25 [89%]

However there was a fall in INR control, with:

5 patients now in the correct range 3/3 and a further 8 in range 2/3, total 13/28 {46%}. This may have been a chance finding, or due to fewer clinics over the Christmas period, or more alcohol being consumed which can disrupt INR control, or a disrupted routine leading to missed medication.

The survey also showed some of the reasons why patients dislike warfarin including:

1. Reliance on medication
2. Bleeding and bruising problems
3. Having to remember them regularly including whilst travelling
4. The need for regular blood tests

#### Training practice status

Dr Geetika Sharma was our first registrar from February 2006 for 12 months, being replaced by Dr Padma Paturi whose first six months was mainly spent at Alder Hey A&E Department.

Dr Julia Ford was our first F2 trainee from August – December 2006, being replaced by Dr Rachel Williams.

#### Records

We continue to summarise almost all records within a fortnight of them arriving here and there are effectively virtually no unsummarised records at any one time.

Records are visible during consultations giving an opportunity to ask questions or comment upon information displayed. Although we do not formally copy letters to patients, the majority of referral letters are completed during consultations showing patients what has been written and to whom. We agree that this does 'increase awareness and involvement of patients in their treatment and care'<sup>1</sup>

1. Brockbank K. Copying patient letters – making it work. Clinical Governance 2005; 10: 231-40.

Prescribing and medication

Unfortunately Joan Kilby left us as our practice-attached pharmacist at the end of 2006 after helping us achieve better prescribing. Fortunately we still see her at Thursday PHC team meetings but she has not been replaced.

a. antibiotics

In September-November 2006 we were the lowest out of 50 PCT practices in terms of antibiotic prescribing, about 55% of the PCT average.

b. benzodiazepines

In September-November 2006 we were 49<sup>th</sup> lowest out of 50 PCT practices, a further improvement in our position.

Steroid injections

We have now given a significant number of patients steroid injections to relieve joint pain. I [JH] have reviewed all those given by me in the two years 2005-7. The results are:

37 occasions when patients were treated [some on 2-3 occasions] 16 men 21 women

12 patients over age 70; 25 patients below age 70

Previous steroid injections

Nil	1-5	6-10	>10	not known
12	11	2	0	2

Sites injected

Shoulder	knee	elbow	heel
15	18	2	2

Complications reported to us in the four weeks after injections nil

Number of patients who reported [on the questionnaire and instructions given to them at the time of the injection] 'looking back four weeks after the injection would you still have had the injection'

26 / 26 [100%] wrote 'yes'

Of the 11 patients who did not reply there is no clear pattern of age, number of previous injections or site injected, although 8/11 were men.

These results are very similar to my larger study over eight years in Haydock<sup>2</sup> for patient ages, previous injections and sites injected. In that study 96% of respondents said they were glad they had had the injection so it is reassuring that we are replicating the effect here.

2. Holden J, Wooff E. Review of 435 steroid injections given by a general practitioner over eight years. Clinical Governance. 2005; 10: 276-280.

### Prevention

We have continued to increase the measurement and recording of height/weight [Body Mass Index] and alcohol consumption in the last year. We now have data on **alcohol** consumption on 1640 / 2265 [72%] patients aged 18+ in the last five years, an increase of 48% in the last years, and 695/2387 [29%] of those aged 15+ in the last year.

We now have a **body mass index** recorded in the previous 15 months on 1150/ 2045 [56%] patients aged 15-75 years, an increase of 46% of this group. Of these people 399 [34.6%] had a last body mass index of 30+, ie they are classified as 'obese'.

### Appointments

We continue to try and develop and offer an appointment system that is accessible, convenient, and allows patients with urgent problems to be seen quickly. We will always see genuine emergencies [including all terminally ill patients] the same day, either after GP triage or at parent's request in the case of young children.

	Number of consultations April 2006-March 2007	Rate per patient*
General practitioner	3568	1.3 }
Registrar and F2 GP	2900	1.1 }
Nurses	1298	0.5
GPs & nurse & home visits	7756 + 372visits	3.0

\*assuming an average list of 2750 patients

Our 'DNA, did not attend' surgery consultation rate was 6.2%, a very substantial fall from 11.1% a year earlier.

There were also 2485 health care assistant appointments, inc many for phlebotomy  
833 *community-provided* phlebotomy appointments  
69 spirometry appointments

#### Home visits

We carried out 372 'in-hours' home visits during the 2006-7. If we assume an average list size of 2750 this is a rate of 135 visits/ 1000 pts/ year.

This compares with a rate of 115 'in-hours' home visits/ 1000 pts/ year last year  
and 169 'in-hours' home visits/ 1000 pts/ year in 2004-5

#### Continuity of care

Most people who have ongoing medical problems generally have a GP whom they mainly see. We have not calculated the extent to which we achieve continuity of care, but we shall ask the students to audit this during the next year.

#### Primary Health Care Team Meetings

We continue to hold meetings for all practice and attached staff on the first Thursday of each month from 1-2 pm. These have been useful, allowing us to communicate effectively and review significant events together.

On the first Thursday of each quarter we review all terminally ill patients with the district nurses as part of the 'Gold Standards Framework'. On April 1<sup>st</sup> 2007 we had eight patients on the register.

#### Patient satisfaction survey

December 2006 survey about ways to improve the practice [29 patients]

1. How long have you been a patient of this practice? 6-12mths = 2 1-2 yrs = 2 >2yr = 25
2. When you booked today's appointment was the time: ideal = 29 a bit inconvenient  
very inconvenient
3. How easy was it to book the appointment: very easy = 27 moderately easy = 2 quite  
difficult
4. Did the practice staff help you make the best appointment yes = 26 no uncertain = 1
5. Do you, or someone you care for, receive regular repeat prescriptions from this practice?  
yes = 23 no = 5

6. If 'yes' how easy is it to order prescriptions very easy = 21 (however recently one patient has to come every 2 weeks for repeat prescription) moderately easy = 2 quite difficult

how easy is it to pick up prescriptions very easy = 20 moderately easy = 2 quite difficult = 1 (works away)

have you experienced any difficulties in communication between this practice and the chemists yes no = 23 if 'yes' explain =

7. Have you, or someone you care for, had any hospital appointments in the last year? Yes = 17 no = 11

8. if 'yes' do you think the service could have been provided here in the practice [if we had a new building etc] no yes = 5 if 'yes' explain minor surgery/ physio/ ECG /stitches in knee (knee replacement)

9. Have you or someone you care for needed urgent care from any of the following in the last year

St.Helens Rota out-of-hours service	St.Helens walk-in Centre	Whiston A&E Dept
Yes = 4	yes = 8	yes = 3

For any that are 'yes', was the service? a) efficient = Yes/Very good /Ok b) satisfactory = Yes c) unnecessary in some way = No/ St Helens Walk in centre could only fit chairs in triage = 1 /Waiting time = 1

10. Have you used the practice website [www.garswoodsurgery](http://www.garswoodsurgery) yes = 5

11. If 'yes' what did you use it for = repeat prescriptions

How useful was it = very useful

12. Have you had laboratory tests performed by the practice in the last year yes = 20

If 'yes' how easily did you get the test taken = Very easy = 19, Took a week = 1

How easily did you get the test results = Very Easy = 15, Rang up a few times = 1, let them know if anything wrong = 1, Took 2 weeks = 1, longer than expected = 1, Took 5 days = 1

How easy was it to understand the results = Very Easy - explained very well = 19

13. Can you suggest any ways we could improve the practice? During day it is difficult to ring = 1, No = 20, Be on time with appointments = 1, More availability of doctor of choice = 1

14. What features would you recommend to a friend about the practice? Services it provides, friendly helpful staff and doctors, carry out blood tests, easy to make

appointments, doctor comes to the door, efficient, very dedicated staff, seen quickly, local, improved a lot recently, very good, brilliant doctors, convenient, treat you as a patient, has recommended friends, woman doctor is good

15. Have you heard about the new system of 'birthday reviews' where the main blood tests and examination for people that need them will be carried out in the month of their birthdays yes = 6 / no = 19

'Birthday reviews' are a good idea = 2      Fantastic practice = 1

Very good, very satisfied = 1      Comfortable, plenty information displayed

Thanks for attitude and service in treating

### Prevalence

We continue to try hard to ensure diagnoses are as accurate as possible. It is interesting to compare our prevalence figures [1 January 2007] with the national ones. It seems the list size that QMAS has been based upon is 2768 which is not the end-of-year figure, nor were diagnoses made from 1 January 2007 usually counted in each case we believe.

Interestingly our prevalence of coronary heart disease, stroke/TIA, hypertension, diabetes, COPD, asthma and hypothyroidism have all increased over the year. The fall in prevalence of epilepsy is probably accounted for by small numbers [an absolute loss of one patient] and cancer by the rather arbitrary nature of the time of diagnosis skewing figures, as well as small numbers.

Diabetes showed the greatest rise, 14%, which if it persists would take us past the 5% prevalence level within the next 18months.

2007 PREVALENCE FIGURES TAKEN FROM QMAS AND INSERTED/  
CALCULATED BUT DIFFERENCE FROM NATIONAL FIGURES NOT YET  
CALCULATED [22 May 2007]

	Prevalence [ / 1000 reg pts]	Difference from
	(2005-6 prevalence)	national figures
Coronary heart disease	99    [35.8] (34.5)	-3.1%
Heart failure	24    [8.7]	-10.1%
Stroke & Transient Ischaemic Attacks	49    [17.7] (16.5)	+5.3%

Hypertension	419	[151.4] (144.2)	+ 20.8%
Diabetes	116	[41.9] (36.9)	+3.9%
Chronic Obstructive Pulmonary Disease	51	[18.4] (15.3)	+11.4%
Epilepsy	19	[ 6.9] ( 7.9)	+29.2%
Hypothyroidism	72	[26.0] (25.1)	+6.1%
Cancer from 1 April 2006	9	[ 3.3] (4.7)	-34.8%
Mental health [new definition]	6	[ 2.2]	+44.7%
Dementia	16	[ 5.8]	
Depression	29	[10.5]	
Asthma	184	[66.5] (65.1)	+ 7.7%
Atrial fibrillation	41	[14.8]	
Chronic kidney disease *	89	[31.0]	
Learning difficulties [adults]	6	[ 2.2]	
Obesity [body mass index of 30+]	335	[121.0]	

\*chronic kidney disease was a new QoF disease for 2006-7 based upon estimated glomerular filtration rate [eGFR] as a measure of kidney function, a test that started to be routinely reported by the laboratory on appropriate specimens from c.July 2006. This started to 'reveal' patients who were having their creatinine blood test performed, often for routine disease monitoring purposes, with low eGFRs. In early March 2007 we reviewed all 89 patients age 80 and above in whom the prevalence of chronic kidney disease [defined as a eGFR <60] is highest. (It is a coincidence that the final total of patients aged 80+ and all those with CKD in the practice at that time were the same, 89.)

The results for this age group were:

	Results already known	After March screening
eGFR normal	43 [48%]	52 [58%]
eGFR <60, = CKD	24 [27%]	33 [37%]
No regular Rx so no eGFR	4	4 [5%]

### Palliative Care

During the 17 years I [JH] worked in my previous practice of 8000 patients in Haydock we cared for 249 patients who died of malignant disease when at least part of the terminal phase was spent in the community. I have again compared these figures again with those for our first three years in Garswood:

Place of death, and numbers [percentage] of patients

	Haydock			Garswood	
			2006-7	2004-7 cumulative	
General/ tertiary hospital	49	20%	1	4	24%
Own home	101	40%	4	11	65%
Nursing/ residential home	34	14%	1	1	6%
Community hospital	49	20%	-	-	
Hospices	16	6%	1	1	6%

One relative has stated his definition of good palliative care: ‘the essential concept is that the doctor (or at least the practice) will stay firmly with the patient and relative at their time of need and not desert them<sup>3</sup>’.

Our aim is to keep as many patients as possible, when this is desired and appropriate, under our care at death. When we did not achieve this it is often for reasons outside our control. We continue to inform the out-of-hours service of patients who are terminally ill at home.

3. Brewin T. Personal view. ‘Deserted’. Br Med J 2001; 322: 117

### Symptom control

We fill in a short review questionnaire after each death of a terminally ill [cancer] patient, scoring these symptom and factors:

Pain	Breathlessness
Nausea/vomiting	Other symptoms
Patient anxiety	Family Anxiety
Out-of-hours service informed?	Other ways care could have been improved?

We review all deaths as a medical team each year as well as terminal care symptom and other factor control as above.

### Deaths of practice patients

16 registered patients died in the 12 months to 31 March 2007. Although numbers are small, we are now able to present cumulative data for the three years 2004-7

	2006-7	Cumulative 2004-7	
Age 0-54	0	3	6%
55-74	9	22	42%
75+	7	28	53%
<u>Place of death</u>			
Home [inc residential home]	7	17	32%
Hospital	7	31	58%
Hospice & GP hospital	1	3	6%
Elsewhere	1	2	4%
<u>Principal cause of death</u>			
Cardiovascular	4	10	19%
Other vascular	0	2	4%
Cerebrovascular	2	4	8%
Respiratory	1	8	15%
Malignancy	8	24	45%
Other	1	5	9%

### Avoidable factors

Many deaths have 'avoidable factors' which, if they had not been present or occurred, might be expected to have lessened the chances of the deaths occurring. However only very rarely would they have entirely avoided the death, eg. faulty wiring causing death by electrocution. We discuss these factors as doctors in the practice each year.

### Quality & Outcomes Framework

Our quality points were 990 out of a maximum 1000 for the year despite standards being raised and new areas introduced. We are reporting them in detail once again so that we can compare our performance from the last two years [when available]. We have almost

always exceeded the maximum level practices are expected to achieve. Changes in denominators usually reflect exceptions, such as patients intolerant of medication.

It seems the list size that QMAS has been based upon is 2768.

	2006-7	2005-6	2004-5
<b>Records</b>			
Smoking status of patients aged over 15, in last 27 months	84.5%	86.1%	80.2%
Blood pressure recorded for patients aged 45+ in last five years	93.4%	91.6%	83.0%
Women aged 25-64 with a record of a cervical smear in last five years	98.8%	97.6%	65.8%

(This latter figure in particular continues to be worthy of note, reflecting the huge amount of work our staff have done to achieve this exemplary target, which we did not think could be exceeded last year. 576 of 583 eligible women have had a smear in the last 5 years.)

#### **Coronary heart disease**

New diagnosed angina referred for exercise testing	7 / 7	100%	100%	100%
BP recorded in last 15 months	99 / 99	100%	100%	100%
Last BP is 150/90 or less	87 / 98	88.8%	90.8%	92.6%
Cholesterol in last 15 months	95 / 99	96.0%	100%	95.1%
Last cholesterol is 5 mmol/l or less	81 / 92	88.0%	81.9%	90.6%
Taking aspirin or an alternative	93 / 99	92.0%	97.7%	92.9%
Treated with beta-blocker	56 / 88	63.6%	64.5%	61.3%
MI and taking ACE inhibitor	9 / 11	81.8%	87.5%	100%
Influenza vaccination	89 / 91	97.8%	87.7%	87.3%

#### **Heart failure** [expanded from previous years]

Diagnosis [after 1 April 2006] confirmed by echocardiogram	3 / 3	100%	100%	100%
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Taking ACE inhibitor	20 / 22	90.9%	90%	100%
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**Stroke & Transient Ischaemic Attacks**

New strokes referred for further investigation [amended]	2 / 2	100%	87.5%	100%
BP recorded in last 15 months	49 / 49	100%	97.7%	97.4%
Last BP is 150/90 or less	45 / 48	93.8%	90.2%	92.7%
Cholesterol in last 15 months	44 / 49	91.8%	93.0%	89.2%
Last cholesterol is 5 mmol/l or less	38 / 45	84.4%	70%	69.7%
Taking aspirin or an alternative	38 / 38	100%	96.9%	92.3%
Influenza vaccination	39 / 42	92.9%	94.6%	71.9%

**Hypertension**

BP recorded in last 9 months	397 / 420	94.5%	92.2%	95.9%
Last BP is 150/90 or less	318 / 406	78.3%	73.1%	78.0%

**Diabetes**

BMI in last 15 months	114 / 118	96.6%	96.9%	97.5%
HbA1c in last 15 months	115 / 117	98.3%	95.9%	94.9%
HbA1c is 7.4 or less	80 / 107	74.8%	70.8%	56.7%
HbA1c is 10 or less	112 / 115	97.4%	92.5%	90.8%
Retinal screening in last 15 months	116 / 117	99.2%	100%	94.7%
Peripheral pulses assessed in last 15 months	108 / 116	93.1%	84.0%	86.8%

Neuropathy testing in last 15 months	108 / 116	93.1%	85.0%	86.7%
BP recorded in last 15 months	117 / 118	99.2%	100%	100%
Last BP is 145/85 or less	78 / 110	70.9%	69.9%	69.6%
Microalbuminuria testing in last 15 months	106 / 113	93.8%	87.1%	97.5%
Serum creatinine testing in last 15 months	118 / 118	100%	96.9%	100%
Those with proteinuria etc treated with ACE inhibitor	6 / 8	75%	100%	100%
Cholesterol in last 15 months	115 / 118	97.5%	95.9%	96.3%
Last cholesterol is 5 mmol/l or less	95 / 107	88.8%	83.9%	81.8%
Influenza vaccination	95 / 101	94.1%	89.5%	98.6%

### **Chronic Obstructive Pulmonary Disease**

Diagnosis for all patients confirmed by spirometry	45 / 51	88.2%	92.9%	77.8%
FeV1 in last 27 months	35 / 50	70%	95.4%	77.8%
Inhaler technique checked in last 27 months	31 / 35	88.6%	96.8%	82.6%
Influenza vaccination	42 / 46	91.3%	89.7%	95.5%

### **Epilepsy**

Record of seizure frequency in last 15 months	17 / 17	100%	94.4%	93.3%
Medication review in last 15 months	17 / 17	100%	100%	53.3%
Seizure free in last 12 months	12 / 15	80%	86.7%	91.7%

**Hypothyroidism**

TFTs in last 15 months	70 / 75	93.3%	96.8%	96.2%
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**Cancer** [from 1 April 2003]

Review within 6 months of diagnosis	2 / 2?!	100%	87.5%	66.7%
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**Mental health**

Review in last 15 months	4 / 4	100%	95.5%	100%
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Lithium & creatinine & TFTs in last 15 months	2 / 2	100%	100%	100%
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Lithium in therapeutic range in last 6 months	2 / 2	100%	100%	100%
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Care plan	3 / 4	75%		
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**Asthma**

Diagnosis >1 April 2006 and measured variability/reversibility	14/15	93.3%		
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Age 14-19 years and smoking status in last 15 months	13 / 15	86.7%	85%	100%
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Asthma review in last 15 months	143 / 182	78.6%	82.8%	87.0%
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**Dementia**

Care review in previous 15 months	15/16	93.8%		
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**Depression**

Case finding in previous 15 months for patients with diabetes +/-or CHD	162/ 195	83.1%		
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New diagnosis of depression in 2006-7 with severity assessment at outset of treatment	8 / 8	100%
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**Chronic kidney disease**

Blood pressure record in previous 15 months	81/81	100%
Last blood pressure is 140/85 or less	57/57	100%
CKD and hypertension treated with ACE/A2R	30/32	93.8%

**Atrial fibrillation**

Diagnosis >1 April 2006 confirmed by ECG or specialist	6/8	75%
Treatment with anti-coagulant or anti-platelet	40/41	97.6%

**Smoking**

Smoking status in those with CHD, stroke/TIA, hypertension, diabetes, COPD, asthma in last 15 months	583 / 631	92.4%
Smokers in above groups with smoking cessation advice	99 / 101	98.0%