

Ten Years of Change
Much Birch Practice
1996/1997 - 2006/2007

Introduction

The following is a brief snapshot of the changes within the Practice over the past 10 years. It has been an interesting exercise for us as a practice to produce this comparison and we hope you find it interesting.

There is a commentary on all the data listed at the end of this document. Should you have any observations or comments the practice would be very pleased to receive them.

1. Demographics.

	<u>1996 – 1997.</u>	<u>2006-2007.</u>
List Size	4522	4553
Patients Aged under 5	226	158
Patients aged 65 – 74	445	534
Patients aged 75 and over	407	423
New patients registering	383	327
Births	35	30
Deaths	45	21

2. Consultations.

Medical at Surgery

Much Birch	14461	14920
Branch Surgeries. St Weonards	151	Ceased
Little Dewchurch	175	Ceased
Telephone Consultations	Unrecorded	2473
Nursing Consultations	3404	5709
Nursing Telephone Cons.	Unrecorded	153
Home Visits	1680	376
Total	19871	23631
Consultation Rate (Per patient per year)	4.39	5.19

3. Prescribing.

	<u>1996 – 1997.</u>	<u>2006 – 2007.</u>
Number of Items	37731	70302 (+86%)
Total Cost	£301,027	£618140 (+105%)
Average cost/script	£8.25	£8.79
Scripts/pt contact	1.90	2.97
Prescribed Generically	27.3%	83%
Prescribing Costs. Practice below English National Average by: -	10.4%	8%

Most Expensive Drug Groups

1996 – 1997.

2006 – 2007.

1. Ulcer Healing Drugs	Respiratory Corticosteroids
2. Antihypertensive Drugs	Antihypertensive Drugs
3. Nitrates & Calcium Blockers	Lipid Regulators
4. Respiratory Corticosteroids	Diabetes Drugs
5. Sex Hormone Antagonists	Analgesics
6. HRT & Oral Contraceptives	Ulcer Healing Drugs
7. Bronchodilators	Sex Hormone Antagonists
8. Diabetes Drugs	Genitourinary Drugs
9. Analgesics	Oral Nutrition
10. Antidepressants	Antipsychotic Drugs

Most Expensive Individual Drugs.

1996 – 1997.

2006 – 2007.

1. Losec (Omeprazole)	Seretide Inhalers
2. Innovace (Enalapril)	Perindopril
3. Zoladex (Goserolin)	Atorvastatin
4. Zantac (Ranitidine)	Oral Nutritional Products
5. Coversyl (Perindopril)	Losartan
6. Filair (Beclometazone Inhalers)	Rosiglitazone
7. Seroxat (Paroxetine)	Goserolin
8. Acitak (Cimetidine)	Quetiapine
9. Lipostat (Pravastatin)	Esomeprazole
10. Prozac (Fluoxetine)	Rosuvastatin

Practice Activity Analysis.

1. Immunisations.

	<u>1996 – 1997.</u>	<u>2006 – 2007.</u>
<u>Primary Immunisations.</u>		
Diphtheria, Tetanus, Polio, H. influenzae & Men C.	93.2%	86%
Mumps, Measles & Rubella	89.7%	75%
<u>Pre-school Immunisations.</u>		
	96%	92%

2. Cervical Cytology.

	<u>1996 – 1997.</u>	<u>2006 – 2007.</u>
Uptake	88.6%	87%

3. Hypertension.

	<u>1996 – 1997.</u>	<u>2006 – 2007.</u>
	313	610

4. Asthma.

	<u>1996 – 1997.</u>	<u>2006 – 2007.</u>
	420	307

5. Diabetes Mellitus.

<u>1996 – 1997.</u>	<u>2006 – 2007.</u>
89	162

6. Epilepsy.

<u>1996 – 1997.</u>	<u>2006 – 2007.</u>
36	24

7. Smoking.

	<u>1996 – 1997.</u>	<u>2006 – 2007.</u>
Percentage that Smoke	18.3%	14.1%

8. Obesity in Adults.

Actual Numbers and Percentage of Total Adult Population

	<u>1996 – 1997.</u>	<u>2006 – 2007.</u>
Number Overweight(%) (BMI 25 – 30)	1136(31%)	1059(27.5%)
Number Obese(%) (BMI over 30)	387(10.5%)	664(17.2%)

9. High Alcohol Intake.

(Defined as admitting to an intake of more than 21u/week in Women & 28u/week in Men)

	<u>1996 – 1997.</u>	<u>2006 – 2007.</u>
Men	77	138
Women	19	41

Referral Data.

	<u>1996 – 1997.</u>		<u>2006 – 2007.</u>	
	<u>NHS</u>	<u>Private</u>	<u>NHS</u>	<u>Private</u>
A&E	426	0	643	0
Age Care	16	1	13	0
Dermatology	55	11	31	6
ENT	64	7	33	8
General Medicine	86	9	79	6
General Surgery	128	26	72	17
Gynaecology	59	10	27	4
Mental Health	63	0	31	0
Neurology	17	0	10	4
Ophthalmology	61	7	40	3
Oral Surgery	0	0	7	1
Orthopaedics	68	28	109	30
Paediatrics	19	1	17	0
Rheumatology	25	1	11	3
Urology	38	8	29	7
Total	699	109	509	89

(Excluding A&E self referrals)

Surgery Staffing – Total Hours Worked per Week

1996 – 1997.

2006 – 2007.

200

324

Total Practice Nursing Hours

1996 – 1997.

2006 – 2007.

25

52

Commentary

It has been a fascinating exercise for the practice to compare the practice's activity over a ten year period and to reflect on the many changes during that time. General practice has changed dramatically since 1997. The following represents a brief analysis of these changes.

The new General Practice Contract has resulted in much more complex conditions being treated in local surgeries whilst at the same time GPs themselves have stopped providing care at nights and at weekends. Out of hours care is now provided by Primecare - a countywide service for which many local GPs work.

Demographics and Consultation Rates.

Whilst the total practice population has remained quite constant there has been a marked aging of the practice as a whole with the number of children under the age of 5 reducing by 30% and births by 14% coupled with an increase of 12% in adults over 65. Deaths have also reduced quite dramatically by 53% though this probably represents a normal level of variation around a mean. The consultation rate for the practice as a whole has increased by 18% over 10 years and is probably related to an aging of the population, more complex care being delivered at the practice and a marked increase in certain diseases which will be highlighted below. The nursing staff at the surgery is now providing 68% more appointments than 10 years ago and the use of the telephone for simple consultations has increased dramatically. The number of home visits has reduced by 78% as access to transport has improved.

Prescribing Data.

At first glance it would appear that the number of medications prescribed by the practice has increased hugely this is largely due to a change to 28 day prescribing as recommended by the Government. That said it is clear that costs have risen hugely over the past 10 years and our drug spend now stands at over £600,000 - an increase of 105% in 10 years. Clearly, this would have been much greater had generic prescribing not increased from 27% to 83%. The groups of drugs used and, indeed, the specific drugs themselves, demonstrate the change from treating to preventing disease which has been the driving force in modern medicine over the last 10 years.

Practice Activity Analysis.

- (i) Immunisation. Immunisation rates have yet to recover from the damage caused by the MMR scare. They are presently too low to prevent a measles outbreak. Clearly, there remains a cohort of children who will be vulnerable to measles in later life which, of itself, carries a substantial risk to them and their families.
- (ii) Cervical cytology uptake remains constantly high over the 10 year period.
- (iii) Hypertension. The number of people with high blood pressure has doubled over the decade. The aging of the practice population will have an influence as will our efforts to check the blood pressure of all the adult population of the practice. However, the increase in obesity (see below) will have been a major contributor to this huge increase in numbers.
- (iv) Asthma. The 27% drop in the total number of asthmatic can be explained in a number of ways. Firstly, the practice has sought to confirm the diagnosis of asthma in patients. Several were found to be suffering from COPD. Secondly, patients whose asthma had resolved in late childhood and did not require treatment were removed from the register. Lastly, there does seem to have been a true fall in the number of children suffering from asthma.
- (v) Diabetes Mellitus. Again the number has almost doubled. Similar factors will have been at play i.e. an ageing population, case finding by the practice and obesity.
- (vi) Epilepsy. There would appear to be a drop in the number of patients suffering with epilepsy. This may be due to the practice ensuring that the correct diagnosis was entered in the patient record.
- (vii) Smoking. A gratifying drop of 4.2% is noted in the prevalence of smoking in the practice. The smoking cessation clinics provided at the practice and free nicotine replacement therapy will have aided this fall.
- (viii) Obesity. The number of obese people in the practice has increased by 277 in 10 years again reflecting national trends.
- (ix) Alcohol. The number of individuals who are prepared to admit to an intake that may be dangerous to their health has almost doubled in the case of men and has more than doubled in women over the last decade. This finding is in line with national statistics.

Referral Data.

Whilst it is interesting to compare these statistics the absence of data for the intervening years makes claims about trends in referral patterns difficult to confirm except in those areas where the change has been substantial. Data for 1997 – 1998 & 1995 – 1996 exist and have been used in support of some of the claims made.

The outstanding statistic in this area of analysis would seem to be the huge rise in the number of people attending A&E. Approximately a by hundred of these will be due to emergency admissions that are now admitted via casualty. Nevertheless, at first glance, it would appear that a large proportion of the increase in attendances by 117 is due to the changes in out-of-hours cover offered by GPs. However, data for the year 1997 – 1998 confirms that the number of patients attending A&E during that year was 538 – a statistic that is almost identical to the 543 for the year 2006 – 2007.

Age Care, General Medicine, Neurology, Paediatrics and Urology referrals remain largely unchanged over the past 10 years. There have been significant drops in referrals to ENT, Ophthalmology and Rheumatology over the same period reflecting an increased ability on the part of GPs to investigate and manage conditions within these specialities. The fall in referrals to General Surgery is almost certainly due to the excellent diagnostic facilities now easily and rapidly available to GPs. This has enabled us to manage far more conditions within the practice than previously possible. Great credit is due to both the Radiology and Endoscopy departments for facilitating this development.

The dramatic decline in referrals to both Dermatology and Gynaecology are a reflection of the expertise developed by doctors at the practice during the past decade where many of the functions of these departments are now undertaken at the surgery. Clearly, this is very much more convenient for patients. The decrease in referrals to the Mental Health unit is a reflection of the fact that simple psychotherapy or counselling is no longer provided by the unit. It does not indicate a reduction in the incidence of mental health problems.

The increase in orthopaedic referrals does seem to be large but referral statistics for 1997 – 1998 indicate that 99 referrals were made in that year suggesting that the previous years referrals may have been unusually low.

The overall, referrals were 190(27%) less than 10 years ago and it is clear evidence of more conditions being managed at the practice. It is also interesting that Private referrals have fallen by 20(18%) but it is too small a decrease to categorically claim that an improvement in NHS services has resulted in a reduction in the need for Private Medicine.

Staffing

The enormous increase in the number of tasks the practice has been asked to accommodate over the past 10 years has inevitably required an increase in staffing levels by 62%. The increased level of complexity of care we deliver has also resulted in an increase in nursing provision at all skill levels by 108%.