Objective 1: During my time at Chiltern House Medical Centre I realised that there is a wide array of risk stratifying schemes set out by the NHS on community care that allows patients to be appropriately screened via the patient data and then clinically assessed thereafter. One example I looked into was the risk stratification of CVD patients within the area, it was evident that even with current methods in patient population screening, and there was a failure in patient attendance for follow-up. When looking at other programs including diabetes, there seemed to be a similar trend. When trying to find a solution even with current protocols being carried out there were serious problems in attendance. During my time the team decided with a new approach which included all the healthcare professionals such as the on-call nurse and community care professionals. This was to ensure that at every meeting the importance of follow up for themselves and any family members they have is important in trying to improve their health. Over my 2 months I noted that there was a slight improvement in 8% of patient attendance.

Objective 2: I had tried to complete some audits during my time, I completed 2 audits ones on GP administration and then 1 on a clinical perspective. I found that my audit on administrative tasks specifically patient call waiting times was extremely beneficial in learning new areas of healthcare that I had previously not had time to experience. Unfortunately my audit was not complete enough to be considered as a publishable audit this was mainly down to the fact I only spent 2 months at the Practice. I hope to return to see if there was any improvement based on my input and to complete the audit cycle.

I did manage to also have time to continue my work at Royal London as my Wednesday's were free, this was valuable in trying to improve my current research project based around Emergency Medicine in London.

Overall was a good experience in trying to balance my academic commitments and clinical duties and I feel as my time progressed I did manage my time much more effectively. This is something I feel will be extremely important in the future.

I was given good feeback on my audits and i hope to put it to good use for any further work I do.

Objective 3: My administrative audit was based on understanding a current issue with regards to patient complaints in patient access via telephone lines at the Practice. It was an audit currently not undertaken at the Practice and was a top priority especially with recent CQC inspections. The Practice did have a system by which phone call times and length of call were recorded but the amount of data points was in excess of 200,000 for the last 3 months. This in it's itself was a challenge as the data (from minbound software) wasn't completely compatible with other software such as Excel, a point I thought was important in making for the future re-audit. I found that there was very little government led framework on how Practices may deal with this, but rather smaller bodies offering advice via cases. I decided to use Plan Do Study Act (PDSA) cycle to try to improve current practice.

I highlighted current strengths and weaknesses for the Practice and offer ways in which the Practice could shape it's demand. I enjoyed doing this audit as i learned a lot of new protocols and some techniques of administrative auditing that are different to clinical audits. I feel there was a good short term impact in how an issue that hadn't come to the forefront due to other Practice demands could now be understood by the whole team and I hope in the long-term the improvements that were suggested could make the Practice work more efficiently ultimately improving patient care.

Objective 4: I chose to undertake an audit on bisphosphonates and comparing this to current NICE guidance. I had to go through patient notes and also at time call patients via telephone for review with myself to ensure they were on the correct regime and if not, they could come in to see me and another Doctor to ensure their care was as best as it could be. Doing telephone consultations really made me appreciate the time constraints Doctors often have in General Practice. I found nearly all patients also wanted other information regarding test results and perhaps a further appointment to discuss these and when all this must be done during a lunch break as there is no other time during the day sticking to 5min sessions was rather difficult, but something I became much better at handling as the weeks went on. I also had to write referrals letters for a few patients that had not been reviewed by their hospital specialist which could have had repercussions on patient health. While writing these referrals I quickly learnt the art to writing a letter for referrals and getting the right information with not too much detail was paramount. This clinical audit had highlighted several strengths and weaknesses of bisphosphonate prescription and follow-up review. It was positive to see a great proportion of cases fully adherent to the NICE guidelines. Yet, there were areas of improvement in documentation and follow-up care.

A re-audit after implementation would be invaluable to follow up whether there is an improvement in adherence to NICE guidelines and something I would like to do in the future, as there was not enough time during my placement complete a re-audit.