

CASE STUDY

RUTLAND LODGE MEDICAL PRACTICE

Background

Shirley Conlan, is Project Manager at Rutland Lodge a medical practice in Leeds. One of the major events and responsibilities in Shirley's calendar is organising the annual flu campaign.

Approach to planning flu

Shirley says 'As soon as we hit September I start to get the flu posters ready and we ask all the staff, including the doctors to volunteer for the clinics!

The posters go up in reception and we run advertising on the TV screens. We make sure that anyone who is waiting in the surgery gets the message. We also have flyers on the front desk.

Closer to the date – about two weeks out - and once we have had confirmation that the vaccines are actually arriving, we send out text messages to patients telling them to make appointments. One member of staff creates a priority list and we invite those patients first as we've learned from last year when there was a shortage of vaccines and we ran out.

All staff are offered a vaccination.

A letter is sent to anyone without a mobile - we use Docmail to print and post all our letters.



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After the initial text and first clinic we ring round all high-risk patients and then send a letter about a second clinic to all non-respondents. We need to prioritise the most vulnerable and also target the oldest patients and children. We allocate each patient 2 ½ minutes, children are given 5 minutes.

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We have a conveyor belt system for clinics with a number of staff in attendance and they help patients move through the practice taking their coats off, rolling up sleeves, moving them to the waiting area and then to the door of the treatment room.

We have a real problem with pharmacies. This year they received their vaccines much earlier than us and lots of patients went there rather than coming to us.

It's not just about losing the income but the additional money we waste trying to make contact with patients before we eventually receive confirmation that they've had the vaccine. Then of course we are left with a further problem which is that they haven't had any of the other vaccinations for pneumonia or shingles or any of

the winter health checks and getting them to attend is incredibly difficult. We are particularly worried about patients suffering from asthma or COPD.

I'd like to know why they are able to get vaccines early?

This year was terrible. We had a shortage of vaccines, we had to cancel clinics, we had to spend time creating priority lists. As it got later in the season the more reluctant patients also didn't see the point in attending thinking the greatest risk had passed.

We have less of a problem with the housebound who are usually first to ring up and request vaccination. The nurses go out and vaccinate once we've completed the second practice clinic.

This year there wasn't too much evidence of flu before Christmas but in January there was a deluge. Patients were presenting with really bad and recurring coughs. Staff were struck down by illness and were really poorly. I've never seen so many staff off sick, some were away for a fortnight. There seem to be a number of different strains doing the rounds.

However, we still manage to achieve a really successful flu season and that's due to everyone - nurses, doctors and reception staff working together and doing an amazing job, it's a team effort "

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