Write a practice annual report

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Our practice started producing an annual report five years ago. It began in a simple way, stimulated by an interest in recording the variety and volume of our work. It has now grown to fulfil a remarkable number of uses within and beyond the practice.

We operate a rotating medical editorship, with a different partner taking charge every year. Every doctor and each group of team members, including the cleaners, is "invited" to contribute and given a deadline of 1 January.

Our report starts with a foreword or introduction from a local personality or celebrity such as a councillor or the mayor or MP. This can be followed by an editorial review.

Structure of the practice and its team

Write a short background of the practice including a description of the premises and catchment area. Briefly describe the sort of records that are kept and whether you have a computer or word processor with specialised programmes. If necessary mention the communications available within the practice—whether bleeps, carphones, or hand held phones and which type of switchboard are used. Mention the range of publications in the practice library and list special practice equipment—for example, a video, resuscitation equipment, oxygen, nebulisers, electrocardiograph, and the facilities available for minor operations and family planning.

When you list the team members make it clear who are the principals, assistants, and trainees and to what extent locums and deputising services are used. The rest of the staff can then be included.

System of care

Under the heading "system of care" give the surgery hours for both the main surgery and branch surgeries. If specialist clinics are held, such as diabetic or well

What to include in your annual report

- Foreword or introduction
- Editorial review
- Description of practice—premises, equipment, staff, etc
- System of care provided
- Audit
- Finance
- Reports from each group on the staff
- Brickbats and bouquets
- Illustrations, charts, photographs, poems

women clinics, these can be listed separately. This is a useful place to deal with your system for repeat prescriptions and any dispensing arrangements.

Audit

Audit is a fashionable concept these days and has an important place in any self respecting practice report. How this is laid down is a matter for individual preference.

Comparisons can be made between practice statistics and local, regional, and national figures such as attendance rates per patient and per year and patient turnover—that is, new patients and loss of patients because of death or moving away. Demographic details of the practice population should also include information on temporary residents. Much of this information can be relegated to the appendices.

It is worth having a section devoted to unusual aspects of the practice which could be a peculiarity of your catchment area and mention some particularly interesting patients who have been seen during the year. For instance, in our practice last year, the year of the Olympics, there were three cases of gynaecomastia among weightlifters who took illicit steroids.

Finance

It is important to provide information on the cost of the practice. We include such items as the number of auxiliary staff per general practitioner and the costs per head of general practitioner services. It is illuminating to itemise prescribing costs from the Prescription Pricing Authority review and include the amounts of certain drugs prescribed such as benzodiazepines. Local and national comparisons are available, and we considered a "financial supplement" comparing our income from items of service payments with national averages. These figures can be gleaned from magazines such as *Medeconomics*.

Individual reports

In our health centre we have several dozen staff (including part timers), and we think that it is important for each staff group to have a say in the report. The brief is to define: (i) workload this year, (ii) aims for next year, and (iii) special problems.

We encourage collecting simple statistics and performance reviews. Many statistics are already collected

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The practice team at Montpelier Health Centre

by various team members but never gathered together.

Research, training, and teaching projects should be included, as well as papers that have been written. This might be followed by listing any outside sessions and other commitments such as occupational medicine or work for the Department of Health. Consider drawing a pie chart of the working day and saying how it could be improved. This is an ideal space for individual opinions to be aired, whether about special problems that have been experienced or ideas for the future.

A short piece on how study leave is used makes interesting reading, and perhaps you can finish off by naming the best medical book read during the year.

Layout and publishing

Keep the reader's attention by breaking up the pages with graphs, illustrations, pie charts, histograms, photographs—and even poems. Insert anecdotes, include some items on newsworthy local issues, and make use of a "brickbat and bouquet" section to publicise those who have caused problems or helped to solve them. Items from the waiting room suggestion box or comments from the patients' participation group add spice and ginger.

No one wants to read densely packed typewritten pages. Avoid solid blocks of type on the page; divide the pages into columns and use subheadings for each topic introduced. Some expert advice from an experienced journalist friend, relative, or patient can help you to avoid dull presentation. Copies of the *BMJ*, the *Lancet*, or even *Private Eye* are good examples of expert layouts.

Contributions should be typed on A4 paper and illustrations stuck down in the relevant places. Photocopy the whole lot and bind with plastic spines and a cardboard cover. One year a generous patient let us use his photocopier in exchange for a donation to charity.

Typing and making alterations on a word processor can produce a "letter quality" printout which can be photocopied commercially. This cost us £120 for 120 copies last year. The health authority or family practitioner committee may be able to help by allowing the use of their photocopying and collating equipment. This year the Royal College of General Practitioners charged £200 for producing 200 photocopies. Commercial printing would have cost a little more.

Colour snaps are relatively cheap to use for a team photograph, particularly if you use your High Street photo processing centre. One of these photos glued to the front cover makes it more likely that the report will be kept—at least by those in the picture.

Practices that have access to more up to date hardware can produce the layout with desktop publishing and use laser printing direct from a floppy disc.

This year we plan to insert an assessment slip into the report for readers to return to us with their comments.

Circulation list

The circulation list might include: all staff; friends and neighbouring practices; interested colleagues at home and abroad; members of trainers groups and research groups; the Royal College of General Practitioners; the regional adviser in general practice; the postgraduate tutor; local university departments of general practice; the district general manager; nursing officers and administrators; the community health council; the family practitioner committee; your MP.

Patients can be overlooked as a valuable resource to a practice so decide at an early stage whether you will give them access to a report, for instance, in the waiting room, on request, or through the patient participation group.

What it can achieve

WITHIN THE PRACTICE

Producing our annual report has been a painless introduction to simple performance review. This in turn has led to more detailed audit which has stimulated improved practice management—hesitant partners can be encouraged to contribute with the prospect of improved financial returns.

We find it a safe way of letting off steam as it airs issues that may not come to light during team or practice meetings. Visitors, students, trainees, and job applicants use it as a source of information, and we have found it useful as a reference store for projects and audits that may bear fruit in the years to come.

As a method of expressing common goals and tasks the report is invaluable and is a reminder that team members with widely differing backgrounds can share similar aims. As time goes by it is fascinating to read old copies and realise how much change there has been in the last five years, and it provides us all with a tangible record of the richness and diversity of general practice.

OUTSIDE THE PRACTICE

As general practitioners working in a health centre we are aware that owing to shortages of cash the health authority is unable to maintain premises and supply staff in accordance with our original agreements. Mentioning these matters in a report which is widely circulated does seem to help.

I also find it is a way of keeping in touch and of exchanging ideas and enthusiasms with friends and neighbours whose practices may be greatly dissimilar from ours. Unpredictably, it can stimulate helpful suggestions from the most unexpected quarters. Doing a simple report is just another way of looking at the quality of care in practice and adding our support to the Royal College of General Practitioners' initiatives.

Standing back and looking at your work will help you to avoid being overwhelmed and burnt out by it and remind you of your rewards from it.

Don't be daunted by all this. A two page report may be more interesting than a 40 page report. Remember:

- (1) Start small.
- (2) Define your aims.
- (3) Have a good look at someone else's report.
- (4) Involve everybody.
- (5) Enjoy doing it.

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ANY QUESTIONS

Is nutritional amblyopia ever a result of severe untreated adult coeliac disease and what is the prognosis with treatment by gluten free diet in an elderly patient?

Nutritional amblyopia presents as a severe bilateral visual loss that is slowly progressive. The main features are a central scotoma and a pronounced loss of colour vision. The amblyopia is usually associated with many years of poor diet often accompanied by high tobacco and alcohol consumption. The disease has not been reported as occurring with adult coeliac disease. Some patients, however, do not have coeliac disease but have extensive resection of the bowel or severe intestinal disease but develop visual loss, but this may be partly concerned with retinal function and due to vitamin A deficiency. The treatment recommended for nutritional amblyopia is multivitamins including vitamin B and hydroxocobalamin and a reduction of alcohol and cigarette consumption. There is no established place for a gluten free diet.—M D SANDERS, consultant ophthalmologist, London