

# The Hart Surgery

## Quality Report

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Date of inspection visit: We have not revisited The Hart Surgery as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit.  
Date of publication: 31/07/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this service

Good



Are services effective?

Good



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3

### Detailed findings from this inspection

Our inspection team	4
Background to The Hart Surgery	4
Why we carried out this inspection	4
How we carried out this inspection	4

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Hart Surgery on 17 October 2016. The practice was rated as requires improvement for providing effective services. The overall rating for the practice was good. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for The Hart Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 3 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 17 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good for providing effective services.

Our key findings were as follows:

- The practice had improved the process for monitoring patient care through monthly searches of patients, to identify reviews and interventions due. This ensured patients received effective care at the right time.

- Medicine reviews had been undertaken for 99% of all patients on a repeat prescription.
- Improved uptake of physical health checks for patients on the learning disability and mental health registers had supported patients to lead healthier lives.
- The practice had reviewed their care provision for diabetic patients through new initiatives and stakeholder engagement. Diabetes care indicators had improved, particularly in relation to blood pressure targets for patients on the diabetes register.

The practice had contracted an external stakeholder to undertake a legionella risk assessment. Whilst the assessment had been undertaken in February 2017, the practice was only in receipt of the official report in June 2017. Some high risk actions were identified which the practice had reviewed and commenced acting upon. For example, water flushing and water temperature recording commenced in July 2017.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services effective?**

During our inspection in October 2016 the practice was rated as requires improvement for providing effective services. Improvements had been made when we undertook this desktop review on 3 July 2017. The practice is rated as good for providing responsive services.

- The practice had improved the process for monitoring patient care through monthly searches of patients, to identify reviews and interventions due. This ensured patients received effective care at the right time.
- Medicine reviews had been undertaken for 99% of all patients on a repeat prescription.
- Improved uptake of physical health checks for patients on the learning disability and mental health registers had supported patients to lead healthier lives.
- The practice had reviewed their care provision for diabetic patients through new initiatives and stakeholder engagement. Diabetes care indicators had improved, particularly in relation to blood pressure targets for patients on the diabetes register.

**Good**



# The Hart Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desktop review was undertaken by a CQC inspector.

## Background to The Hart Surgery

The Hart Surgery has a purpose built location with good accessibility to all its consultation rooms. The premises were built in the 1970s. All the consultation rooms are located on the ground floor. There is a separate treatment room, waiting area and all areas are accessible to wheelchairs and mobility scooters.

The practice is contracted with NHS England to provide Personal Medical Services (PMS) to the patients registered with the practice. The practice serves 10,400 patients from Henley and the surrounding rural area. The practice demographics show that the population has a lower proportion of patients over 35 compared to the national average and a higher prevalence of patients between 40 to 65 years old and slightly higher proportion of patients over 65. The practice had a low proportion of patients from ethnic minority backgrounds. National data suggested there was minimal deprivation across the local population. 53% of patients registered have a health condition compared to the national average of 54%.

There are four male and three female GPs working at the practice. There are five nurses, including two specialist nurses, two healthcare assistants and a phlebotomist. A number of administrative staff and a practice manager support the clinical team. The Hart Surgery is a training practice for GP trainees.

There are 5.5 whole time equivalent (WTE) GPs and 3.1 WTE nurses and healthcare assistants. The nursing team included a nurse prescriber. The Hart Surgery is open between 8.00am and 6.30pm Monday to Friday. There are extended hours appointments available every Thursday morning from 7am.

Out of hours GP services were available when the practice was closed by phoning NHS 111 and this was advertised on the practice website.

The practice provides services from: The Hart Surgery, York Road, Henley On Thames, Oxfordshire RG9 2DR.

## Why we carried out this inspection

We undertook a comprehensive inspection of The Hart Surgery on 17 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing effective services. The full comprehensive report following the inspection in October 2016 can be found by selecting the 'all reports' link for The Hart Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a desk-based focused inspection of The Hart Surgery on 3 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Detailed findings

## How we carried out this inspection

We carried out a desk-based focused inspection of The Hart Surgery on 3 July 2017. This involved reviewing evidence that:

- There were processes and arrangements in place to ensure medicine reviews were undertaken for all patients on repeat prescriptions.

- Physical health checks for patients on the learning disability and mental health registers had been carried out.
- Diabetes care arrangements had improved care for this patient group.
- A risk assessment for legionella was available and had identified any risks for action.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 17 October 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of medicine reviews, health checks for patients on the learning disability register and the mental health register and diabetes related care indicators was ineffective.

These arrangements had significantly improved when we undertook a follow up inspection on 3 July 2017. The practice is now rated as good for providing effective services.

### Management, monitoring and improving outcomes for people

The practice had reviewed their management and care of patients on the diabetes register and had engaged with external stakeholders, such as district nurses and the community diabetes team, to provide a multi-disciplinary approach to diabetes care. They had also signed up for a pilot scheme for pre diabetes checks and a local enhanced service. The practice had a diabetes lead nurse who visited housebound or frail patients in their own home to offer diabetes checks.

The practice provided their latest diabetes care indicators overall achievement for 2016/17 which showed an improvement from 78% in 2014/15 to 100% in 2016/17. In 2016/17 exception reporting for diabetes indicators was 10% compared to the 2015/16 clinical commissioning group (CCG) average of 13% and national average of 11%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). In addition, the practice had recognised blood pressure indicators for patients on the diabetes register were low and had undertaken work to improve blood pressure outcomes for patients affected by diabetes;

- 100% of patients on the diabetes register had achieved a blood pressure reading of 150/90 or below. This had increased from 88% in 2015/16. Exception reporting for this indicator in 2016/17 was 2% compared to the 2015/16 CCG average of 7% and national average of 6%.
- 98% of patients on the diabetes register had achieved a blood pressure reading of 140/80 or below. This had increased from 60% in 2015/16. Exception reporting for this indicator was 6% compared to the 2015/16 CCG average of 12% and national average of 9%.

The practice had reviewed the number of patients on the mental health register who had an up to date care plan and an annual health check. This was continued on a monthly basis to ensure all patients were captured and offered a review. Due to the nature of some patient conditions, the GPs would also offer these opportunistically during clinics. The practice provided evidence that;

- In 2016/17 96% of patients on the mental health register had an up to date care plan. This had increased from 89% the previous year. Exception reporting for this indicator was 11% compared to the 2015/16 CCG average of 12% and national average of 13%.
- 84% of patients on the mental health register had received a physical health check in 2016/17. This had increased from the reported 24% the previous year. Exception reporting is aligned with the mental health care plan indicator as detailed previously.

The practice had implemented a new strategy for ensuring medicines reviews were undertaken annually. Each month the practice manager would run a search on patients due a medicines review and contacted their named GP. The practice could demonstrate this had increased medicines reviews to 99% in 2017, compared to 75% in 2016.

### Supporting patients to live healthier lives

The practice offered annual health checks to patients with a learning disability. The practice had 22 patients on the register, all of whom had received a health check in the preceding 12 months. The practice told us they had initiated a monthly search to ensure these patients would continue to receive an annual health check.