

Dr Tahir Haffiz - The Barnsbury Medical Practice

Quality Report

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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.

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Letter from the Chief Inspector of General Practice

We had previously carried out an announced comprehensive inspection of Dr Tahir Haffiz's practice, known as the Barnsbury Medical Practice, on 10 October 2017. We rated the practice as inadequate and it was placed in special measures with effect from 14 December 2017. We identified concerns over governance at the practice and served a warning notice under regulation 17 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014. We also served a requirement notice under regulation 12, relating to safety at the practice, due to concerns over sharing learning from significant events and cleaning and safety checks. The report of the comprehensive inspection can be found by selecting the 'reports' link for the practice on our

Summary of findings

website at <http://www.cqc.org.uk/location/1-485343677>. Following the inspection, the practice sent us a plan of the action it intended to take to meet the requirements of the regulation.

We carried out this focussed inspection on 26 February 2018, to review the practice's action plan, looking at the identified breaches set out in the warning notice, under the key question Well-led and at the issues relating to safety at the practice. We found that the practice had made some improvements sufficient for us to withdraw the warning notice. However, further improvement needs to be made in relation to clinical performance and it needs to be sustained. Up to date Quality and Outcomes Framework (QOF) data showed improved performance, but also increased exception reporting, which was above average and was a concern. Accordingly, we have served a further requirement notice, under regulation 9. We found that the requirement notice served under regulation 12 in relation to safety at the practice had been met.

We have not reviewed the ratings for the key questions or for the practice overall. We will consider the practice's ratings when we carry out a full comprehensive inspection at the end of the period of special measures.

Our key findings were as follows:

- The practice had taken appropriate action in relation to monitoring general cleaning, the cleaning of medical equipment, and safety checks of emergency equipment and medication, so that care was delivered in a safe way.
- The practice had introduced systems to ensure that significant events and safety alerts were reviewed and appropriately actioned.
- Relevant and current evidence-based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines, were reviewed and discussed at clinical meetings.
- There was evidence that clinical performance had improved, but at the date of the inspection there was a significant increase in QOF exception reporting.

There were areas of practice where the provider needs to make improvements. Importantly, the provider must:




- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.

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 safe?	Not sufficient evidence to rate	
Are services effective?	Not sufficient evidence to rate	
Are services well-led?	Not sufficient evidence to rate	

Dr Tahir Haffiz - The Barnsbury Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP specialist adviser.

Background to Dr Tahir Haffiz - The Barnsbury Medical Practice

The Barnsbury Medical Practice (the practice) operates at Bingfield Primary Care Centre, 8 Bingfield Street, London N1 0AL. It shares the premises with a number of other healthcare services. The premises are purpose-built and operated by the local NHS trust. There are good transport links, with King's Cross station nearby.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 3,100 patients. It is part of the NHS Islington Clinical Commissioning Group (CCG), which is made up of 33 general practices. Dr Haffiz (the provider) is registered with the Care Quality Commission to carry out the following regulated activities - Treatment of disease, disorder or injury; Family Planning, Maternity and midwifery services and Diagnostic and screening procedures. The patient profile has a higher than average proportion of younger adults aged 25 – 35, but fewer older patients. There are

slightly more male patients than female. There is a high deprivation level among the patient population, which includes many asylum-seekers and students together with a number of hostel residents.

The provider is a sole-practitioner, who works eight clinical sessions and one administrative session per week. A regular male locum GP works one weekly clinical session. There is a part-time practice nurse who now works four clinical sessions a week, having worked three previously. The administrative team comprises the practice manager, a records summarizer and three receptionists, all of whom work part-time.

The practice reception operates between 9.00 am and 2.00 pm each morning and between 4.00 pm and 6.00 pm on Monday, Tuesday, Wednesday and Friday. The practice is closed on Thursday afternoon and at weekends. Morning GP sessions run from 9.10 am to 12.10 pm. The provider is also available for telephone consultations each day after the morning surgery. Afternoon GP sessions are from 4.00 pm to 6.00 pm. The practice nurse works on Monday and Tuesday mornings and all day on Wednesday.

The CCG has commissioned the "IHub" extended hours service, operating until 8.00 pm on weekdays and between 8.00 am and 8.00 pm at weekends at three sites across the borough. Appointments can be booked by patients contacting their own general practice. There is also a walk in service available to all patients at a central location. The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider.

Routine consultations, each ten minutes long, can be booked four weeks in advance. Longer or double appointments can be booked if patients have more than

Detailed findings

one issue to discuss or for reviews of long term health conditions. Home visits are available for patients who may be house bound. Routine appointments with GPs may be booked online, via the NHS Choices website, by patients who have previously registered to use the system. It can also be used to request repeat prescriptions.

Why we carried out this inspection

We undertook a comprehensive inspection of the practice on 10 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We

rated the practice as inadequate and it was placed in special measures with effect from 14 December 2017. We identified concerns over governance at the practice and served a warning notice under regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also served a requirement notice under regulation 12, relating to safety at the practice, due to concerns over sharing learning from significant events and cleaning and safety checks.

We carried out this focussed inspection on 26 February 2018, 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.

Are services safe?

Our findings

At our comprehensive inspection in October 2017, we found there was limited assurance about safety. Systems, processes and policies were not always reliable or appropriate to keep people safe. These included how significant events and safety alerts were managed within the practice, together with it failing to maintain logs of cleaning and safety checks.

Safe track record and learning

At our comprehensive inspection in October 2017, we found that the system for reporting and recording significant events was not sufficiently robust to ensure that lessons learned from events were shared appropriately. We reviewed three significant event records with the provider. Although the records we saw included appropriate learning points, there was limited evidence to confirm that the learning was shared with members of the clinical team. The provider and practice nurse told us in separate interviews that the events had been discussed with practice staff, but there were no minutes kept to confirm this. The provider received safety alerts via the NHS Central Alerting System (CAS) and the Map of Medicine, a clinical system in use with a number of practices within the CCG. The provider told us that safety alerts were also discussed at clinical meetings, but no minutes were kept to confirm this.

At our follow up inspection on inspection on 26 February 2018, the provider showed us records of three issues relating to specific patients' diagnoses, that had occurred since the previous inspection and which had been treated by the practice as significant events. The records contained detailed information and learning points and confirmed all had been reviewed by the provider and practice nurse at clinical meetings, one in December and two in January.

We reviewed the practice's Safety Alert Protocol and Procedure, which stated that CAS and other alerts were received by email by the practice manager, who carried out an initial assessment of their relevance to the service and, if appropriate ran a records check to establish whether the alerts applied to any patients. An electronic copy of the alert was saved on the practice's computer system and a hard copy placed in a shared folder. The protocol stated

that following receipt and checking of alerts they would be discussed at the next clinical meeting. We looked at the hard copy folder and noted that the protocol was followed, with there being records of recently issued alerts, appropriate investigation and discussion if relevant to the practice.

Overview of safety systems and processes

At our comprehensive inspection in October 2017, we found the practice had some systems, processes and practices in place to minimise risks to patient safety. However, in relation to maintaining logs of cleaning and safety checks the systems were not sufficiently robust to ensure safety was maintained. We saw that there was a cleaning checklist, setting out daily and weekly tasks, but neither the practice nor the NHS trust, which was responsible for facilities management at the premises, could provide any completed cleaning logs.

At our follow up inspection on 26 February, we saw that the provider had worked with the NHS trust to develop and implement detailed logs and checklists relating to general cleaning carried out by the trust's cleaning contractor. These had been completed appropriately. We also saw logs introduced and maintained by the practice relating to the cleaning of its medical equipment, carried out by practice staff. The logs were monitored weekly by the practice manager.

Arrangements to deal with emergencies and major incidents

At our comprehensive inspection in October 2017, we saw the practice had a defibrillator available on the premises and oxygen with adult and children's masks. Staff told us that defibrillator and oxygen were checked on a weekly basis, but no record was maintained to confirm this, or that they monitored emergency medicines stored on the premises and in the GPs' emergency bag.

At our follow up inspection on 26 February, the provider showed us logs that had been introduced to confirm that the defibrillator, oxygen supply and emergency medicines was checked on a weekly basis. These logs were also monitored weekly by the practice manager.

Are services effective?

(for example, treatment is effective)

Our findings

At our comprehensive inspection in October 2017, we found there was limited or no monitoring of people's outcomes of care and treatment, including limited clinical audit. People's outcomes were significantly worse than expected when compared with other similar services. Necessary action was not taken to improve patients' outcomes.

Effective needs assessment

At our comprehensive inspection in October 2017, staff told us that relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines were reviewed and discussed at clinical meetings, but no records were maintained to confirm this.

At our follow up inspection on 26 February, the provider showed us minutes of recent clinical meetings when NICE guidelines on Age-related macular degeneration (an eye condition that causes problems with central vision) and menorrhagia (heavy menstrual bleeding) had been reviewed and discussed by the provider and practice nurse.

Management, monitoring and improving outcomes for people

At our comprehensive inspection in October 2017, we saw that the practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. At the inspection comprehensive inspection in October 2017, the practice showed us data for the year 2016/17, which was subsequently validated and published on the NHS Digital website. These showed the practice had attained 63.5% of the available points for the year, compared with the CCG average of 96.4% and the 95.6%. The practice's overall clinical exception rate was higher than average, having increased to 21.9%, being 11% above the CCG average and 12% above the national average. 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.

We noted the following percentages achieved by the practice for specific clinical indicators –

- Asthma – patient reviews in previous 12 months - 23.2%; CCG average 76.9%; national average 76.4%. Exception reporting: Practice 0.6%; CCG average 4%; national average 7.7%.
- COPD – patient reviews in previous 12 months - 88%; CCG Average 92.6%; national average 90.4%. Exception reporting: Practice 44.4%; CCG average 7.6%; national average 11.4%.
- Diabetes – patients in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months - 56%; CCG Average 78.6%; national average 79.5%. Exception reporting: Practice 32.2%; CCG average 15.4%; national average 12.4%.
- Hypertension – patients in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less – 46.7%; CCG Average 81.5%; national average 83.4%. Exception reporting: Practice 2.9%; CCG average 4.2%; national average 4%.
- Mental health – patients who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months 78.6%; CCG Average 90.5%; national average 90.3%. Exception reporting: Practice 37.8%; CCG average 9.6%; national average 12.5%.

At our follow up inspection in February 2018, the provider told us that the practice nurse's hours had been increased to four clinical sessions from three previously. The provider had been working with the nurse to improve performance since our comprehensive inspection, carrying out reviews of patients with long term conditions. However, there had been a high number of non-responders, leading to a significant increase in exception reporting. We saw from minutes of staff meetings that whilst some patients attended to collect their repeat prescriptions, they failed to attend the reviews. The provider showed us up-to-date figures – as at 25 February 2018 - which remained to be validated. These showed that the practice had achieved 386.94 of the 431 clinical points available (89.8%) and 90.7 of the 113 public health points available (80.5%), amounting to 85.5% overall. This indicated an apparent improvement of 22%, compared with the practice's overall achievement of 63.5% for the validated 2016/17 QOF year figures, albeit with considerably increased exception reporting.

Are services effective?

(for example, treatment is effective)

We compared the achievement figures and exception reporting for specific domains with the previously published figures, mentioned above. For example –

- Asthma – 68% (up 44%); exception reporting 20% (34 patients) up 19.4%.
- COPD – 100% (up 12%); exception reporting 52% (24 patients) up 7.6%
- Diabetes - 71% (up 15%); exception reporting 45% (95 patients) up 12.8%
- Hypertension – 83% (up 36.3%); exception reporting 16% (74 patients) up 13.1%
- Mental health – 90% (up 11.4%); exception reporting 43% (19 patients) up 5.2%

We discussed the high rate of exception reporting with the provider. The provider told us that the practice sent an initial recall letter to patients for reviews, followed (if required) by two more if the patient failed to book an appointment. We noted from a review of a number patients' notes that the three letters were the same and the effectiveness of the process was questionable. We discussed the benefit of using different wording for the reminders, to emphasize to patients the need for the reviews and encourage more to attend. The provider said that in cases where patients had provided their mobile phone numbers, and given appropriate consent, text reminders were sent and that telephoning patients was an option that would be considered. The provider told us that work would be continuing over the coming months to improve the recall rates and therefore patient outcomes. That being the case, the exception reporting would be

adjusted and a reduction was envisaged. Whilst we recognise the work done and the apparent improvement, the high exception reporting data seen on the day of our inspection remained a concern. During the process for confirming the factual accuracy of our draft inspection report, the provider sent us revised QOF figures as at the end of March 2018. These showed a significant reduction on exception reporting. However, as with the data we saw during our visit, they had not been validated. The full end of year QOF figures will be reviewed when we carry out our next comprehensive inspection at the end of the special measures period.

At our comprehensive inspection, in October 2017, there was only limited evidence of quality improvement through clinical audit. We saw that two audits had been carried out in the last year, only one being a completed-cycle audit. In addition, there was no evidence, such as clinical meeting minutes, to show that the results of the audits were shared appropriately, so that effective learning from them could be achieved.

At our follow up inspection, the provider showed us two more audits initiated since our comprehensive inspection. These related to under-diagnosis and inaccurate coding of patients with hypertension, which resulted in 27 new patients being identified; and supporting improved anticoagulation in patients with atrial fibrillation, which resulted in 14 new patients being identified. Both had been conducted in January 2018, with plans to re-audit in six months to complete the cycle. We saw evidence that the results had been reviewed at clinical meetings.

Are services well-led?

Not sufficient evidence to rate 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our comprehensive inspection in October 2017, we found that the delivery of high quality care was not assured by the leadership, governance and culture in place.

Vision and strategy

At our comprehensive inspection in October 2017, we saw that the practice had a number of service aims and objectives, which were set out in its statement of purpose. However, there was no clear vision or guiding values to achieve this. Performance and patient outcomes were significantly below local and national averages and had not improved in the last two years.

At our follow up inspection in February 2018, we saw that improvements had been made relating to performance, as evidenced by the current QOF figures. However, we also noted a corresponding increase in exception reporting. The provider was continuing to work on this and the full end of year figures will be reviewed at our comprehensive inspection following the special measures period.

We saw from staff meeting minutes that the concerns stemming from our comprehensive inspection were shared and reviewed. There was discussion on how to bring about improvement, such as reducing delays to appointments and improving telephone access, making effective use of the nurse's clinic and extending the nurse's working hours, with an extra clinical session on Wednesday afternoon. We also noted discussions on improving patients' attendance for reviews and blood pressure checks.

Governance arrangements

At our comprehensive inspection in October 2017, we found the governance arrangements did not ensure that the practice provided safe and effective care. Significant issues were not adequately managed. There was no formal system for managing clinical meetings, by means of using standard agenda items and record keeping. Accordingly, there was no evidence that learning from significant events was shared appropriately to improve practice. Nor was

there evidence that safety alerts and clinical guidance was discussed at clinical meetings. The practice used a regular male locum GP, who worked one clinical session a week, but did not attend clinical meetings. The absence of meeting records meant there was no evidence the locum was kept informed of relevant issues.

Limited use was made of QOF as a means of monitoring and improving quality and performance and there were no alternative processes in place. There was only limited evidence that clinical audit was used to drive improvement. The two audits which had been carried out in the previous year had been instigated by the CCG and there was no evidence that the findings were discussed with staff and that learning was shared appropriately.

At our follow up inspection in February 2018, we saw evidence of improved governance arrangements, including significant events being recorded, reviewed and learning outcomes being discussed. There was a process in place for receiving, reviewing and actioning safety alerts. We saw that minutes of clinical meetings were being maintained and disseminated appropriately so that learning from issues was shared. We saw evidence that NICE guidelines were reviewed at clinical meetings to ensure that best practice was followed in meeting patients' healthcare needs. We saw that QOF performance was discussed at clinical meetings and the need to improve was highlighted. The first stage of two clinical audits had been carried out since our comprehensive inspection and these had identified additional patients whose healthcare needs could be appropriately addressed and whose outcomes could therefore be improved.

We have withdrawn the warning notice issued under regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to good governance, in recognition of the efforts made by the practice to instigate improvements. However, these need to be sustained and will be reviewed when we carry out a further comprehensive inspection at the end of the special measures period.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The care and treatment of service users must be appropriate, meet their needs, and reflect their preferences.</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not being designed with a view to achieving service user preferences or ensuring their needs were met.</p> <p>Although there was some evidence of improvement since the comprehensive inspection in October 2017, the practice's exception reporting was significantly higher than average for a number of clinical indicators such as asthma, COPD, diabetes, hypertension and mental health.</p> <p>This was in breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>