

Dr Win Hlaing

Inspection report

Burma Hills Surgery,
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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.

Overall summary

This practice was rated as Good overall when last inspected in September 2015.

We carried out an announced focused inspection at Dr Win Hlaing on 1st June 2018. The inspection was carried out at short notice in response to information of concern received by the Care Quality Commission. This information related to the way in which the practice interacted with other providers of healthcare. We therefore focused the inspection on provision of safe and well led services and did not update the ratings for the practice.

At this inspection we found:

- The practice had experienced a rapid increase in the number of patients registered.
- Work had commenced to restructure the staffing at the practice to respond to increased patient demand. GPs who were partners at a neighbouring practice had joined the lead GP and the practice management was receiving support from a larger GP partnership based in the Midlands.

- Systems in place to keep patients safe were not always operated effectively and consistently. For example, review of test results was not always undertaken in a timely manner and referrals for patients were occasionally delayed.
- A review of practice processes and procedures had not identified that staff were not fully trained to use computer based patient records systems that held patient information.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Review the use of I.T. programmes used to hold patient data with a view to achieving consistent data entry.

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

Our inspection team

Our inspection team comprised a CQC lead inspector and a GP specialist adviser.

Background to Dr Win Hlaing

Dr Win Hlaing is more commonly known as Burma Hills Surgery and is a small, but rapidly growing, practice offering GP services to the local community of Wokingham, Berkshire.

The practice has core opening hours from 8.00am to 6.30pm Monday to Thursday to enable patients to contact the practice. The practice remains open every Friday evening until 7.30pm. Patients can book appointments in person, via the phone and online. Appointments can be booked in advance for the doctors and for the nursing clinics. The practice treats patients of all ages and provides a range of medical services.

There are approximately 3,300 patients registered with the practice having expanded rapidly from 2,000 patients when we last inspected in September 2015. The practice population has a higher proportion of patients aged 30-49 compared to the national average. According to national data there is minimal deprivation in Wokingham; however the practice is located within a pocket of high deprivation. People living in more deprived areas tend to have greater need for health services and often has an impact on screening and recall programmes.

The GP team is in the process of change. Recently three partners from a nearby practice have joined and they share clinics on one weekday. The lead GP (to whom the practice is registered) works two days each week and the remaining two days are covered by locum GPs. The six GPs make up 1.25 whole time GPs. Three GPs are male and three female.

At the time of inspection one nurse, qualified to prescribe, was working two days of the week. A second nurse has been appointed and was due to commence duty the week following inspection. A health care assistant works at the practice three days a week.

A part time practice manager is supported by a team of four administrative staff. The team is expanding with another member of staff due to commence work in June 2018. The practice is expanding the workforce to meet the demand of the increasing patient numbers.

The practice has a General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England.

The practice opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website and over the telephone when the surgery is closed.

The regulated activities of: Treatment of disease, disorder or injury, Diagnostic and screening procedures, Maternity and midwifery, Family planning and Surgical procedures are all carried out at the one location at Burma Hills Surgery, Ashridge Road, Wokingham, Berkshire,

RG40 1PH

Further information about the practice can be found on their website at:

Are services safe?

Due to the focused nature of this inspection we did not update the rating for the practice.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- There was a documented approach to managing test results. However, this was not operated effectively. We reviewed the electronic files containing test results and found there were results for 13 patients that had not been reviewed and actioned by GPs. The oldest of these results dated back to 5 May 2018, this was therefore a delay of four weeks. We found these results had not been reviewed because they were not matched to a named GP at the practice. Our discussions with senior staff and a GP partner identified that training in the use of the electronic result receipt system had not identified the requirement to review unmatched results. All but one of the results that had not been reviewed were within range and required no action. However, one of the results required a repeat blood test within three months because it was marginally out of usual range. Patients were at risk when test results were not reviewed in a timely manner as action arising from such results would be delayed.

We discussed the system for receipt and action of results with the lead GP and practice manager. They immediately commenced action to ensure that unmatched results were reviewed by a GP on a daily basis until the electronic system could be updated to recognise the GPs that had joined the practice recently.

- Clinicians did not always make timely referrals in line with protocols. We reviewed a sample of seven referrals that had been completed in the last three months. We found that three of these referrals had been delayed from the time the patient had an appointment and the

decision was made to refer. All three were routine referrals for patients who did not require urgent assessment at hospital. One of the referrals was not made until 27 days after the patient was seen by the GP and the other two took eight days before they were processed. All these referrals were from one GP who often processed their own referrals rather than use the practice system whereby administration staff process the referral for the GP to approve. Had these patients required more urgent support and treatment from hospital this would have been delayed.

During our discussions with two members of staff we were advised that they had encountered patients who had been told they would be referred to hospital when a referral was not required. Patient's care and treatment was not always delivered consistently because they were sometimes required to have a further appointment with their GP to determine the next stage in their treatment.

- The system used to record action required from incoming letters from hospitals and other services was not operated consistently. Our review of the system used for GPs to review and record action arising from incoming clinical correspondence showed that the GPs all recorded action appropriately but that the recording of the action differed from GP to GP. We also found that incoming letters could take up to two working days to be scanned into the correspondence directory. The practice was aware of this delay and had recruited an additional member of the administration team to start in June 2018 to assist in scanning documents in a more timely manner. In the interim risk was reduced because staff identified any urgent correspondence and passed this to the GPs for action before scanning.

Please refer to the Evidence Tables for further information.

Are services well-led?

Due to the focused nature of this inspection we did not apply a rating.

Leadership capacity and capability

Leaders did not, at the time of inspection, have the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. However, at the time of inspection there was a heavy reliance upon the lead GP. Whilst this GP was scheduled to work two days a week offering appointments for patients they also attended the practice on their non-working days to review clinical correspondence and undertake home visits. The practice did not demonstrate that they had reviewed the workload to ensure sustainability of such reliance on one individual.
- We noted that recruitment of additional staff was underway with new staff due to join the practice in the week following our inspection. However, staffing levels at the time of inspection did not align with the rapid increase in patients registered at the practice. Although plans were in place to increase staffing levels, and recruitment underway, the sustainability of operating effective systems to keep patients safe was not evident during inspection.

- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Governance arrangements

The governance arrangements at the practice were undergoing significant change with partners from a neighbouring practice joining the lead GP. Work had commenced with a larger provider based out of the Midlands. It was too early to evaluate whether the increase in GPs and support from another large scale provider would lead to improvement in local governance.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety but these were not always operated consistently. For example, monitoring of services delivered had not identified that test results were not always being reviewed in a timely manner or that referral of patients was sometimes delayed.

Please refer to the Evidence Tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met.The registered person did not operate effective and consistent systems of governance to reduce risks to patient care and treatment:Systems to respond to and take action on patient's test results were not operated consistently.Monitoring had failed to identify delays in processing some referrals for patients.Systems in place to monitor that staff had been fully trained to use I.T. programmes were not effective.This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.