# Dr Win Hlaing

## Inspection 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.

Overall summary

When we inspected Dr Win Hlaing on 17 and 19 December 2019, we identified a range of serious concerns and breaches of regulation. Consequently, we issued the provider with a Warning Notice to improve the safe provision of care and treatment which had to be complied with by the end of March 2019. At the same time, we placed conditions upon the registration of the service to ensure the practice provided care and treatment in the safest possible way. As a consequence of our findings we placed the practice into special measures.

The provider sent us an action plan setting out how they would meet both the requirements of the Warning Notice and the conditions imposed. This inspection was carried out on 8 April 2019, the day the practice transferred to a new provider to check that the practice had complied with the warning notice. We also reviewed progress in achieving the action plan to improve safety in providing care and treatment.

We found the practice had achieved compliance with the Warning Notice because, the practice had carried out reviews of patients prescribed medicines for their long term medical condition including:

- Patients receiving repeat prescriptions for hypnotic medicines had been recalled. They had been consulted about their condition and received an appropriate review of the prescribing. In total the practice had identified 19 patients receiving repeat prescriptions for a specific type of sleeping tablet and had reviewed 18 out of 19 patients (the final patient had only just registered with the practice).
- A total of 40 out of 45 patients identified by the practice as being prescribed a medicine to control their thyroid function had received a review and had their usage of the medicine checked appropriately. Of the five not reviewed the practice found four had not received a recent prescription and were likely to have de-registered from the practice and one patient was being followed up because they had not responded to requests to have the appropriate test and review of their care.
- Since the inspection in December 2018, the practice identified a total of 24 patients taking a medicine to control blood clotting and had ensured that 23 had the appropriate annual test and result review to support continued prescribing. The final patient had recently been started on this medicine by a hospital clinician and was known to be a patient who was difficult to engage with and follow up.
- The practice had appropriately reviewed the prescribing of two patients prescribed a medicine to control their mood. Both these patients had previously not received appropriate monitoring of their prescribing.

# Key findings

- The practice had identified a further 37 patients in addition to the 123 patients identified in December's inspection for whom there was no record of receiving the immunisation to reduce the risk of contracting pneumonia. A campaign had been mounted to call these patient for the immunisation and at the time of this inspection only 56 remained to receive the immunisation. We noted that at least 10 patients had told clinicians currently working at the practice they had received the immunisation in the past. However, administration of the immunisation was not recorded in the patient records.
- The practice could demonstrate that reminders were sent to patients entitled to flu immunisation who had not received the immunisation prior to the December inspection. However, uptake was limited due to the flu 'season' coming to an end soon after the last inspection.

In addition to complying with the Warning Notice the practice had also reported compliance with the conditions imposed upon their registration. For example:

- There was a system in place to monitor the prescribing undertaken by the nurse prescriber. We saw an example of a mentoring meeting where prescribing updates were discussed. In addition, the GPs had carried out an audit of 50 cases of the nurse prescribing and found that prescribing had been appropriate in all cases.
- The patient recall system had been improved by use of more appropriate searches for patients requiring follow up and implementation of information technology systems to programme the recall.
- A sample of eight records of review of prescribing were reviewed and in all eight cases the review had been timely and appropriate. Records of the review were detailed clearly in the patient's records.
- The CQC GP advisor also reviewed a further 10 patient records of consultations undertaken since December 2018 and found all contained appropriate levels of detail that would enable an alternative clinician to identify action taken.
- Governance processes had been enhanced with weekly clinical governance meetings clearly recorded and action reviewed arising from governance decisions. A total of five clinical audits had been carried out to review appropriate prescribing and monitoring of patients either with long term conditions or prescribed high-risk medicines. There were records of the actions taken arising from findings of audit.
- Systems to identify and act upon risk were in place. A total of 17 significant events had been recorded since December 2018 and records showed appropriate learning had been shared and action taken to reduce risk when a significant event was identified. For example, when one example of inappropriate prescribing was identified the practice searched to find other patients prescribed the same medicine and acted to reduce risk.
- Staff reported enhanced and improved involvement in governance and training since December. All staff were invited to take part in the weekly governance meetings.
- Records showed that governance of the process to respond to safety alerts had improved with action recorded to address all safety alerts that were relevant to the practice.

The practice had made significant progress in the three months since the last inspection in December 2018 and risks to patients from previous practice had been reduced.

Due to the change in provider that took place on the day of inspection CQC are unable to further follow up the breaches of regulation identified in the practice of the previous provider.

**Because this was a focused inspection we have not updated our ratings and provision of an evidence table is not appropriate.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

The inspection team was led by a CQC inspector accompanied by a CQC GP specialist advisor.

## Background to Dr Win Hlaing

Dr Win Hlaing Surgery is also known as Burma Hills Surgery and is a small practice offering GP services to the local community of Wokingham, Berkshire. Until February 2018, Dr Win Hlaing practiced as a single-handed GP. In February 2018, two GP partners from a neighbouring practice commenced working one day a week with Dr Win Hlaing. The practice also started to work with a larger GP partnership organisation that is based in the Midlands. On 8 April 2019, the practice registration changed to recognise the practice as a location within the much larger partnership organisation. The GPs working at the practice had also changed since the last inspection in December 2018.

Burma Hills Surgery is part of Berkshire West Clinical Commissioning Group.

The practice has core opening hours from 8.00am to 6.30pm and offers late opening on a Wednesday until 7.30pm. The practice treats patients of all ages and provides a range of medical services.

There are approximately 3,300 patients registered with the practice. 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.

The practice comprises of four GPs (two male and two female). The all-female nursing team consists of one nurse practitioner, one practice nurse and one health care assistant with a mix of skills and experience. A practice manager and a team of five administrative staff undertake the day to day management and running of the practice. The practice now forms part of the Wokingham division of the larger partnership organisation and works closely with another practice in the area to share staffing and technological support.

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 (Westcall) accessed via the NHS 111 service.

The practice is registered with CQC to provide the following regulated activities:

- Treatment of disease, disorder and injury
- Diagnostic and screening services
- Surgical procedures
- Family Planning
- Maternity and midwifery services.