

Dr D Frost and Partners

Inspection report

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Date of inspection visit: 8 August 2019 Date of publication: 17/10/2019

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 location	Good	
Are services effective?	Good	
Are services responsive?	Good	
Are services well-led?	Outstanding	\triangle

Overall summary

We decided to undertake an inspection of this service on 8 August 2019 following our annual review of the information available to us. This inspection looked at the following key questions (Effective, Responsive and Well led).

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as good overall.

We rated the practice as **good** for providing effective services because:

- People had good outcomes as a result of receiving effective care and treatment that met their needs.
- Information about people's care and treatment was routinely collected, monitored and acted upon.

We rated the practice as **good** for providing responsive services because:

 Leaders were aware of low patient satisfaction regarding phone access and could show evidence of improvement activity aimed at improving phone access and ensuring people could access the right care at the right time.

We rated the practice as **outstanding** for providing well-led services because:

- Leaders had an inspiring shared purpose, strove to deliver and motivated staff to succeed.
- The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

We have rated this practice as good overall and good for all population groups.

We found that:

- Clinical audit was routinely carried out and was used to drive improvements in patient outcomes.
- Accurate and up-to-date information about effectiveness was discussed, used and understood by staff.
- The provider routinely monitored access to the service and took action as necessary, to ensure people could receive care and treatment in a timely way.

- The service was tailored to meet the needs of individual people and was delivered in a way to ensure flexibility, choice and continuity of care.
- Governance arrangements supported the delivery of high-quality person-centred care and there was an effective process in place to identify, monitor and address risks (for example relating to staffing levels, safeguarding and medicines management).
- People who used the service told us the provider welcomed rigorous and constructive challenge; and actively involved them in service improvements.

Whilst we found no breaches of regulations, the provider **should**:

• Continue to monitor actions undertaken aimed at improving patients' telephone access.

We saw several areas of outstanding practice including:

- Leaders spoke positively about how the expertise gained externally (for example in GP out of hours, clinical commissioning and NHS England settings) had supported their shared purpose at the practice and been used to drive continuous improvement. For example, we noted that locum doctors' consultation notes were routinely audited based on a model used in Out of Hours GP services.
- The practice's patient group (the Millway Practice Support Group) worked closely with leaders and third sector organisations to develop patient led education initiatives. For example, a recent Health Fair had provided patients and their carers with information on better managing their condition and raised awareness of local support organisations. Nine third sector organisations attended and provided educational sessions on various chronic disease management. The practice also offered health checks, flu vaccinations and a walk-in smear clinic.
- We noted similar events had taken place for asthma, diabetes, prostate awareness and palliative care.
- The practice had also recently participated in a prediabetes group consultations pilot, led by the practice's clinical pharmacist and which entailed a group of pre-diabetes patients receiving lifestyle advice. Records indicated that 27 out of 28 patient participants had improved their pre-diabetes risk by lowering their blood sugar level below the requisite pre-diabetes range.
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Overall summary

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth

BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Good
People with long-term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a GP specialist advisor who was shadowing the team.

Background to Dr D Frost and Partners

Dr D Frost and Partners is located in the London Borough of Barnet and is one of forty one member practices in the NHS Barnet Clinical Commissioning Group (CCG). The practice has a patient list size of approximately 18,500. Twenty four percent of patients are aged under 18 (compared to the national practice average of 21%) and 14% are 65 or older (compared to the national practice average of 17%). Forty seven percent of patients have a long-standing health condition. The services provided by the practice include child health care, ante and post-natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The practice operates from a purpose built property arranged over three floors with most patient facilities on the ground and first floors. All floors are accessed via stairs and lift and are wheelchair accessible.

There are 13 permanent GPs including four female and three male partners working between them a whole time equivalent (WTE) of 5 GPs, and four female and two male associate salaried GPs (WTE of 4). The GPs provide a total of 73 sessions per week. It is a teaching and training practice with three GP registrars. The nursing team consists of five part-time nurses (WTE 2) and three health care assistants (HCAs) (WTE 2).

Data produced by Public Health England indicates that 35% of the local population are from a Black minority ethnic group and also rates the level of deprivation within the practice population group as eight, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Overall male life expectancy is 82 years compared to the national average of 79 years. Female life expectancy is 86 years compared to the national average of 83 years.