

# Wye Valley Surgery

## Quality Report

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Date of inspection visit: We have not revisited Wye Valley Surgery as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit.  
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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.

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

During a comprehensive inspection of Wye Valley Surgery in April 2015 we found concerns related to the review of patients with long term conditions, care plans for patients suffering poor mental health, lower than average cancer detection rates and poor patient experiences regarding telephone access. Improvements were required to be made in caring for people with long-term conditions, people whose circumstances may make them vulnerable and people experiencing poor mental health (including people with dementia). Because of these concerns, we found the practice in breach of regulations relating to effective and responsive care and delivery of services.

Following the inspection, the practice sent us an action plan detailing how they would improve the uptake rate for patients with long term conditions, formulate comprehensive care plans for patients suffering poor mental health, make improvements to cancer detection services and enhance telephone access.

We carried out a desktop review of Wye Valley Surgery on 25 January 2016 to ensure these changes had been implemented and that the service was meeting regulations. The ratings for the practice have been

updated to reflect our findings. We found the practice had made improvements in effective care and for their population groups since our last inspection on 15 April 2015 and they were meeting the requirements of the regulation in breach.

Specifically the practice had;

- Improved the care of patients with long term conditions by offering them an annual review.
- Improved the care of patients suffering poor mental health through the increased provision of care plans.
- Worked collaboratively with NHS England and Thames Valley and Cancer Research UK to improve detection rates and admission avoidance.
- Invested in a new telephone system to improve access.

We have offered new ratings for this practice to reflect these changes. The practice is rated good for the provision of effective services and requires improvement for responsive services.

**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?

Good



### Are services effective?

Good



When we inspected in April 2015, we found below average data for patients with long term conditions, patients suffering from poor mental health and cancer detection rates. The practice was rated as requires improvement for effective services.

The practice were able to demonstrate how they had implemented effective recall processes to increase patient uptake of reviews and care plans, and were working with external stakeholders to enhance cancer services. In addition, data from the Quality and Outcomes Framework showed patient outcomes had improved from the previous year, although they remained below average for the locality and compared to the national average.

The practice is rated as good for providing effective services.

### Are services caring?

Good



### Are services responsive to people's needs?

Requires improvement



When we inspected in April 2015, we found patient experiences of making an appointment were significantly below average in comparison to local and national averages. The practice was rated as requires improvement for responsive services.

The practice had offered us information proposing actions to overcome these issues. The practice had invested in a new telephone system to improve telephone access and were continuing to monitor the service. In addition, the practice had identified that additional reception staff were required and were actively attempting to recruit two new members of staff to the reception team.

Whilst the latest GP national patient survey data showed minimal improvement in patient experiences of making an appointment, there was no data available to deduce if the changes made had had an impact on this service delivery.

The practice is rated as requires improvement for providing responsive services.

### Are services well-led?

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

Good



### People with long term conditions

Good



When we inspected in April 2015 we found the number of patients with long term conditions who had received an annual review was below regional and national targets. We reviewed data from 2013/14 and the practice figures at that time. For example:

- In 2013/14 the practice had achieved 73% Quality and Outcomes Framework (QOF) for all diabetes indicators which was below the CCG average of 92% and national average of 90%.
- 81% of patients with diabetes had achieved a specific blood test result in the preceding 12 months, which was below the CCG and national averages of 87%.
- 86% of patients with diabetes had achieved a specific blood pressure recording in the preceding 12 months compared to the CCG and national averages of 92%.
- 84% of patients with chronic obstructive pulmonary disease (COPD) had received a review in the preceding 12 months, which was comparable to the CCG average (no data available).
- 74% of patients with asthma had received a review in the preceding 12 months (no comparable data available).

As part of our desk based inspection, we reviewed QOF data for 2014/15 and the practice provided us with their latest QOF figures (to January 2016) which showed;

- In 2014/15 the practice had achieved 86% QOF for all diabetes indicators compared to the CCG average of 93% and national average of 89%.
- In 2014/15 84% of patients with diabetes had achieved a specific blood test result in the preceding 12 months, compared to the CCG average of 88% and national average of 87%. The practice provided their current 2015/16 data which showed the practice had achieved 90% for this indicator to date.
- In 2014/15 93% of patients with COPD had received a review in the preceding 12 months, compared to the CCG average of 92% and national average of 90%. The practice current QOF showed 77% of patients with COPD had received a review including assessment of breathlessness in last 12 months.

# Summary of findings

- In 2014/15 74% of patients with asthma had received a review in the preceding 12 months, compared to the CCG and national averages of 75%. The practice current QOF data showed this figure to stand at 69%.

As there had been improvement in the reviews of patients with long term conditions, we have rated the practice as good for the care of people in this population group.

## Families, children and young people

Good



## Working age people (including those recently retired and students)

Good



## People whose circumstances may make them vulnerable

When we inspected in April 2015 we found the practice had carried out annual reviews for only 13 out of 57 patients with a learning disability (23%, based on the data available at the time 2013/14).

As part of the follow up inspection, the practice provided their current data (2015/16). The practice had improved this aspect of care and had offered 60% of their patients with a learning disability a care plan in the last 12 months. Whilst this was a significant improvement, the practice were aware that further work was required and had dedicated a Saturday in February 2016 to updating their care reviews for this patient group. We were satisfied that the practice were actively undertaking all that was reasonable to promote care plans in this patient group. The practice is rated as good for this population group.

Good



## People experiencing poor mental health (including people with dementia)

When we inspected in April 2015 we found the number of patients with severe mental health conditions who had care plans in place was 45 out of 66 patients (68%, based on data from 2013/14). The Quality and Outcomes Framework (QOF) data for 2014/15 shows this had increased to 77%, although this remained below the CCG average of 89% and national average of 88%.

As part of the follow up inspection, the practice provided their current QOF data (2015 to January 2016). The practice had improved this aspect of care and had offered 83% of their patients suffering from severe mental health conditions a care plan in the last 12 months. Although this figure remained below the CCG and national averages, we were satisfied that the improvements made were sufficient to offer a good rating for this patient group.

Good



# Wye Valley Surgery

## Detailed findings

### Why we carried out this inspection

We carried out a comprehensive inspection on 21 April 2015 and published a report setting out our judgements. We asked the provider to send a report of the changes they would make to comply with the regulation they were not meeting. We have undertaken a follow up inspection in January 2016 to make sure the necessary changes have been made and found the provider is now meeting the fundamental standards included within this report.

This report should be read in conjunction with the full inspection report. We have not revisited Wye Valley Surgery as part of this review because the practice was able to demonstrate compliance without the need for an inspection.

### How we carried out this inspection

We reviewed information given to us by the practice and reviewed the most recent published data.

## Are services safe?

### Our findings

# Are services effective?

(for example, treatment is effective)

## Our findings

### Management, monitoring and improving outcomes for people

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).

During our inspection in April 2015 we found the practice achievement in QOF was lower than the Clinical Commissioning Group (CCG) and national averages;

- 88% overall in the year 2013/14, compared to the CCG average of 95% and national average of 94%.
- 84% in the clinical domains, compared to the CCG average of 95% and national average of 92%.

The most recent published results for 2014/15 showed;

- 90% of the total number of points available, which was below the CCG average of 97% and comparable to the national average of 94%.
- In the clinical domain, the practice had improved their QOF to 89% compared to the CCG average of 97% and national average of 95%.

Whilst still an improvement, both sets of data remained below the CCG and national averages.

In April 2015 we found the number of patients with severe mental health conditions who had care plans in place was 45 out of 66 patients (68%, based on data from 2013/14). The QOF data for 2014/15 shows this had increased to 77%, although this remained below the CCG average of 89% and national average of 88%. We also found only 13 out of 57 patients (23%) identified as having a learning disability had an annual review of their condition in the previous year.

As part of the follow up inspection, the practice provided their current QOF data (2015 to January 2016). The practice had improved this aspect of care and showed us 83% of their patients suffering from severe mental health conditions had a care plan in the last 12 months. However, this figure remained below the CCG and national averages.

In addition, the practice showed us they had improved their reviews of patients with learning disabilities and had reached 60% with a number of patients booked in for a dedicated care review in February and March 2016.

### Supporting patients to live healthier lives

When we inspected in April 2015, we found the practice was lower than average in its identification and cancer detection rates;

- Cancer identification were 0.75 compared to the local average of 1.87
- Cancer detection rates were 33% compared to the local average of 47%.

The practice was aware of this and had developed chronic disease teams to improve achievement in this area. In addition, we found practice's performance for cervical smear uptake was 66%, which was below average for both the national and CCG areas.

As part of our desktop follow up inspection we asked the practice to provide evidence of how they had improved these areas of care. We also reviewed data from QOF and primary care web tool.

The current cancer diagnosis rates were 178, compared to the national average of 272 and the practice were not triggering any alerts for this value. The practice told us they were working in conjunction with NHS England and Thames Valley and Cancer Research UK to audit emergency admissions in relation to cancer detection rates.

The practice's uptake for the cervical screening programme 2014/15 had increased to 70%, which was comparable to the CCG average of 75% but below the national average of 84%.

The practice told us they would continue to adopt opportunistic screening and reviews in all patients and had a recall system in place with first and second letter reminders sent directly to patients.

There was sufficient evidence that improvements had been made and were on-going. We have given the practice a rating of good for efficient services.



## Are services caring?

### Our findings

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Access to the service

When we inspected in April 2015, we found patients were dissatisfied with the appointments system, particularly in relation to telephone bookings. Results from the national GP patient survey published in January 2015 showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages;

- 62% of patients described their experience of making an appointment as good, compared to the CCG average of 74%.
- 52% of patients said they could get through easily to the surgery by phone compared to the CCG average of 72%.
- 65% of patients said they waited more than 15 minutes after their appointment time to be seen, compared to the CCG average of 26%.

As part of our desk based inspection review we looked at the most recent figures from the GP national patient survey. We also asked the practice to tell us of improvements they had made to telephone access and availability.

In January 2016 the GP national patient survey showed minimal improvement to the previous data, in particular;

- 64% of patients described their experience of making an appointment as good, compared to the CCG average of 76%.
- 55% of patients said they could get through easily to the surgery by phone compared to the CCG average of 76%.
- 50% of patients said they waited more than 15 minutes after their appointment time to be seen, compared to the CCG average of 26%.

The practice told us they had invested in a new cloud based digital system to support improvements to telephone access. The system enabled patients to cancel appointments without having to wait to speak to a receptionist. The telephone system also had recording facilities to assist staff in improving their customer service techniques. The practice were recruiting 2 new receptionists, and once fully staffed they expected their levels of customer service to improve further. As the telephone system was newly installed, it was too early to measure the positive impact on patients accessing appointments.

As the GP national survey results showed minimal improvement in patient experiences of their appointments, we were unable to ascertain that the practice had taken sufficient actions to improve and that ongoing reviews would be undertaken to ensure improvements continued to be made. We have given the practice a rating of requires improvement for responsive services.

## Are services well-led?

Good 

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

### Our findings