

Dr Burke and Partners

Quality Report

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Date of inspection visit: We have not revisited Dr Burke and Partners 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 effective?

Requires improvement



Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
Areas for improvement	5

Detailed findings from this inspection

Our inspection team	6
Background to Dr Burke and Partners	6
Why we carried out this inspection	6
How we carried out this inspection	6
Action we have told the provider to take	10

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Burke and Partners on 17 May 2016. The practice was rated as requires improvement for providing effective services. The overall rating for the practice was good. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr Burke and Partners on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 20 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 17 May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice remains rated as requires improvement for effective services.

Our key findings were as follows:

- The practice had a limited risk assessment for patients attending the walk in service at the

university practice site. However, they had improved the systems and processes to ensure patients who attended with an urgent medical condition were identified and prioritised.

- The practice had reviewed their diabetes care for patients. They had trained nurses and the new lead GP in enhanced skills in diabetes care. Data from the practice for 2016/17 showed an improvement in diabetes indicators, although they were still achieving below local and national averages.
- The practice had reviewed care planning systems for patients with a diagnosed mental health condition. They had improved on completed care plans from 54% to 72%.
- Health screening of patients through the national screening programme remained below local and national averages and the practice was not actively following up on patients who did not attend.

During our last inspection in May 2016 we found concerns relating to poor patient satisfaction scores for some aspects of GP and nurse care and treatment. The national

Summary of findings

GP patient survey mori poll was conducted between July and September 2015 and January to March 2016. The results were published in July 2016. There was a marked improvement in patient satisfaction scores;

- 86% of patients said the GP gave them enough time compared to the clinical commissioning group (CCG) average of 89% and the national average of 87%. This had increased from 80% in the previous survey.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 92%. This had increased from 82% in the previous survey.
- 95% of patients said the last nurse they saw was good at listening to them compared to the CCG average of 92% and the national average of 91%. This had increased from 74% in the previous survey.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%. This had increased from 75% in the previous survey.

However, there were areas of practice where the provider must make improvements;

- Ensure patients are actively encouraged to attend for health screening through the national screening program and improve uptake rates.
- Continue to review and improve on mental health care planning and diabetes care indicators for patients.
- Ensure all patients on repeat medicines are reviewed for suitability of their current medicine regime.

In addition, there were areas of practice where the provider should make improvements;

- Ensure the risk assessment for the walk in service captures all areas of risk and is effective.

At our previous inspection on 17 May 2016, we rated the practice as requires improvement for providing effective services as patient uptake of the national screening programme, mental health care plans and diabetes care were all below local and national averages. At this inspection we found that although the data showed improvements in many areas the practice was still over 10% below local and national averages for many aspects of care. Consequently, the practice remains rated as requires improvement for providing effective 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 effective?

The practice is rated as requires improvement for providing effective services as improvements need to be made.

- The practice had a limited risk assessment for patients attending the walk in service at the university practice site. However, they had improved the systems and processes to ensure patients who attended with an urgent medical condition were identified and prioritised.
- The practice had reviewed their diabetes care for patients. They had trained nurses and the new lead GP in enhanced skills in diabetes care. Data from the practice for 2016/17 showed an improvement in diabetes indicators, although they were still achieving below local and national averages for some indicators.
- The practice had reviewed care planning systems for patients with a diagnosed mental health condition. They had improved on completed care plans from 54% to 72%.
- Health screening of patients through the national screening programme remained below local and national averages and the practice had only recently commenced actively following up on patients who did not attend.

Requires improvement



Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure patients are actively encouraged to attend for health screening through the national screening program and improve uptake rates.
- Continue to review and improve on mental health care planning and diabetes care indicators for patients.

- Ensure all patients on repeat medicines are reviewed for suitability of their current medicine regime.

Action the service **SHOULD** take to improve

- Ensure the risk assessment for the walk in service captures all areas of risk and is effective.

Dr Burke and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

This desktop review was carried out by a CQC inspector.

Background to Dr Burke and Partners

Dr Burke and Partners serves over 19,000 patients from the city of Oxford and registers approximately 11,000 students from Oxford Brookes University. All services are provided from two sites:

- St Bartholomews Medical Centre, Manzil Way, Oxford, Oxfordshire, OX4 1XB.
- Oxford Brookes University Medical Centre, 3rd Floor, The Colonnade, Gipsy Lane, Headington, OX3 0BP.

Dr Burke and Partners has two purpose built locations with good accessibility to all its consultation rooms at the main site. The practice has a very transient population with many students only residing in Oxford for part of the year and usually registering for the period of their studies before moving away. The area around the practice also has a high number of new migrants and this has contributed to a steady turnover in patient population. This poses difficulties in managing long term conditions, managing child immunisations and other services. The population is much younger than the national average with a large proportion of patients between 19 and 25 years old. There are local communities which are affected by social deprivation. There is a broad mix of ethnic backgrounds among the patient population.

There are five GP partners at the practice, two female and three male. There are four practice nurses and two

healthcare assistants. A number of administrative staff, a deputy practice manager and a practice manager support the clinical team. There are 58.5 GP sessions per week and 3.3 whole time equivalent nurses.

The practice is open between 8.10am and 6pm Monday to Friday. There are extended hours appointments on Saturdays from 8.40am to 1pm. Out of hours GP services are available when the practice was closed by phoning 111 and this is advertised on the practice website.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Burke and Partners on 17 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for the provision of effective services. The full comprehensive report following the inspection on May 2016 can be found by selecting the 'all reports' link for Dr Burke and Partners on our website at www.cqc.org.uk.

We undertook a follow up desk-based inspection of Dr Burke and Partners on 20 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and review the breaches identified at the previous inspection and update the ratings provided under the Care Act 2014.

How we carried out this inspection

We carried out a desk-based focused inspection of Dr Burke and Partners on 20 February 2017. As part of our inspection we:

Detailed findings

- Reviewed nationally available data for diabetes management, mental health care and the national cancer screening programme.
- Reviewed information and data provided by the practice.

- Looked at documents supplied by the practice.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 17 May 2016, we rated the practice as requires improvement for providing effective services as there were regulation breaches in relation to a lack of initial assessment of patients at the university site and poor QOF achievement for diabetes care. In addition, we found concerns with a low number of mental health care plans, below average health screening rates and medication reviews were inconsistent.

We issued a requirement notice in respect of the regulation breaches and the practice sent us an action plan outlining how they would meet the standard. We found arrangements had not sufficiently improved when we undertook a follow up inspection of the service on 20 February 2017. The practice remains rated as requires improvement for being effective.

Effective needs assessment

Students could access a nurse walk in service at the Oxford Brookes main university campus. This enabled access to a clinician without having to book an appointment. Patients would then wait to see a nurse. Waiting times could be unpredictable or protracted. The practice had undertaken a risk assessment of the walk in service in response to the concerns raised at their last inspection. The risk assessment was limited and did not identify the types of illness which were considered to require rapid intervention and could not wait. In addition, the risk assessment did not identify who would action the risk and when the risks would be actioned by.

However, the practice had initiated a symptom check form for patients to fill in upon arrival. This system identified if there were any red flag (high priority) symptoms so the receptionists could escalate to the nurse for prioritisation. They had also commenced a streamlined waiting service. The reception team, having ascertained priority, would indicate the length of wait and patients were given the choice of returning later if it was possible. The practice informed us this had reduced crowding in the reception area and allowed high priority patients to access care more swiftly.

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).

The practice had designated a recently appointed GP as diabetes lead and had trained their practice nurses to have more specialist diabetes knowledge and skills. This included one of the nurses undertaking training in insulin conversion (for patients transitioning from tablet form diabetes medicines to an injectable type of control). The practice had also trained one of the healthcare assistants to undertake diabetic foot checks. We reviewed the latest available QOF data (2015/16) and found:

- Overall diabetes related indicators was 62% which was below the clinical commissioning group (CCG) average of 95% and national average of 90%. The practice provided us with their current figures for 2016/17 and this had increased to 75%.
- 80% of diabetic patients had achieved a target blood pressure of 150/90 or less in the preceding 12 months compared to the CCG average of 92% and national average of 91%. The practice provided us with their current figures for 2016/17 and this had increased to 90%.
- 72% of diabetic patients had achieved a target blood glucose reading of 75mmol or less in the preceding 12 months compared to the CCG average of 90% and national average of 88%. The practice provided us with their current figures for 2016/17 and this had increased to 84%.
- 61% of diabetic patients had achieved a target blood glucose reading of 64mmol or less in the preceding 12 months compared to the CCG average of 81% and national average of 78%. The practice provided us with their current figures for 2016/17 and this had increased to 70%.

The practice was aware some of these figures were still below local and national averages and told us they demonstrated the demographics of a highly transient, inner city population.

Are services effective?

(for example, treatment is effective)

The practice had reviewed their care plans for patients with a diagnosed mental health condition and improved their recall systems. We reviewed the data from 2015/16 and found:

- The practice had made improvements in care planning for patients with long term mental health conditions. In 2014/15 only 89 of 164 patients with long term mental health conditions had a care plan (54%). The practice provided their current figures for 2016/17 and had reviewed care plans for 128 of 178 patients (72%). This demonstrated an increase of 18%.

The practice had reviewed their coding systems for patient medicine reviews. The computer systems had been changed in 2016 and the crossover had impacted on the practice ability to measure achievement due to different coding systems. This had been resolved when the computers used were all working on a single data collection system. The practice provided us with their latest figures for medicine reviews:

- 32% of all patients with any repeat medicine prescription had a review of their medicine in the preceding 12 months.
- 62% of patients on four or more repeat medicine prescriptions had a review of their medicines in the preceding 12 months.

To assist with repeat prescribing and medication reviews, the practice had employed a prescribing pharmacist. The pharmacist had joined the practice in January 2017 and we were told they had already made a significant impact on reducing the GP workload for medicine reviews. However, it was too early for data to show any evidence of improvement.

Supporting patients to live healthier lives

Data for 2015/16 showed a low uptake of patients attending national screening programmes for bowel and breast cancer screening;

- 70% of female patients aged between 50 and 70 had been screened for breast cancer in the preceding 36 months compared to the CCG average of 76% and national average of 73%.
- 24% of female patients aged between 50 and 70 had been screened for breast cancer within 6 months of invitation compared to the CCG average of 76% and national average of 74%.
- 47% of patients aged 60 to 69 had been screened for bowel cancer in the preceding 30 months compared to the CCG average of 60% and national average of 58%.
- 43% of patients aged 60 to 69 had been screened for bowel cancer within six months of invitation compared to the CCG average of 58% and national average of 56%.

The practice maintained a database of eligible patients from which the recall letters were generated. The practice told us it was not the responsibility of the GP service to actively persuade patients to attend for screening and respected the right of patients to make an informed choice not to take part in national screening programs. However, the practice told us they encouraged patients to attend for screening opportunistically during consultations and would explain the benefits of being screened, particularly in situations where there is a family history of cancer. The practice told us after the inspection they had commenced a review of patients not attending for screening and had initiated a recall letter explaining the benefits of being screened.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not always assess, monitor, identify risks and improve the quality and safety of the services provided:</p> <ul style="list-style-type: none">• The monitoring and review of repeat medicines was not effective.• There was poor performance in care planning for eligible patients with mental health conditions.• There was poor performance in care and follow up for patients with diabetes.• The practice did not always proactively encourage patients to attend for health screening under the national screening programme. <p>This was in breach of Regulation 17: Good governance (1)(2)</p>