

Dr Shibopriyo Mukhopadhyay

Quality Report

Ashfield Medical Centre
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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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection of Dr Shibopriyo Mukhopadhyay on 18 December 2015. This inspection was undertaken to follow up a warning notice we issued to the provider as they had failed to comply with the regulations in respect of good governance.

The overall rating for this practice remains as inadequate. The practice will receive a further inspection within six months of the publication date of the initial report at which the ratings will be reviewed as part of a comprehensive inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr Shibopriyo Mukhopadhyay on our website at www.cqc.org.uk.

Summary of findings

Our key findings across the areas we inspected were as follows:

- Improvements had been made to ensure that staff adequately assessed the needs of patients' with diabetes and depression; and delivered care in line with current guidance.
- All the patients we spoke with said they were involved in decisions about their care and treatment. They described their experience of making an appointment as good and were able to access a convenient appointment when needed.
- The practice worked closely with the patient participation group and other organisations to promote patient education on the appropriate use of secondary care services.
- Data reviewed showed inappropriate attendances at the local accident and emergency service had reduced since our last inspection.
- The practice had implemented improvements and made changes to the booking and appointment system to enable patients to have easy access to the service.

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 had appropriate systems in place to improve outcomes for patients with a diagnosis of depression and diabetes. For example,

- Staff had received refresher training to ensure they had up to date knowledge and skills to deliver effective care and treatment. In addition, staff worked together with a specialist diabetes nurse to review and improve the monitoring of patients with poor glycaemic control.
- Staff assessed patient's needs and delivered care in line with current evidence based guidance. We also saw evidence to confirm that these guidelines were positively influencing practice and patient outcomes.
- Practice supplied data for the 2015/16 Quality and Outcomes Framework showed patient outcomes were better compared to our previous inspection.

Are services responsive to people's needs?

The practice had reviewed the needs of its local population and engaged with the local medical committee, patient participation group and the clinical commissioning group to improve patient access. For example,

- GPs sessions had been increased from 1 September 2015 and up to 50 additional appointments were offered each week.
- The booking and appointment system were audited regularly and adjusted to meet patient demand.
- Patients reported improved telephone access and availability for pre-bookable appointments. They also confirmed it was easy to make an appointment with a named GP, with urgent appointments available the same day.
- Data reviewed showed the number of patients accessing accident and emergency (A&E) had reduced and patient education had been actively promoted to minimise inappropriate attendances.

Summary of findings

What people who use the service say

We spoke with four patients during our inspection, and this included a member of the patient participation group (PPG). All patients said they were happy with the care they received and thought staff were approachable, committed and caring. They reported ease of telephone access and being able to book a convenient appointment when needed. The PPG member told us of the engagement work with the practice population to ensure appropriate use of accident and emergency services and the walk in centre.

The practice survey undertaken in October 2015 was completed by 67 patients.

- 94% said they were satisfied with their consultation with the GP and nurse

- 86.5% had been able to get an appointment easily and
- 83.6% had not encountered problems in requesting an appointment
- 90.3% had their bloods taken, or saw the nurse or midwife on time, with 9.7% waiting no more than five minutes.
- Lower values were achieved for waiting times to be seen by the GP. However, patients appreciated being given sufficient time to discuss their health needs and consultations with interpreters were longer than planned.

Dr Shibopriyo Mukhopadhyay

Detailed findings

Our inspection team

Our inspection team was led by:

by a CQC Lead Inspector. The team included a GP specialist advisor.

Background to Dr Shibopriyo Mukhopadhyay

Dr Mukhopadhyay's practice provides primary medical care services to approximately 3400 patients in Sutton-in-Ashfield in North Nottinghamshire. The practice is based at a single location: Ashfield Medical Centre, King Street, Sutton-in-Ashfield, Nottinghamshire NG17 1AT.

The practice has an increasing patient list size including a growing Polish population who represent 12.4% of the total population. The salaried GP speaks Polish, which enables patients to access a GP who can converse with them in their preferred language.

Dr Mukhopadhyay is a single handed GP and is supported by one salaried GP who works part time. The salaried GP provides nine sessions over a two week period. Both GPs are males. The nursing team comprises of two part-time practice nurses and a healthcare assistant. The clinical team is supported by the practice manager and four staff undertaking administrative and / or reception roles.

The practice has a Primary Medical Services (PMS) contract with NHS England. This is a contract for the practice to deliver primary care services to the local community or communities. Services offered include immunisations for children, foreign travel, minor surgery, diabetic clinic and ear syringing.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are available from 9am to 12.10pm on Monday, Wednesday and Friday; and from 3.30pm to 5.40pm daily. On Tuesday and Thursday morning appointments are offered from 10am to 12.10pm. Extended surgery hours including a lunchtime clinic are offered subject to patient demand. The practice has opted out of providing the out-of-hours services to their own patients. Derbyshire Health United currently provides the out of hour's service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

A breach of legal requirements was found at our 24 March 2015 inspection. The provider was found to be in breach of legal requirements in respect of good governance. This was because concerns were identified in respect of the provider's management of some long terms condition. In addition to this, the provider had failed to consider the risk of harm to patients caused by difficulty in accessing appointment. As a result we undertook a focused inspection on 18 December 2015 to follow up on whether action had been taken to deal with the breach.

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.

Detailed findings

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 December 2015. During our visit we spoke with a range of staff including a GP, practice manager, and administrative staff.

We spoke with four patients who used the service including one member of the patient participation group (PPG). The PPG is a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. We also reviewed 13 patient records to check that appropriate care was delivered.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

At our previous inspection in March 2015, we identified concerns relating to the care and treatment of patients with a diagnosis of depression and diabetes. Due to these concerns, we reviewed 13 patient records to check if improvements had been made to protect patients against the risks of unsafe or inappropriate care and treatment.

We found the GPs had:

- carried out an adequate assessment and / or review of the patients conditions based upon their medical history and clinical signs.
- care and treatment was based upon relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and
- clear and contemporaneous patient records were kept.

Management, monitoring and improving outcomes for people

The 2014/15 QOF data showed 0% of patients with a new diagnosis of depression in the preceding year had been

reviewed. At this inspection, we found the practice had identified 28 patients for its depression register and 67.86% had received a review and appropriate monitoring of their health need. Plans were in place to review the remaining 32.14% (nine) patients. The practice had also identified a read code error that had led to incorrect reporting of performance. This was being addressed at the time of our inspection to ensure accurate data was recorded.

The 2014/15 QOF data showed the practice had achieved 48 out of 86 QOF points (55.8%) for diabetes within that period. Practice supplied data showed the practice had achieved 72.9 out of 86 (84.76%) points within 8.75 months of 2015/16, which was a significant improvement from our previous inspection. Clinical staff had received refresher training in diabetes and engaged with the specialist diabetic nurse to review and manage patients with poor diabetic control. An audit undertaken by the practice showed improved glycaemic control for 18 patients and this was a positive outcome for patients. (Glycaemic control is a medical term referring to the typical levels of blood sugar (glucose) in a person with diabetes).

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

At our previous inspection of 24 March 2015, we found the practice had the highest number of patients presenting to accident and emergency (A&E) and the local walk in centre within the clinical commissioning group (CCG) area. This was also above Nottinghamshire county average. Our inspection findings also showed this could be a result of poor access to the service and patients choosing to attend the nearby local hospital as an alternative.

At this inspection we found proactive steps had been taken to improve patient access and minimise the use of secondary care by patients, specifically the Polish speaking patients. For example,

- Data related to secondary care usage was actively monitored on a weekly basis and for each patient the practice established the reason, time, day and outcome of attendance. Patients were either invited for a follow-up consultation and / or provided with information on the appropriate service to use.
- Patients who frequently attended hospital were identified and a management plan was implemented including patient education.
- Posters were visibly displayed in the waiting and reception area informing patients on the appropriate service to use and improvements that had been made to the appointment system. Some of the leaflet titles included: "How to make sure you choose the right care when you are injured or unwell" and "Right care first time: the emergency department is for serious and life threatening conditions only".
- The patient participation group (PPG) had talked to patients and distributed information related to reducing inappropriate attendances at A&E and walk in centres. The PPG is a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them.
- The appointment system was reviewed weekly and the availability of appointments was adjusted to meet patient demand.

Practice supplied data showed they had reduced their A&E attendances since our last inspection. The yearly report for the period November 2014 to October 2015 showed a 3%

reduction compared with last year's activity; and a 17% decrease in inappropriate attendances (attendances where a patient is discharged without an investigation or treatment).

At the time of inspection we were not able to obtain comparative data from the clinical commissioning group or practice in respect of attendances at walk in centres. This will be followed-up at the next inspection. However, we were assured that positive steps had been taken to address this.

Access to the service

Our previous inspections on 8 January 2014 and 24 March 2015 identified patient concerns in relation to poor telephone access and limited availability of appointments. We found significant improvements had been made to ensure improved patient experience. For example:

- The number of GP sessions had increased up to an average of five sessions a week. This enabled the practice to provide up to 50 extra appointments (face to face and telephone consultations) each week.
- We found appointments were now available from 9am, at least two to three days per week compared to the previous 10am start each day of the week. Depending on patient demand, the GPs were able to offer flexible and / or late evening appointments.

Our review of the appointment system and records showed there were many occasions when the available appointments had not been taken up by patients. For example, 37 appointments had not been taken up between 7 and 11 September 2015; and 19 appointments were available between 9 and 13 November 2015.

Staff we spoke with commented positively about the changes made and the positive impact it had made to ensuring that patients could access a GP appointment when needed.

The practice and PPG had undertaken a survey related to access and appointments between 12 and 30 October 2015. Sixty-seven patients responded to this survey and the results were as follows:

- 86.5% said they were able to get an appointment easily and 13.5% had not been able to get an appointment.

Are services responsive to people's needs?

(for example, to feedback?)

- 83.6% said they had not encountered any problems requesting an appointment while 16.4% experienced difficulties.
- 59.7% of patients who rang or presented at the practice between 8.30am and 9.30am, were able to book an appointment and 40.3% said they could not get an appointment.

The practice and the PPG had explored the factors that had contributed to the lower values. They identified that some of the respondents may have not tried to ring past 8.50am as appointments were historically not available after this time and that some people may not have been aware of the increased appointment availability.

We saw that practice staff and the PPG had actively promoted the improved access and appointment availability by displaying posters in the waiting area, publishing information in the practice's winter newsletter and talking to patients. Information had also been translated into Polish language as 12.4% of the practice population spoke and read this language.

We spoke with four patients including a member of the PPG. They were all satisfied with the appointments system and said it was easy to use. They also confirmed they had been able to obtain routine appointments on the same day of contacting the practice or their preferred date and time.

The results of the GP national patient survey published on 7 January 2016 were broadly similar to the January 2015 results we reviewed at our previous inspection. However we are aware that the responses to this survey included the period when the improvements had not been introduced and / or were embedded therefore not accurately reflecting current patient satisfaction. For example:

- 76% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 60% described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 43% found it easy to get through to this practice by phone compared to the CCG average of 68% and national average of 73%.
- 30% usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 64% and national average of 65%.
- 31% felt they didn't normally have to wait too long to be seen compared to the CCG average of 60% and national average of 58%.