

Mill Road Surgery

Quality Report

279-281 Mill Road

Cambridge

CB1 3DG

Tel: 01223 247812

Website: www.millroadsurgery.co.uk

Date of inspection visit: 17 October 2017

Date of publication: 29/11/2017

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?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Mill Road Surgery	5
Why we carried out this inspection	5
How we carried out this inspection	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mill Road Surgery on 31 October 2016. The overall rating for the practice was good with a rating of requires improvement for providing effective services. We then carried out an announced focussed inspection on 17 October 2017 to confirm that the practice had made improvements on the recommendations that we identified in our previous inspection on 31 October 2016. This report covers our findings in relation to those recommendations.

The reports on the 31 October 2016 and 17 October 2017 inspections can be found by selecting the 'all reports' link for Mill Road Surgery on our website at www.cqc.org.uk.

Overall the practice remains rated as good.

Our key findings were as follows:

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programs to monitor outcomes for patients. The most recent published results showed that the practice had achieved 96% of the total number of points available, with 7% exception reporting. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the

removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

- Data showed the practice performed lower than local and national averages for bowel and breast cancer screening rates.
- Cervical screening rates were above local and national averages, as was exception reporting for this indicator.
- The practice's performance on child immunisations had not improved; however, the practice maintained records on the patients that had not attended and shared information with the local health visiting team.
- There was a comprehensive monitoring system of patients taking high risk medicines at the practice. Patients received the appropriate monitoring required with high risk medicines. A database for blood tests and reviews was maintained by the practice manager who reviewed and discussed this with the GPs on a regular basis.
- The practice had reviewed the coding processes and services available for carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 88 patients as carers (1.5% of the practice list). This was an increase from 18 patients at our inspection on 31 October 2016. Written information was available in the waiting room to direct carers to the various avenues of support available to

Summary of findings

them. One of the receptionists had been made a carers champion who provided additional training for the reception team and engaged with the local carer's trust.

There was one area where the provider should make improvements:

- Explore further opportunities to support an increase in cancer screening rates and a decrease in exception reporting rates for cervical screening.

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?

Our focused inspection on 17 October 2017 found that:

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programs to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 96% of the total number of points available, with 7% exception reporting.
- The practice's performance on child immunisations had not improved; however, the practice maintained records on every patient who had not attended and shared information with the local health visiting team.
- Data showed the practice performed lower than local and national averages for bowel and breast cancer screening rates. Cervical screening rates were above average; however exception reporting was also above average.

This report should be read in conjunction with the full inspection report from 31 October 2016.

Good



Mill Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Mill Road Surgery

Mill Road Surgery is a practice situated in Cambridge, Cambridgeshire. There is also a branch surgery in nearby Cherry Hinton. It is contracted to provide alternative primary medical services to approximately 6,000 registered patients.

According to information taken from Public Health England, the practice population has a larger percentage of adults aged between 20 and 44 years old in comparison to the national average for practices in England. The practice is in an urban area with a mixed level of deprivation, although overall income deprivation levels affecting older people and children were below national averages.

The practice clinical team consists of four GP partners (three male, one female), one salaried female GP, one GP in training (female), two practice nurses and two healthcare assistants. They are supported by a practice manager, a practice secretary and teams of reception, administration and secretarial staff, each with their own leads.

The practice was a training practice and supported medical students and registrars through their development. We spoke with one trainee doctor who commented that they felt well supported and had adequate learning time allocated to them.

The practice offered appointments from 8.30am to 12.30pm and from 1.30pm to 6pm Monday to Friday.

Appointments were also available at the branch surgery in Cherry Hinton between 8.30am and 12.30pm and from 1.30pm to 5pm Monday to Friday. The practice offered extended hours' appointments from 7am until 8am on Monday and Thursday and from 6.30pm to 7.30pm on Thursday. Out-of-hours care was provided by Herts Urgent Care via the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Mill Road Surgery on 31 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and requires improvement for providing effective services. The full comprehensive report following the inspection on 31 October 2016 can be found by selecting the 'all reports' link for Mill Road Surgery on our website at www.cqc.org.uk.

We undertook a focused inspection of Mill Road Surgery on 17 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was meeting legal requirements. The practice is now rated as good for providing effective services.

How we carried out this inspection

During our visit we:

- Spoke with a GP partner and the practice manager.
- Reviewed performance records and processes.
- Reviewed carers' records and processes.
- Reviewed high risk medicine processes.

Detailed findings

Please note that when referring to information throughout this report, 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 31 October 2016, we rated the practice as requires improvement for providing effective services. The following improvements were needed:

- Continue to monitor and implement improvement plans around QOF performance.
- Continue to monitor and implement improvement plans around cancer screening.
- Continue to monitor and implement improvement plans around child immunisations.

These arrangements had improved when we undertook a follow up inspection on 17 October 2017. The practice is now rated as good for providing effective services.

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 programs to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 96% of the total number of points available which was equal to the local and the national averages of 96%. The practice reported 7% exception reporting, which was below the local average of 11% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate). This was an improvement from 2015/16 data where the practice had achieved 92% of the total number of points available, with 8% exception reporting. Data from 2016/2017 showed:

- Performance for atrial fibrillation, cancer, chronic kidney disease, dementia, depression, epilepsy, heart failure, hypertension, learning disability, mental health, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack were better than or the same as CCG and national averages.

Performance for asthma related indicators was lower than CCG and national averages. The practice had achieved 93%, which was 4% below the CCG average and the

national averages. This had improved from 2015/16 when the practice achieved 81%, which was 16% below the CCG and national average. 2016/17 exception reporting for asthma related indicators was below average at 3%.

- Performance for diabetes related indicators was lower than CCG and national averages. The practice had achieved 85%, which was 7% below the CCG average and 6% below the national average. Exception reporting for diabetes related indicators was below average at 8%. This was similar to data from 2015/16 when the practice achieved 83%, which was 8% below the CCG average and 7% below the national average. The practice lead nurse had recently completed their diabetes diploma and a new review regime had been introduced in the practice with a dedicated lead in place. The practice had been proactive in attempting to improve performance by inviting patients for reviews and tests and raising awareness; they also actively engaged with the community diabetic nurse specialist to ensure their awareness of the diabetic patients. Unverified data for 2017/18 QOF indicated the practice's performance was at 78% in October 2017, which was halfway through the year.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators was higher than CCG and national averages. The practice had achieved 100%, which was 3% above the CCG average and 4% above the national average. Exception reporting was below local and national averages. This had improved from 2015/16 when the practice achieved 69%, which was 27% below the CCG and national averages.
- Performance for osteoporosis: secondary prevention of fragility fractures related indicators was higher than CCG and national averages. The practice had achieved 100%, which was 9% above the CCG average and 10% above the national average. Exception reporting was 0%. This had improved since 2015/16 when the practice achieved 67%, which was 21% below the CCG and national averages.

The practice had been proactive in implementing quality improvement plans based on their QOF scores from their previous year. We saw that improvement plans and strategies had been implemented and agreed with the local commissioners for diabetes and COPD, this had resulted in an increase in performance for COPD indicators but performance for diabetes was still below average. The practice explained that they continued to drive their

Are services effective?

(for example, treatment is effective)

improvement plans to improve diabetes performance. Quality improvement plans had led to an increase in overall QOF performance equal to local and national averages.

Supporting patients to live healthier lives

The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 91%, which was above the local average of 82% and the national average of 81%. Exception reporting was 26% which was above the local average of 9% and above the national average of 7%. Patients who did not respond after two initiations had their record reviewed to assess whether a recent test was carried out, an appointment was booked or for any other relevant information; for example, whether their test was undertaken abroad. If required, further communication was made with the patient to make an appointment. If patients had not responded after four weeks their records were reviewed again before being exception reported.

The practice was aware of this high exception reporting rate and had reviewed its letter to patients and emphasised the clinical importance of the test to reduce non-attendance. They had also ensured additional nursing appointments were available to improve access to timely appointments for patients.

There were fail-safe systems in place to ensure results were received for all samples sent for the cervical screening program and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programs for breast and bowel cancer screening; however screening rates were below average:

- 53% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months which was below the CCG and the England average of 58%.
- 66% of females aged 50 to 70 had been screened for breast cancer in the last 36 months which was below the CCG average of 75% and an England average of 73%.

Childhood immunisation rates for the vaccinations given to under 12 month olds (44 eligible patients) during 2015/16 ranged from 93% to 98% (excluding Hep B immunisation); vaccinations given to under 24 month olds (76 eligible patients) during 2015/16 ranged from 83% to 88% (excluding Hep B immunisation); and for five year olds (97 eligible patients) immunisation rates ranged from 76% to 90%. The practice maintained records for every patient who didn't attend for an immunisation and shared this information with the local health visitors team to ensure the child was followed up appropriately. The practice proactively encouraged attendance and provided information to parents.