

Bartlemas Surgery

Quality Report

Bartlemas Surgery,
East Oxford Health Centre, Oxford, Oxfordshire
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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?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Our previous comprehensive inspection at Bartlemas Surgery on 26 September 2016 found breaches of regulations relating to the governance of the practice. The overall rating for the practice was good, but they were rated requires improvement in the effective domain. The full comprehensive report from the September 2016 inspection can be found by selecting the 'all reports' link for Bartlemas Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection visit carried out on 12 April 2017. It was conducted 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. This report covers our findings in relation to those requirements and improvements made since our last inspection.

We found the practice had made improvements since our last inspection. The evidence we reviewed and collected identified that the practice was meeting the regulation that had previously been breached. We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services. In addition the practice made improvements to its services where we suggested this could improve services for patients.

Our key findings were:

- Improvements to diabetes care were in progress and reflected in data since our previous inspection.
- There had been a significant reduction in exception reporting in national clinical data submissions since our previous inspection.
- The process for medicine reviews had been improved and data indicated monitoring was taking place.
- Health checks for patients with learning disabilities had increased significantly.
- Guidance on obtaining consent from patients under 16 had been implemented.
- Survey data indicated the majority of patients were satisfied with access to preferred GPs.
- In the July 2016 GP national survey results the practice had a lower than average rating for seeing a GP of choice. In our last inspection report we suggested the provider should consider this. The practice undertook its own survey published in March 2017 and this showed a significant difference to the national GP survey and significantly better results in terms of access to a named GP. This indicated that of those patients to whom the question was relevant, 67% stated they found access to a GP of choice acceptable or easy. There were 326 responses to the survey.

Areas the provider should make improvements:

- Continue to improve the care for patients and performance in diabetes.

Summary of findings

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?

At our previous inspection in September 2016 we found that there were significantly higher rates of exception reporting in the submission of clinical performance data. The practice had not identified higher than average exception reporting as an area for improvement. Diabetes results in national data showed poor performance. The practice had a high number of diabetic patients compared to national average. The recording of medicine reviews was not facilitating effective monitoring of patients medicines. In addition to these areas we informed the provider they must make improvements, we also suggested they should consider improving the guidance available for staff on obtaining consent from patients under 16 years old and improve the uptake of learning disability reviews.

The practice is rated as good for providing effective services.

- There had been a significant reduction in the level of exceptions when submitting national clinical performance data.
- The process for medicine reviews had increased uptake and recording to improve the overall monitoring of repeat prescribing to patients.
- Diabetes performance was in the process of the being improved. The significantly low levels of exception reporting impacted on the data performance when compared to national averages. There was an audit action plan in progress to improve diabetes care and engagement with targeted patients in partnership with the patient participation group.
- Health checks for patients with learning disabilities had increased to 56%.
- Guidance on obtaining consent from patients under 16 had been implemented.

Good



Bartlemas Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser

Background to Bartlemas Surgery

We undertook an inspection of this practice on 12 April 2017. The practice provides services from East Oxford Health Centre, Oxford, Oxfordshire, OX4 1XD

Bartlemas Surgery has a purpose built location with good accessibility to all its consultation rooms. The practice serves 9,100 patients from the surrounding area. The practice demographics show that the population has a lower proportion of patients over 65 compared to the national average and much higher prevalence of younger patients. The practice had a higher proportion of patients from ethnic minority backgrounds, a transient population (there was a turnover of patients of approximately 10% every year) and the highest rate of diabetes in Oxford with over 500 patients on their diabetes register. The local population also has a significant prevalence of patients with mental health problems, substance misuse and homelessness.

- There are six GP partners working at the practice, and three salaried GPs, including six female and three male. There are three practice nurses, and two healthcare assistants. A number of administrative staff and a practice manager support the clinical team.
- There are five whole time equivalent (WTE) GPs, 1.5 WTE nurses 1 WTE healthcare assistant.

- This is a training practice and three GPs in training work at the practice.
- Bartlemas Surgery is open between 8.30am and 6.30pm Monday to Friday. There are extended hours nursing appointments available on Saturday mornings.
- Out of hours GP services were available when the practice was closed by phoning 111 and this was advertised on the practice website.

Why we carried out this inspection

In September 2016 we carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken to ensure improvements required in relation to the Regulated Activity Regulations 2014 at the previous inspection were made.

How we carried out this inspection

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 26 September 2016. During our visit we:

- Spoke with staff, including two GPs, and the practice manager.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed data and documents regarding the monitoring of patient care.

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

- Is it effective?

- Is it responsive to people's needs?

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 in September 2016 we found that there were significantly higher rates of exception reporting in the submission of clinical performance data. The practice had not identified higher than average exception reporting as an area for improvement. Diabetes results in national data showed poor performance. The practice had a high number of diabetic patients compared to national average. The recording of medicine reviews was not facilitating effective monitoring of patients medicines. In addition to these areas we informed the provider they must make improvements, we also suggested they should consider improving the guidance available for staff on obtaining consent from patients under 16 years old and improve the uptake of learning disability reviews.

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 most recent unpublished and yet to be validated results showed that diabetes performance in 2016/17 was 74% overall. The diabetes exception reporting rate for 2016/17 was 2.6% compared to the 2015/16 exception reporting average for diabetes of 13% locally and 12% nationally. This indicated that patients who did not attend for diabetic health checks or who struggled to manage their diabetes in line with the advice and care provided by the practice, were predominantly still included in the data submission. This significantly low level of exception reporting was a key reason for the low performance in QOF for diabetes. The national average performance for diabetes in 2015/16 was 89%.
- The practice had undertaken an audit of diabetes care in October 2016. This identified 85 patients who the practice were targeting to improve their diabetic management and this in turn will be reflected in national data submissions if successful. The audit plan is due for completion in October 2017 where a re-audit is also planned. The actions from this audit will be reflected in the 2017/18 QOF outcomes if successful in

improving the care of these diabetics. We looked at the care planning for diabetics and records from their periodic reviews. These showed appropriate reviews of their condition and appropriate management plans.

- The practice is working with its patient participation group (PPG) to improve communication with the large proportion of patients from black and minority ethnic backgrounds in order to assist these patients with their diabetic management. This section of the patient population was identified by GPs as a difficult to reach section of the population and some backgrounds have particularly high diabetes prevalence. GPs informed us that the practice experienced a 10% turnover of patients (the total number of those deregistering and new patients registering).
- Overall exception reporting had decreased from 13% in 2014/15 to 7.5% in 2016/17 which was lower than the national and local averages of 10% in 2015/16.

Since the last inspection the practice had had improved the prompting and recording of reviews of patients on long term medicines. The practice provided us with data showing that for patients on less than four repeat medicines. Seventy seven percent had up to date reviews and for patients on four or more medicines 90% had up to date medicine reviews. This indicated that the majority of patients were now being effectively monitored to ensure their medicines were effective and safe.

Consent to care and treatment

The practice had implemented a policy with clear guidance on the Gillick competency (obtaining consent from patients under 16) but there was not supporting guidance in consent policies in order to support staff who may need to use the assessment criteria.

Supporting patients to live healthier lives

The practice participated in the enhanced service of offering annual health checks to patients with a learning disability. There were 32 patients on the register and 18 had checks in 2016/17. This was a significant improvement to the previous year's performance. The practice wrote to patients three times and called them or their carers if there was no response. GPs told us if a home was required it would be offered in order to undertake the review.