Dr Lawson and Dr Alalade

Quality Report

University Surgery
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Date of inspection visit: 17 October 2017
Date of publication: 05/12/2017

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
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection on 16 February 2017, where the practice was rated as requires improvement overall. Before this the practice had been in special measures following an inspection in May 2016. The practice was taken out of special measures, but there were still areas which needed improvement. These included maintaining accurate and complete records of patient care and treatment; reviewing arrangements for identifying patients who were also carers; reviewing arrangements related to not having a defibrillator on site; and reviewing arrangements for reporting significant events to external bodies.

The full comprehensive report on the February 2017 inspection can be found by selecting the 'all reports' link for Dr Lawson and Dr Alalade on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 17 October 2017 to confirm that the practice had met the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 16 February 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection on 16 February 2017.

Overall the practice is now rated as good.

Our key findings were as follows:

Improvements had been made and the requirement to maintain an accurate and complete record in respect of each patient including care plans had been met. Care plans were shared with the patient and other relevant health professionals. Also:

- The practice had reviewed its risk assessment related to having a defibrillator on site and had purchased one.
- The practice was more proactive in identifying carers to provide appropriate support.
- The practice was working more closely with the patient participation group and involving them in the running of the practice.
- The practice had started to use a reporting system for significant events which enabled them to report to external bodies and there was evidence on acting fully on safety alerts.

However, there were also areas of practice where the provider needs to continue to make improvements.

The provider should:

Summary of findings

- Review arrangements for sharing information about vulnerable patients, particularly those with a mental health condition who moved to another area or who do not attend appointments.
- Continue with arrangements to identify patients who are also carers to improve numbers.
- Review the process for ensuring that blood tests have been completed and the results have been received, prior to medicines being prescribed.

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?

Good

The provider is now rated as good for providing effective services.

- There was a recall system in place for patients who did not attend for their health reviews and exception reporting had improved across all areas in the Quality and Outcomes Framework. In particular, all patients with diabetes had received a blood test to monitor their blood sugars level, with no exceptions. This was the case for all diabetes indicators.
- Templates available on the computer systems were used, this enabled information to be captured in a systematic manner to inform care plans. We reviewed a sample of care plans for patients with long term conditions. We found that these contained appropriate information to managed conditions and these had been shared with the patient and other health professionals as needed.

Are services caring?

Good

The provider is now rated as good for providing caring services.

- Patients were asked when registering at the practice whether they were a carer. GPs also used appointments to ask patients if they were carers. Written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

Good

The provider is now rated as good for providing responsive services.

- We reviewed records which showed that longer appointments were available to meet patients' needs. For example, for patients with long term conditions appointments were available for up to 50 minutes dependant on what needed to be covered in their review.
- In addition the practice had introduced a system where patients with asthma were offered a spirometry check four to six weeks after having a chest infection. Any patient who requested an appointment for a mental health problem was put into the same day walk-in doctor triage appointments and when able were given a double appointment of 20 minutes.

Are services well-led?

Good

The provider is now rated as good for providing well led services.

- The business plan had been reviewed and updated to include systems which had been put into place since our previous inspection which underpinned the governance structure.
- Improvements had been made to systems for handling letters from the out of hours service and A&E; and results of blood tests. There were now clear guidelines for staff on who was responsible for reviewing this correspondence and ensuring action was taken.
- Systems for monitoring patients using the Quality and Outcomes framework had improved. Nominated members of staff were responsible for ensuring data was captured accurately and attempts were made to encourage patients to attend for reviews prior to exception reporting.

Summary of findings

- The practice had started to use a clinical commissioning group (CCG) system where significant events and complaints were shared. They received a newsletter every quarter which informed them of themes and trends in the CCG area, as well as in the practice. This enabled the practice to monitor actions they had taken and also to be aware of other areas which might require attention.
- We met with a member of the Patient Participation Group who said they now were more involved in the running of the practice and received information on how themes and trends from significant events and complaints were acted upon.

However although areas of governance had improved there were some systems that needed to be fully embedded in the day to day running of the practice; such as

- for the consistent management of high risk medicines which needed blood test to ensure the relevant dose was given.
- for improving sharing of information for vulnerable patients needed to be reviewed to improve the support of patients when the patient moved to another healthcare service.

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
The provider had resolved the concerns for effective, caring, responsive and well led identified at our inspection on 16 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People with long term conditions
The provider had resolved the concerns for effective, caring, responsive and well led identified at our inspection on 16 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Families, children and young people
The provider had resolved the concerns for effective, caring, responsive and well led identified at our inspection on 16 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Working age people (including those recently retired and students)
The provider had resolved the concerns for effective, caring, responsive and well led identified at our inspection on 16 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People whose circumstances may make them vulnerable
The provider had resolved the concerns for effective, caring, responsive and well led identified at our inspection on 16 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

However:

Arrangements for sharing information about vulnerable patients, particularly those with a mental health condition who move to another area or who do not attend appointments were not fully effective.

Good

Summary of findings

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for effective, caring, responsive and well led identified at our inspection on 16 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Dr Lawson and Dr Alalade

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Dr Lawson and Dr Alalade

Dr Lawson and Dr Alalade are also known as the University Practice. The practice is situated in the centre of Portsmouth and provides care and treatment to approximately 18,500 patients. The majority of patients, approximately 13,000, are students at the University of Portsmouth.

The practice has a high percentage of patients in the 15 to 34 age group when compared with the England average. Numbers for the other age groups are significantly below England averages. The practice is situated in one of the fourth most deprived areas in England. The practice population is mainly white British, with approximately 10% of patients who live in the area identifying themselves as Black or Asian in origin. The university has students from all parts of the world who register as patients at the practice.

Dr Lawson and Dr Alalade have two GP partners; in addition there are three part time salaried GPs. There are three male GPs and two female GPs. The practice has three practice nurses, one who works full time and two nurses who work part time hours. The clinical team are supported by reception and administration staff, a practice manager and an operations manager. The practice provides services under a personal medical service contract.

The practice's usual opening hours are 8.00am until 6.30pm daily (with extended hours being offered between 6.30pm and 8pm on Tuesday evenings); 9am until 11am on Saturdays with a GP and 9am until 1pm on a Saturday with a practice nurse. When the practice is closed, patients are requested to access out of hours GPs via the NHS 111 service.

We inspected the only location:

University Surgery

The Nuffield Centre

St Michael's Road

PO1 2BH

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Lawson and Dr Alalade on 16 February 2017 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 effective, caring, responsive and well led services and a requirement notice was served.

We undertook this focussed inspection 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 now meeting legal requirements.

How we carried out this inspection

During our visit we:

Detailed findings

- Spoke with a range of staff including the two GP partners, the practice manager, the operations manager and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 16 February 2017, we rated the practice as requires improvement for providing effective services. The practice had arrangements in place for monitoring outcomes for patients but these were not fully embedded.

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

At our previous inspection we found that information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients needed improvement. (QOF is a system intended to improve the quality of general practice and reward good practice).

Published data available had not been updated since our previous inspection. The most recent published results were 95% (2015/16) of the total number of points available. Overall exception reporting figures were not available, due to changes in the computer system at the practice. However indicator specific data which was available showed that in the majority of cases there were no exception reports made. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Therefore, we looked at unverified exception reporting data for 2016/17 provided by the practice and found that processes had improved to ensure that patients were only excepted once efforts had been made to engage them in reviews. When a patient did not turn up for a review the practice attempted contact on three occasions prior to excepting them from an outcome. Specific members of staff were responsible for monitoring attendance at reviews and contacting patients where needed, but not all staff were aware of this process. Records confirmed that there were members of staff responsible for this work.

Examples of improvement in exception reporting included patients who were diagnosed with diabetes. For example, all patients with diabetes had received a blood test to monitor their blood sugar levels, with no exceptions. This was the case for all diabetes indicators. Previous exception reporting for this indicator was 40%.

Since our previous inspection the practice has employed an asthma specialist prescribing nurse, who provided a Tuesday afternoon asthma clinic. The practice had received excellent verbal feedback from the patients regarding this new nurse and the clinic. This was confirmed during our visit and feedback we received.

Coordinating patient care and information sharing

At the previous inspection we found care plans for long term conditions were not routinely kept on patient records or shared with other health professionals. The practice had started to use templates available on their computer systems which enabled information to be captured in a systematic manner to inform care plans. We reviewed a sample of care plans for patients with long term conditions. We found that these contained appropriate information to managed conditions and these had been shared with the patient and other health professionals as needed.

The practice regularly met with university staff and mental health professionals to discuss patients who they were concerned about. We found there was a lack of clarity around how to share information effectively whilst still complying with the Data Protection Act 1998 and patient consent, placing patients at risk of not receiving appropriate care and treatment to meet their needs. For example, patients who had been expressing suicidal thoughts and missed their appointments with either the practice or university staff were not followed up fully. Records showed that they would be discussed at meetings and if they had returned home there was no process to ensure that relevant information would be communicated to health services in their home area.

Supporting patients to live healthier lives

The practice team had organised a cervical cancer screening week in March 2017 to encourage uptake. Previous QOF results in 2014/15 showed that the uptake was 31%, with an exception rate of 5%. The figures for the year 2015/16 were 100%, with no exceptions, however, there had been issues with uploading information to the database. Figures for 2016/17 showed that the uptake was

Good

Are services effective?

(for example, treatment is effective)

93%, with an exception rate of 70% (published on 27 October 2017). The practice had worked to identify patients who may have had the screening in their home area in order to except them approrpriately from this indicator.

Good

Are services caring?

Our findings

At our previous inspection on 16 February 2017, we rated the practice as requires improvement for providing caring services. Recommendations were made for reviewing arrangements for identifying patients who were also carers' and providing appropriate support. These arrangements had improved when we undertook a follow up inspection on 17 October 2017. The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Results from the national GP patient survey, published July 2017 were mixed, but improving slowly. A total of 390 forms were sent out and 21 were returned, which was a response rate of 5%. For example:

- 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 67% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 96%. An improvement of 5% since the last survey.
- 53% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%. An improvement of 8% since the last survey.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%. An improvement of 5% since the last survey.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified four patients as carers (less than 1% of the practice list). This was a decrease from the 19 carers' identified at the previous inspection. The practice had a high turnover of patients each year, on average a third of the numbers. The majority of patients were students from the university living away from their home area and therefore many did not have caring responsibilities.

Patients were asked whether they were a carer when they registered at the practice. There was also a specific form held at reception to be given to patients. GPs also used appointments to ask patients if they were carers' and the screen in the waiting room had relevant details. Written information was available to direct carers to the various avenues of support available to them. Minutes of practice meetings confirmed that these processes were in place.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 16 February 2017, we rated the practice as requires improvement for providing responsive services. There were no specific recommendations made for responsive services, but the practice needed to demonstrate that systems and processes were embedded in daily practice. Areas of concern included appointment length and acting on patient views in relation to accessing care and treatment.

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

Access to the service

We reviewed records which showed that longer appointments were available to meet patients' needs. For example, for patients with long term conditions appointments were available for up to 50 minutes dependant on what needed to be covered in their review. In addition the practice had introduced a system where patients with asthma were offered a spirometry check four to six weeks after having a chest infection. (A spirometry check involves measuring a patient's lung capacity before and after having a nebuliser which opens up the airway. Patients have to blow into a spirometry machine which takes recordings and staff can assess whether further action is needed.)

Any patient who requested an appointment for a mental health problem was put into the same day walk-in doctor triage appointments and when able were given a double appointment of 20 minutes.

Results from the national GP patient survey (July 2017) showed that patient's satisfaction with how they could access care and treatment were better than clinical commissioning group (CCG) and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and the national average of 80%.
- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had carried out their own survey in May 2017. A total of 250 patients responded to this. Results showed that all respondents said that that the length of time they had to wait for an appointment was good, very good or excellent; all considered that the day and time of the appointment was convenient, apart from 15 respondents; and all scored satisfaction with the practice as good, very good or excellent.

We gathered the views of six patients. All of them said that it was easy to make an appointment and they received good treatment and their privacy and dignity was respected. One respondent said they felt rushed at times and another had concerns about being given differing advice by GPs.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system

- We looked at one complaint received since the previous inspection and found that it had been satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, there was confusion over which service to refer a patient to for treatment, as a result of this new pathway guidelines were received from the hospital concerned and these were shared with all GPs and copies provided for all clinical rooms.

Are services well-led?

Good

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

Our findings

At our previous inspection on 16 February 2017, we rated the practice as requires improvement for providing well-led services as further improvements were needed on the overarching governance structure to embed it fully into practice. There were systems and processes in place to monitor the safety and quality of service provision, but this was not consistent. In particular processes for ensuring safety alerts were acted on and working effectively with the patient participation group.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 17 October 2017. The practice is now rated as good for being well-led.

We looked at the following areas to assess whether changes implemented were embedded in every day practice.

Vision and strategy

- The practice had a vision to deliver high quality care and promote good outcomes for patients, which it had shared with staff.
- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- Staff were engaged with promoting the vision and values of the practice.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. The business plan had been reviewed and updated to include systems which had been put into place since our previous inspection which underpinned the governance structure. For example, the introduction of processes for managing correspondence received by the practice.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained.
- Improvements had been made to systems for handling letters from the out of hours service and A&E; and results of blood tests. There were now clear guidelines for staff on who was responsible for reviewing this correspondence and ensuring action was taken.
- Systems for monitoring patients using the Quality and Outcomes framework had improved. There were members of staff responsible for ensuring data was captured accurately and attempts were made to encourage patients to attend for reviews prior to exception reporting.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Records related to significant events and complaints were organised and showed clearly the actions taken in response to concerns and monitoring needed. Staff meeting meetings demonstrated that learning from events was shared and reviewed appropriately. For example, a serious incident occurred which was the subject of an ongoing investigation. In response to this, the practice had stopped nurses from carrying out patient triage until they had undertaken further training which was planned for January 2018.
- The practice had started to use a clinical commissioning group (CCG) system where significant events and complaints were shared. They received a newsletter every quarter which informed them of themes and trends in the CCG area, as well as in the practice. This enabled the practice to monitor actions they had taken and also to be aware of other areas which might require attention.

However although areas of governance had improved there were some systems that needed to be fully embedded in the day to day running of the practice; such as

Are services well-led?

Good

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

- Systems were in place for managing high risk medicines, which needed regular blood tests to ensure the relevant dose was given. The practice manager and one of the GP partners were able to describe the five step process that was in place. This included staff ensuring that blood tests had been taken and the results had been received, prior to medicines being prescribed. This was not consistent across all GPs who worked at the practice.
- Systems for sharing of information for vulnerable patients needed to be reviewed to improve the support of patients when the patient moved to another healthcare service.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a leadership structure in place and staff felt supported by management. Staff had clear responsibilities and roles.

- The practice held a range of regular meetings which included clinical meetings where significant events and complaints were discussed. These meetings were minuted and attended by GPs, the practice nurses and the practice manager. Learning from significant events and complaints was cascaded to other teams in their meetings, which were also held regularly. Other meeting included business meetings to discuss forward planning and sustainability of the practice and monthly whole team meetings. Minutes of meetings confirmed this.
- Staff told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Administration staff feedback included their attendance at workflow optimisation courses, which enabled them to take on more responsibility for coding; scanning and ensuring information was triaged and given to the right member of clinical staff to action when needed.

Seeking and acting on feedback from patients, the public and staff

- The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met on a regular basis, and the membership had grown from two to 15. Work was continuing on making the group representative of the practice population and they had a representative from the student population involved with their work. We met with a member of the PPG who said they now were more involved in the running of the practice and received information on how themes and trends from significant events and complaints were acted upon.
- Results from the national GP survey were still mixed in some areas, although they had improved slightly, were still significantly below clinical commissioning group and national averages. In particular having confidence and trust in their GPs; being involved in their care and treatment; and GPs treating them with care and concern.

Are services well-led?

Good

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff were able to use a suggestion box to submit ideas on how to improve practice.
- We received feedback from six members of staff who all said that the improvements had been sustained since our inspection in February 2017.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. There were few numbers of patients living with dementia on the practice list; the practice had taken steps to improve this group of patients' experience of visiting the practice. Specialist dementia awareness training was carried out in March 2017 and the practice had now received accreditation as a dementia friendly practice.