

# Easthampstead Surgery

## Quality Report

Easthampstead Surgery  
Rectory Lane  
Easthampstead  
Bracknell  
Berkshire  
RG12 7BB

Tel: 01344 457535

Website: [www.easthampsteadsurgery.co.uk/](http://www.easthampsteadsurgery.co.uk/)

Date of inspection visit: 19 July 2017

Date of publication: 28/07/2017

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 well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6

### Detailed findings from this inspection

Our inspection team	9
Background to Easthampstead Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9

## Overall summary

### Letter from the Chief Inspector of General Practice

Our previous comprehensive inspection at Easthampstead Surgery in Bracknell, Berkshire on 11 January 2017 found breaches of regulations relating to the effective and well-led delivery of services. The overall rating for the practice was requires improvement. Specifically, we found the practice to require improvement for the provision of effective and well led services. The practice was rated good for providing safe, caring and responsive services. The concerns identified as requiring improvement affected all patients and all population groups were also rated as requires improvement. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Easthampstead Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 19 July 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 in January 2017. 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. At our inspection on the 19 July 2017 we found the practice was meeting the regulations 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. Overall the practice is now rated as good. All six population groups have also been re-rated following these improvements and are also rated as good.

Our key findings were as follows:

- The practice had implemented new systems to manage, monitor and improve outcomes for patients. We saw evidence which indicated the practices performance to monitor patient outcomes had resulted in a 4% increase in overall performance when compared to the previous year's performance.
- There was now an overarching governance framework which supported the delivery of good quality care. Improvements had continued to be made after the January 2017 inspection to deliver significant progress in improving services.
- The practice had taken steps to increase the number of patients attending national cancer screening programmes. For example, individual personalised letter encouraging patients to complete national

# Summary of findings

cancer screening programmes and additional awareness training for practice staff with a view to help and support patients make informed choices about the screening programmes.

- Following the review of the practices governance arrangements, we saw the practice now had internal integrated systems which were accurate, valid, reliable and relevant to monitor and manage Easthampstead Surgery.

**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 taken appropriate action and is now rated as good for the provision of effective services.

Good



Our last inspection in January 2017 identified concerns relating to low patient outcomes. 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). At the January 2017 inspection, the most recent published results showed the practice had achieved 91% of the total number of points available; this was lower when compared to the local clinical commissioning group (CCG) average (97%) and the national average (95%).

Furthermore, using data from Public Health England we saw there was limited success in patients attending national cancer screening programmes. For example, 49% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was a 1% decrease on previous figures and lower when compared with the CCG average (58%) and national average (58%).

During the inspection on 19 July 2017, we saw the concerns had been addressed:

- Following implementation of a QOF action plan, additional coding training, appointment of a designated QOF lead and a new 'call and recall' protocol to manage, monitor and improve patient outcomes – there had been an improvement in the practices QOF performance.
- In 2015/16, Easthampstead Surgery achieved 91% of the total number of points available; this was lower when compared to the local clinical commissioning group (CCG) average (97%) and the national average (95%).
- In 2016/17, Easthampstead Surgery achieved 95% of the total number of points available; this was an increase of 4%. At the time of the July 2017 inspection, QOF performance for the local CCG and national averages for 2016/17 was not available.
- The overall QOF improvement also resulted in improvements across several clinical indicators. For example, a 9% improvement in diabetes related indicators, a 19% improvement in hypertension related indicators and a 10% improvement in mental health related indicators.
- In order to increase the number of patients completing national cancer screening programmes the practice had implemented a series of actions. For example, individual personalised letters encouraging patients to complete national cancer screening programmes and additional awareness training with a view to support patients make informed choices about the screening programmes.

### Are services well-led?

The practice had taken appropriate action and is now rated as good for the provision of well-led services.

Good



# Summary of findings

Our last inspection in January 2017 identified concerns relating to areas of weakness within the practices governance arrangements. There was a much improved governance framework, however, the new improvements and the effectiveness of the new governance arrangements was difficult to evidence due to the short time since implementation.

Furthermore, we identified concerns within the temporary arrangements to manage the practice and the internal systems used by the practice which were unreliable and out of date.

During the inspection on 19 July 2017, we saw the concerns had been addressed:

- Governance arrangements had been proactively reviewed and now took account of current models of best practice.
- In June 2017, the practice enlisted the support of an external management consultant to join the team and complete an independent governance review. The management consultant brought a vast amount of primary care and clinical governance experience to the practice. The review alongside the wealth of experience was used to sustain and embed the significant number of changes and improvements.
- During the July 2017 inspection, we reviewed the internal systems Easthampstead Surgery used to manage activities within the practice. We saw the systems had been updated and there was now a 'three click' navigation system. This enabled any document, policy or protocol to be located within three clicks.
- Although the management arrangements had changed since the January 2017 inspection, there was now a strategy to recruit a permanent practice manager. The management consultant worked alongside the business manager and a team of reception, administrative and secretarial staff to undertake the day to day management and running of the practice. This was the agreed arrangement until a practice manager was recruited. We saw the recruitment plan the practice was using to recruit a new practice manager. Once the practice manager was recruited, the management consultant would mentor and coach the manager and slowly handover the day to day management of the practice. We heard the consultant would still remain and work with the practice to oversee the improvements.

# 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 effectiveness and well-led identified at our inspection in January 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 effectiveness and well-led identified at our inspection in January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. Additional work had been completed which applied to this population group. For example:

- There was an action plan to address low QOF performance which included a new 'call and recall' protocol to manage, monitor and improve outcomes for people with long term conditions. The action plan and subsequent actions had been successful in improving patient outcomes and was evidenced in the latest QOF performance for 2016/17.
- Data from 2016/17 QOF performance for diabetes related indicators showed the practice had achieved 80% of targets; this was a 9% improvement.
- Data from 2016/17 QOF performance for hypertension (high blood pressure) related indicators showed the practice had achieved 100% of targets; this was a 19% improvement.

Good



### Families, children and young people

The provider had resolved the concerns for effectiveness and well-led identified at our inspection in January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. Additional work had been completed which applied to this population group. For example:

- There was an action plan to address low QOF performance which included a new 'call and recall' protocol to manage, monitor and improve outcomes for people with long term conditions. The action plan and subsequent actions had been successful in improving patient outcomes and was evidenced in the latest QOF performance for 2016/17.

Good



# Summary of findings

- Data from 2016/17 QOF performance for diabetes related indicators showed the practice had achieved 80% of targets; this was a 9% improvement.
- Data from 2016/17 QOF performance for hypertension (high blood pressure) related indicators showed the practice had achieved 100% of targets; this was a 19% improvement.

## Working age people (including those recently retired and students)

The provider had resolved the concerns for effectiveness and well-led identified at our inspection in January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. Additional work had been completed which applied to this population group. For example:

- In order to increase the number of patients completing national cancer screening programmes the practice had implemented a series of actions. For example, individual personalised letters encouraging patients to complete national cancer screening programmes and additional awareness training with a view to support patients make informed choices about the screening programmes.
- The practice had adopted a new bowel cancer screening protocol which resulted in alerts added to patient records, a text message service for non-responders and a proactive email campaign supported by the patient participation group.
- There was an increased presence of patient literature available within the practice. Including information posters from leading national cancer charities.

Good



## People whose circumstances may make them vulnerable

The provider had resolved the concerns for effectiveness and well-led identified at our inspection in January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



## People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for effectiveness and well-led identified at our inspection in January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. Additional work had been completed which applied to this population group. For example:

Good



# Summary of findings

- There was an action plan to address low QOF performance which included a new 'call and recall' protocol to manage, monitor and improve outcomes for people with mental health related indicators including dementia related indicators. The action plan and subsequent actions had been successful in improving patient outcomes and was evidenced in the latest QOF performance for 2016/17.
- Data from 2016/17 QOF performance for mental health related indicators showed the practice had achieved 96% of targets; this was a 10% improvement.
- We also saw dementia performance for 2016/17 had improved. For example, 81% of patients diagnosed with dementia had their care plan reviewed in a face-to-face review in the preceding 12 months. This was a 6% increase on the previous year's performance.



# Easthampstead Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was completed by a CQC Inspector.

## Background to Easthampstead Surgery

Easthampstead Surgery is a GP practice located in a converted residential dwelling in Bracknell, Berkshire. It is one of the practices within Bracknell and Ascot Clinical Commissioning Group (CCG) and provides general medical services to approximately 5,200 registered patients.

All services are provided from:

- Easthampstead Surgery, Rectory Lane, Easthampstead, Bracknell, Berkshire RG12 7BB.

Ethnicity based on demographics collected in the 2011 census shows the population Easthampstead and the surrounding area is predominantly White British with 5.1% of the population composed of people with an Asian background.

The age distribution of the practice population is largely similar to the national average, with the exception of a higher proportion of patients aged below nine years of age and patients aged between 30 and 44. The prevalence of patients with a long standing health condition is 55% compared to the local CCG average of 52% and national average of 54%.

The practice comprises of two practice partners (one female GP and one male business manager). The lead GP is supported by a male salaried GP and three locum GPs (two male long term locum GPs and one female short term locum GP) and one short term locum.

The all-female nursing team consists of one long term locum advanced nurse practitioner, one practice nurse and a health care assistant who also performs phlebotomy duties.

A management consultant joined the practice in June 2017 and works alongside the business manager and a team of reception, administrative and secretarial staff to undertake the day to day management and running of the practice. At the time of the July 2017 inspection the practice was actively recruiting for a practice manager to join the practice.

The practice is open between 8.30am and 6pm Monday to Friday, except Thursdays when the practice closes at 1pm. Telephone lines are open from 7am to 6.30pm daily. Appointments are from 8am to 1pm and 2pm to 6pm daily (except Thursdays). When the practice is closed on Thursday afternoons, the practice has an arrangement with another local GP practice to provide cover. Extended surgery hours are offered via another practice hub every evening from 6.30pm to 8pm and Saturdays from 8am to 2pm.

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on both practices door and over the telephone when the surgery is closed.

# Detailed findings

## Why we carried out this inspection

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. This inspection took place on 11 January 2017 and we published a report setting out our judgements. These judgements identified two breaches of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a follow up inspection on 19 July 2017 to follow up and assess whether the necessary changes had been made, following our inspection in January 2017. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting all the regulations that had previously been breached.

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, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

This report should be read in conjunction with the full inspection report.

## How we carried out this inspection

Before visiting on 19 July 2017, the practice confirmed they had taken the actions detailed in their action plan.

During our visit, we met with the management team including both the practice partners (GP Partner and Business Manager Partner) and the management consultant. We reviewed information given to us by the practice and also reviewed processes and documents relevant to the management of the practice including clinical performance and the systems used to manage governance.

All were relevant to demonstrate the practice had addressed the breaches of the regulations identified at the inspection in January 2017.

# Are services effective?

(for example, treatment is effective)

## Our findings

When we inspected Easthampstead Surgery in January 2017, we identified concerns relating to low patient outcomes. 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). At the January 2017 inspection, the most recent published results (for 2015/16) showed the practice had achieved 91% of the total number of points available; this was lower when compared to the local clinical commissioning group (CCG) average (97%) and the national average (95%).

Furthermore, using data from Public Health England we saw there was limited success in patients attending national cancer screening programmes. For example, 49% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was a 1% decrease on previous figures and lower when compared with the CCG average (58%) and national average (58%).

We reviewed information obtained during the inspection in July 2017 and found the practice had made improvements to address the concerns previously identified.

### Management, monitoring and improving outcomes for people

At the January 2017 inspection, we discussed the lower levels of QOF performance with the practice team. The practice was aware of the mixed results and advised significant changes within the practice team over the last 18 months had an effect on the system for recalls and patient outcomes. There was an action plan to address low QOF performance which included working with other local practices and the computer clinical software developers. There was planned training with an emphasis on coding and templates to support patient recalls arranged for February 2017.

The practice was confident once the training was completed and with stabilised staff the overall QOF performance for 2016/17 would increase.

During the July 2017 inspection, the practice advised the action plan and subsequent actions to address low QOF performance had been successful.

The practice provided QOF data for the 2016/17 (to be published in October 2017) which showed an overall increase on the previous year's performance.

- In 2015/16, Easthampstead Surgery achieved 91% of the total number of points available; this was lower when compared to the local clinical commissioning group (CCG) average (97%) and the national average (95%).
- In 2016/17, Easthampstead Surgery achieved 95% of the total number of points available; this was an increase of 4%. At the time of the July 2017 inspection, QOF performance for the local CCG and national averages for 2016/17 was not available.

The overall QOF improvement also resulted in improvements across several clinical indicators. For example:

- Data from 2015/16 QOF performance for diabetes related indicators showed the practice had achieved 71% of targets which was lower when compared to the CCG average (93%) and the national average (90%).
- Data from 2016/17 QOF performance for diabetes related indicators showed the practice had achieved 80% of targets; this was a 9% improvement.
- Data from 2015/16 QOF performance for hypertension (high blood pressure) related indicators showed the practice had achieved 81% of targets which was lower when compared to the CCG average (96%) and the national average (97%).
- Data from 2016/17 QOF performance for hypertension related indicators showed the practice had achieved 100% of targets; this was a 19% improvement.
- Data from 2015/16 QOF performance for mental health related indicators showed the practice had achieved 86% of targets which was lower when compared to the CCG average (96%) and the national average (93%).
- Data from 2016/17 QOF performance for mental health related indicators showed the practice had achieved 96% of targets; this was a 10% improvement.

# Are services effective?

## (for example, treatment is effective)

We saw there was now a systematic approach to manage and improve patient outcomes. The practice had embedded a new 'call and recall' protocol which enabled the practice to optimise patient care and scheduled recall periods in line with national guidance.

A member of staff had been appointed as the QOF lead for the practice and had dedicated time to fulfil this role. We saw this had led to the creation of a QOF performance tracker which pre-planned monthly activity and the required number of appointments the practice needed to ensure patients with all long term conditions would receive appropriate and timely care and treatment. In order to further improve outcomes for patients with diabetes, a clinical pharmacist with a specialist interest and additional qualifications in diabetes was due to join the practice team in August 2017.

We also saw QOF performance and improving patient outcomes was now a standing item on the weekly practice meeting. Staff told us this was a useful opportunity to discuss findings, share learning and plan ahead.

### Supporting patients to live healthier lives

Easthampstead Surgery had a track record of encouraging patients to complete national cancer screening programmes. However, uptake was below local and national averages. Over the last 18 months, the lead GP had endeavoured to improve uptake, specifically bowel cancer screening uptake and written individual personalised letter encouraging patients to complete national cancer screening programmes.

Furthermore, since the January 2017 inspection the practice had taken additional steps in order to increase the number of patients completing screening programmes.

- All practice staff had completed cancer screening awareness training with a view to support patients make informed choices about the screening programmes.
- A GP attended a bowel cancer study session facilitated by Cancer Research UK. We saw the GP had shared learning and recommendations with all practice staff following the study session.
- The practice had adopted a new bowel cancer screening protocol which resulted in alerts added to patient records, a text message service for non-participants and a proactive email campaign supported by the patient participation group.
- There was an increased presence of patient literature available within the practice, including information posters from leading national cancer charities.

Although there was no new data available to indicate the number of patients at the practice (aged between 60-69) that had been screened for bowel cancer in the last 30 months. The practice was confident these actions would increase the number of practice patients attending national screening programmes.

These actions were now ensuring that requirements relating to safe care and treatment were now being met.

# Are services well-led?

Good 

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

## Our findings

When we inspected Easthampstead Surgery in January 2017, we identified concerns relating to areas of weakness within the practice's governance arrangements. There was a much improved governance framework, however, the new improvements and the effectiveness of the new governance arrangements was difficult to evidence due to the short time since implementation.

Furthermore, we identified concerns within the temporary arrangements to manage the practice and the internal systems used by the practice which were complicated and out of date.

We reviewed information obtained during the inspection in July 2017 and found the practice had made improvements to address the concerns previously identified.

### Governance arrangements

The practice had continued to make significant improvements to their governance framework to support the delivery of the strategy and good quality care. Previously, this work was predominantly carried out by the lead GP, business manager and interim practice manager.

- In June 2017, the practice enlisted the support of an external management consultant to join the team and complete an independent governance review. The management consultant brought a vast amount of primary care and clinical governance experience to the practice. The review alongside the wealth of experience was used to sustain and embed the significant number of changes and improvements. One of the tools used to sustain and embed changes was the implementation of a governance action plan which included seven specific areas of activity, known as the seven pillars of clinical governance. The practice told us this action plan was used to make sure the practice delivered the highest quality health care to patients.

- During the July 2017 inspection, we reviewed the internal systems Easthampstead Surgery used to manage activities within the practice. We saw the systems had been updated and there was now a 'three click' navigation system. This enabled any document, policy or protocol to be located within three clicks. Whilst reviewing this new system we requested the practice to locate specific policies and procedures. These were provided instantly and available to staff via the IT system. The policies and procedures we looked at had been reviewed annually; version controlled and were up to date.

### Leadership and culture

At the January 2017 inspection, the leadership team (GP, business manager and interim practice manager) was newly formed with the interim practice manager joining the practice in November 2016.

- Prior to the July 2017 inspection we were informed the interim practice manager had left the practice in May 2017 and a management consultant had joined the practice. The consultant worked alongside the business manager and a team of reception, administrative and secretarial staff to undertake the day to day management and running of the practice. This was the agreed arrangement until a practice manager was recruited.
- We saw the recruitment plan the practice was using to recruit a new practice manager. Once the practice manager was recruited, the management consultant would mentor and coach the practice manager and slowly handover the day to day management of the practice. We were informed that the consultant would remain working with the practice to oversee the improvements.

These actions were now ensuring that requirements relating to good governance were now being met.