

Bury Knowle Health Centre

Quality Report

Bury Knowle Health Centre,
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Date of inspection visit: We did not visit this practice
as part of this inspection
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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

Are services effective?

Good



Are services responsive to people's needs?

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a desk top review of Bury Knowle Health Centre in September 2016. We requested information from the practice to be sent to us so we could undertake a review of evidence offsite. This was following a comprehensive inspection in February 2016 where we identified concerns with high numbers of patients not being included in clinical data regarding reviews of their conditions and related treatment. We issued a requirement notice and rated the practice as requires improvement in the effective domain following that inspection. At this inspection we found:

- The process for exempting patients from data (which practices submit for performance and commission reviews) was changed to encourage more patients to attend for reviews of their health conditions and receive treatment in line with national guidance. We saw the number of patients included in national data submissions had increased, indicating that more patients were receiving the care they needed.

At our last inspection we also asked the provider to consider areas they should make improvements in addition to areas they must improve. At this inspection we found the following action was taken:

- There had been an increase in learning disability healthcare reviews.
- Information regarding patient access was improved on the website.
- A hearing loop was in place for patients with hearing aids.
- A review of how to improve breast and bowel cancer screening had taken place.
- The practice had worked towards increasing flu vaccination rates and child immunisation uptake.

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?

In February 2016 we found that there were high numbers of patients not included in health checks and reviews of treatment, specifically those with long term conditions. There were low numbers of completed health checks for patients with learning disabilities. There was low uptake in specific cancer screening, flu vaccinations and child immunisations.

In September 2016 we were sent evidence showing that the number of excepted patients in national data had reduced in 2016. The practice had reviewed its process for exception reporting to try and encourage more patients to attend for health checks and reviews. The process for exempting patients with the most complex or high risk needs was amended to reflect their specific needs.

The process for prompting patients for cancer screening, learning disability reviews, flu vaccines and child immunisations had been reviewed and improved.

Good



Are services responsive to people's needs?

In February 2016 we found that there was no information on how to reach advice from clinicians when the phone lines were closed during contracted hours. There was no hearing loop available.

In September 2016 we found that these issues had been considered by practice and action taken to improve their services.

Bury Knowle Health Centre

Detailed findings

Background to Bury Knowle Health Centre

Bury Knowle Health Centre has a patient list of approximately 16,000 patients. It is located in Headington, Oxford with branch practices in Wood Farm and Barton. It serves an urban population with some areas of deprivation. There is a higher proportion of patients between 15 and 35 years old than the national average. The number of patients over 50 is significantly lower than the national average. Bury Knowle Health Centre is a purpose built practice with all services located on one floor. It is accessible for disabled patients and those with limited mobility. There was parking including designated disabled parking. There are good bus services enabling access between sites for patients.

The practice is registered to provide services from: Bury Knowle Health Centre, 207 London Road, Oxford, Oxfordshire, OX3 9JA. The practice also provides services from Barton Surgery Neighbourhood Centre, Underhill Circus, Headington, Oxford OX3 9LS and Leiden Road, Headington, Oxford, OX3 8RZ. We visited Bury Knowle Health centre only as part of this inspection.

There are three GP partners at the practice, eight salaried (non-ownership status) partners with an additional six salaried GPs. There are also two non-GP practice manager partners. There are four male and 15 female GPs. There are seven female practice nurses and a female healthcare assistant and phlebotomist. A number of administrative staff, a practice manager and a business manager support the clinical team. There are 10 whole time equivalent (WTE) GPs and 5 WTE nurses.

The practice was open between 8.30am and 6.00pm Monday to Friday and appointments were available during

these times other than from 12.30 to 1.30pm on Wednesdays. From 8am to 8.30am and from 6pm to 6.30pm an external provider is available to take patient calls and provide assistance if necessary. There are extended hours appointments from 7.30am on Tuesdays and Fridays, 6.30pm to 7pm Wednesdays and from 8.15 to 11.15am on Saturday mornings. When the practice was closed patients could access out of hours GP services by calling 111. This was clearly displayed on the practice's website.

Why we carried out this inspection

We carried out a focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, Regulated Activities Regulations 2014. This was following an inspection undertaken in February 2016 where we identified breaches of regulations. We also needed to review the rating for the service under the Care Act 2014.

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.

How we carried out this inspection

We requested information from the practice to be sent to our inspector so we could undertake a desktop review (a

Detailed findings

review of evidence offsite). We also reviewed the action plan the practice had sent us following their previous inspection and the supporting information they provided to evidence improvements.

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

In February 2016 we found that there were high numbers of patient were not included in health checks and reviews of treatment, specifically those with long term conditions. Exception reporting was 15% compared to the local average of 10% and the national average of 9%. (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). Specifically, exception reporting for diabetes was 19% compared to the local average of 13% and national average of 11%. For mental health exception reporting was 20% compared to the local and national average of 11%. The practice had not audited the areas of care where exception reporting was high. For example, it was suggested diabetes exception reporting could be attributed to patients receiving their diabetic care in the hospital and a lack of information being passed onto the practice, but no auditing to check this was the case had taken place.

There were low numbers of completed health checks for patients with learning disabilities. The practice had a register of 50 patients with a learning disability and 15 had a health check to date. There was low uptake in specific cancer screening, flu vaccinations and child immunisations.

Management, monitoring and improving outcomes for people

In September 2016 we saw data which showed the level of exception reporting had decreased. For example, the data indicated exceptions had reduced to 5% in diabetes and 12% in mental health indicators. There had been significant reductions in several clinical areas including respiratory diseases. The most significant reductions had taken place

amongst the patients who had previously not agreed or not attended for a review of their condition or did not adhere to specific treatment. Patients are also excepted for not being suitable to certain medicines or treatment. The processes for exempting patients had changed to enable these improvements. There were also reductions in these exceptions. This showed more patients were receiving care in line with national guidelines.

Supporting patients to live healthier lives

In September 2016 we found that within the current year (January to July 2016) 22 patients had received a learning disability health check. This indicated there were more reviews completed within the year 2016 so far compared to 2015 overall. The process for requesting patients to attend for the health checks had been improved.

The practice had undertaken an awareness campaign aimed at increasing the uptake of breast and bowel cancer screening. This included more information on the website, prompts sent to patients with flu immunisation reminders and flags on the record system for eligible patients who have not attended for screening. The figures from 2016 were not yet available. The figures from 2015/16 showed a slight improvement from the previous year. There was also an awareness campaign to prompt patients to attend for flu vaccinations. The measure of whether this would be successful in Autumn 2016 was difficult for the practice as patients who have their flu vaccines at pharmacies are not counted in the practice's own performance. The practice was located next door to a pharmacy which also provided an easily accessible location for patients to receive their vaccines.

The practice was participating in a pilot project aimed at improving health outcomes for children in deprived areas. This included providing information on the benefits of child immunisation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

In February 2016 we found that there was no information on how to reach advice from clinicians when the phone lines were closed during contracted hours. There was no hearing loop available.

In September 2016 we found that this information had been included on the website for patients to understand how they could access support when the practice's phone lines were closed. When patients called during these times they could access support from GPs by being passed on to the practice via the contractor responsible for handling the calls. The practice informed us a hearing loop had been purchased to support patients with hearing difficulties.