RK Medical Practice

Quality Report

Brownley Green Health Centre
171 Brownley Road
Wythenshawe
Manchester
M22 4GL
Tel: 0161 493 9493
Website: rkmedicalpractice.co.uk

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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

We carried out an announced comprehensive inspection at RK Medical Practice on 31 July 2017. The overall rating for the practice was Good, with requires improvement for the key question providing effective services. The full comprehensive report on the July 2017 inspection can be found by selecting the 'all reports' link for RK Medical Practice on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 8 January 2018 to confirm that the practice had achieved improvements to patient outcomes. This report covers our findings in relation to those additional improvements made since our last inspection.

Overall the practice is rated as Good,with the effective domain now rated Good

Our key findings were as follows:

- The practice had sustained an improvement in clinical outcomes for patients
- The introduction of the community practice nurse maximised the contact with patients.
- The management of patients with long term conditions had improved with an increase in patient reviews.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

RK Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

CQC Inspection Manager

Background to RK Medical Practice

RK Medical Practice is situated in a purpose built health centre at 171 Brownley Rd, Wythenshawe Manchester, M22 4GL. This facility is shared with another GP practice and various community health services, including the district nursing team. The practice has 4500 registered patients and is part of Manchester Clinical Commissioning Group (CCG). Services are provided under a General Medical Services contract with NHS England.

The practice has two male GPs, one the registered provider, the other a salaried GP. There is also a long term female locum GP employed. The practice staff consists of a practice manager, a practice nurse, a community practice nurse and a number of reception and administration staff.

The practice has appropriate facilities, disabled access and car parking. There are three consultation rooms and two treatments rooms utilised by the practice.

The surgery is open from 8am until 6:30pm Monday to Friday and is also a part of a federation of GP practices who provide extended hours cover in the area between 6pm and 8pm, Monday to Friday, as well as on Saturday and Sunday. Patients are able to attend appointments at a small number of local health centres as part of this arrangement.

Out of hours services are provided by Go to Doc via NHS 111.

The practice is a teaching practice, supporting medical students.

Information published by Public Health England rates the level of deprivation within the practice population group as level one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

Male and female life expectancy in the practice geographical area is 74 years for males and 77 years for females, both of which are below the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register is generally similar to the average GP practices in England. The practice has a higher percentage (60.5%) of its population with a long-standing health condition when compared to the local CCG average (51%)and the England average (53.2%). The practice percentage (49%) of its population with a working status of being in paid work or in full-time education is below the CCG average (66%) and the England average (62%). The practice percentage (16.8%) of its population with an unemployed status is above the CCG average (6.9%) and the England average of (5%).

Why we carried out this inspection

We carried out an announced comprehensive inspection at RK Medical Practice on 31 July 2017. The overall rating for the practice was Good, with requires improvement for the effective domain. The full comprehensive report on the July 2017 inspection can be found by selecting the 'all reports' link for RK Medical Practice on our website at www.cqc.org.uk

We undertook a follow up desk top review on 8 January 2018. This was carried out to review the actions taken by the practice to continue to improve patient outcomes.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 31 July 2017 we rated the practice as requires improvement for providing effective services; as the arrangements in respect of monitoring patient's clinical outcomes, in particular in respect of patients with long term conditions, needed improving.

From information submitted by the practice, it demonstrated these arrangements had improved when we undertook a desk top review on 8 January 2018.

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 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 published results available 2016/17 were 76%, an improvement from 67.2% of the total number of points available, with 10% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- In 2016/17 the percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 75% compared to the clinical commissioning group (CCG) average of 66% and national average of 78%. This had improved from 51% in the previous year.
- In 2016/17 the percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 75%, compared to the CCG average of 66% and national average of 70%. This had improved from 39% in the previous year.
- In 2016/17 the percentage of patients with diabetes on the register whose last measured total cholesterol was 5mmol/l or less within the preceding 12 months was 61%, which was below the CCG average of 67%, and the England average of 70%. This had improved from 52% in the previous year.
- In 2016/17 the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 86% compared to the CCG average of 75% and national average of 81%. This had improved from 52% in the previous year.
- In 2016/17 99% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than than the CCG average of 79% and national average of78%. This had improved from 55% in the previous year.

The practice were aware and had plans, for work to continue to sustain improvements in patient outcomes.

Since the inspection in July 2017 the practice had trained and given reception/administrative staff responsibilities for the designated QoF areas, including mental health, diabetes and chronic obstructive pulmonary disease. Staff reported that this had increased awareness as to why patient recall and reviews of such long term conditions was important to improve patient care. It was felt by the staff that this had improved the overall management of patients with long term conditions.

There was evidence of quality improvement including clinical audit and a programme of regular clinical audit and re-audit was established.

Since the last inspection the role of the community practice nurse was further established. This role was specifically for the review and management of house bound patients, patients who lived in care homes and elderly frail patients. This role had developed effectively and had highlighted the need for blood tests, arranging them with the community phlebotomist, and signposting to the GP for further intervention if needed. This provided continuity of care for patients and improved community working relationships.

Visits had been undertaken with local care homes, administering flu injections, undertaking baseline clinical observations and ensuring an up to date care plan was in place. In addition visits had been undertaken to elderly and housebound patients with the local pharmacist to undertake medication reviews and to avoid stockpiling of medication.