

Dr Nisar- Ul Haque

Quality Report

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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 safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive follow up inspection at Dr Nisar- Ul Haque on 17 January 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Dr Nisar- Ul Haque on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 30 June 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 on 17 January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

- We saw arrangements had been made to receive MHRA alerts and a spreadsheet demonstrated actions that were being taken following receipt and discussions that had taken place between the clinical team. The patient record system we looked at showed searches were carried out on the system to identify relevant patients following receipt of alerts.
- We were told that the practice was taking part in the CCGs Primary care Commissioning Framework (PCCF)

to improve quality. As part of PCCF (standard 8) the practice was required to encourage patients to attend cancer screening. We looked at the patient record system which showed that since April 2017, 68 patients had missed their appointment to attend screening for bowel cancer. However, 58 patients had been reminded by the practice to attend their appointments. We saw evidence that there was a plan to improve and monitoring was in place.

- When we inspected the practice in January 2017, we saw results from the national GP patient survey was generally below local and national averages for questions about their involvement in planning and making decisions about their care and treatment (with both Nurses and GPs). The practice had a strategy to improve and was monitoring this through ongoing in-house patient surveys using the same questions as the national GP patient survey. We saw an analysis of the in-house patient survey conducted in October 2016 which showed further improvements were required. At this inspection, another in-house survey from March 2017 showed significant improvement in patient feedback.
- During our previous inspection we saw that the practice was collaborating with four other local practices to offer extended opening hours, including Saturday afternoon appointments. However, the

Summary of findings

practice had not informed patients of this arrangement by updating information on the practice leaflet and website. At this inspection we saw that the practice leaflet and website had been updated with current and up to date information.

- At our previous inspection we saw QOF achievement for mental health indicators were above local and national averages. However, in some areas the

exception reporting was above local and national averages. We were told that that this was due to the low number of patients on the register. We looked at the patient record system which confirmed this. We saw appropriate processes were in place to ensure patients were reviewed appropriately.

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 safe?

At our previous inspection, we rated the practice as requires improvement for providing safe services as the practice could not evidence receipt of any drug safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and the subsequent action taken. We saw evidence that the practice had improved when we undertook a follow up inspection on 30 June 2017. For example:

- The practice had made arrangements to receive MHRA alerts and evidence we looked at demonstrated appropriate actions were being taken following receipt of alerts.
- The practice had put in place patients specific direction for the healthcare assistant to administer the flu vaccination.

Good



Dr Nisar- Ul Haque

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC Lead Inspector.

Background to Dr Nisar- Ul Haque

Dr Nisar- Ul Haque is situated on the ground floor of a purpose built health centre providing NHS services to the local community in West Bromwich, West Midlands. The practice has an approximate patient population of 2100 and is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Dr Nisar- Ul Haque is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

Based on data available from Public Health England, the levels of deprivation (deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by Dr Nisar- Ul Haque are below the national average, ranked at one out of 10, with 10 being the least deprived.

The practice staffing comprises of one lead GP (male), two regular locum GPs (both male), a practice nurse, an

advanced nurse practitioner and a healthcare assistant. The GP and the practice manager form the practice management team and were supported by a team of administration and reception staff.

The practice is open between 8am to 6.30pm Monday to Friday except on Thursdays when it closed at 1pm. The practice offered extended opening on Wednesdays from 6.30pm to 7.30pm. The practice collaborated with four other local practices locally to offer expanded services such as increased access. When the practice was closed on Thursday afternoons, patients were able to make an appointment at another local practice. We were told Saturday opening was also available at this site from 9.30am to 12pm and calls were automatically diverted.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by the external out of hours service provider.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Nisar- Ul Haque on 17 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was good. However, for providing safe services the practice was rated as requires improvement. The full comprehensive report following the inspection on January 2017 can be found by selecting the 'all reports' link for Dr Nisar- Ul Haque on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Nisar- Ul Haque on 30 June 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.

Detailed findings

How we carried out this inspection

We carried out a focused inspection of Dr Nisar- Ul Haque on 30 June 2017. This involved reviewing evidence that:

- Improvements were made to ensure receipt MHRA alerts were being received and actioned.
- Appropriate patient specific directions were in place to ensure the healthcare assistant was able to administer the flu vaccine.

- Improvements were being made in areas identified in the national GP patient survey in relation to quality of consultation.
- The practice leaflet and website had been updated with current and up to date information in relation to opening hours.

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 safe?

Our findings

At our previous inspection on 17 January 2017, we rated the practice as requires improvement for providing safe services as the practice could not evidence receipt of any drug safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and the subsequent action taken.

These arrangements had significantly improved when we undertook a follow up inspection on 30 June 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At this inspection we saw that the practice was able to demonstrate that there was a system to receive and action relevant MHRA alerts. For example, following receipt of alert in relation to a medicine for the treatment of bone loss in June 2017, the practice had carried out a search on the patient record system to identify patients where appropriate.

The practice had retrospectively carried out searches on the system for previous alerts and we saw evidence of this on the patient record system. The practice had developed a spreadsheet to record discussions between clinicians and actions taken in response.

Overview of safety systems and process

During our previous inspection we saw healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. PSDs are a written instruction, from a qualified and registered prescriber for a medicine to be supplied or administered to a named patient after the prescriber had assessed the patient on an individual basis. We saw appropriate PSDs were not in place for the HCA to administer the flu vaccine. At this inspection we saw arrangements were made to ensure this was now in place.

When we inspected the practice in January 2017 we saw there was a policy in place to monitor prescriptions that had not been collected. However, we saw evidence that the policy was not embedded.

At this inspection we saw evidence that monthly checks were introduced to ensure uncollected prescriptions were accounted for by an administration staff. Patients were telephoned to enquire reason for non collection and after discussion appropriate action was taken and recorded on a spreadsheet.