

Dr Amanda M Davies and Dr C S Jayakumar

Quality Report

Dr Amanda M Davies and Dr C S Jayakumar,
Pear Tree Surgery,
South Ockendon,
Thurrock,
RM15 6PR
Tel: 01708 852318
Website: www.peartreesurgery.co.uk

Date of inspection visit: 31 July 2017
Date of publication: 15/09/2017

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

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5

Detailed findings from this inspection

Our inspection team	6
Background to Dr Amanda M Davies and Dr C S Jayakumar	6
Why we carried out this inspection	6
How we carried out this inspection	6

Overall summary

Letter from the Chief Inspector of General Practice

On 1 June 2016 we carried out a comprehensive inspection at Dr Amanda M Davies and Dr C S Jayakumar also known as Peartree Surgery. Overall the practice was rated as requires improvement. The practice was found to be good in providing safe, caring and responsive services. However, they required improvement in providing effective and well-led services. Issues highlighted at the June 2016 inspection were related to the monitoring of patients with long term conditions and the absence of quality improvement processes such as clinical audits to drive improvement. The full report for the June 2016 inspection can be found by selecting the 'all reports' link for Dr Amanda M Davies and Dr C S Jayakumar on our website at www.cqc.org.uk.

We carried out a focused inspection of the practice on 31 July 2017 to establish whether the improvements required had been met. We found the practice had made appropriate improvements; overall the practice is rated as good.

Our key findings across all areas we inspected were as follows:

- The practice had improved their clinical performance in respect of QOF. Published figures from 2015/2016 showed the practice had achieved 85% of their total QOF points. Unverified figures showed the practice had improved to 94% in 2016/2017.
- The practice had improved exception reporting by monitoring their patient lists closely.
- The practice had monitored their patients with long term conditions and improved their outcomes.
- The practice had conducted audits to review patients care and drive improvement.
- Their patients experiencing mental health conditions were reviewed and treated in line with their needs and current guidelines.
- The practice had identified 71 patients as a carer which was 1% of their patient list. Carers were offered a range of services and information relating to addition support groups and they were given regular health checks.
- The practice had reviewed their data from the national GP patient survey and conducted internal patient surveys to monitor patient satisfaction.
- The practice had addressed their staffing issues experienced during the previous inspection in June 2016.

Summary of findings

- Staff understood their roles and responsibilities and how these contributed directly to improving patient experiences of the service and the practices performance.

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 is rated as good for providing effective services.

- The practice had monitored their long term condition patients and conducted reviews in line with national guidance.
- Data from the Quality and Outcomes Framework (QOF) showed long term condition patient outcomes had improved.
- There was evidence that audits were driving improvement in patient outcomes. However we found some audits had not been revisited.

Good



Are services well-led?

The practice is rated as good for providing well-led services.

- The practice had a caring ethos. They had a vision to provide good quality care for patients.
- They had addressed the staffing issues experienced during the June 2016 inspection which allowed them to concentrate on clinical areas that had previously required improvement.
- There was an overarching governance framework. This included arrangements to monitor and improve quality and identify risk.
- The practice completed patient surveys to gain patients' views of the service provided and acted on the feedback received.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

People with long term conditions

Previously this population group was rated as requires improvement. The provider had resolved the concerns identified at our last inspection on 1 June 2016 which related to patients with long-term conditions and is now rated as good for the care of people with long term conditions.

- Doctors and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had improved their QOF achievement in the assessment and delivery of interventions for the management of chronic diseases.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with the practice nurse and relevant health and care professionals to deliver a multidisciplinary package of care.

Good



People experiencing poor mental health (including people with dementia)

Previously this population group was rated as requires improvement. The provider had resolved the concerns identified at our last inspection on 1 June 2016 which related to patients experiencing poor mental health. The practice is now rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice met every six weeks with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia and mental health concerns.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including counselling services.
- Staff had a good understanding of how to support patients with mental health needs and dementia and escalate concerns to specialist services.

Good



Dr Amanda M Davies and Dr C S Jayakumar

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and supported by a GP specialist adviser.

Background to Dr Amanda M Davies and Dr C S Jayakumar

This practice is also known as Pear Tree Surgery. The practice is situated near to a busy road junction and has limited parking on site. There is public parking a short walk away. The practice was able to offer dispensing services from their branch surgery located at West Horndon to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. We carried out a focused inspection at their main surgery based in South Ockendon therefore the branch surgery was not inspected at our July 2017 inspection. The list size of the practice is 7261.

- The practice operates from two locations: Pear Tree Surgery, South Ockendon, Thurrock, RM15 6PR and 129 Station Road, West Horndon, Essex, CM15 3NB.
- Services provided include: a range of clinics for long term conditions, health promotion and screening.
- At the time of inspection, the practice had three male GPs, one female GP and one female practice nurse.
- The non-clinical team comprises of a practice manager, reception and administrative staff.
- The practice is open between 8am and 6.30pm Monday to Friday, excluding Wednesdays when it closes at 5pm.

Appointments are available from 9am to 12pm every morning and from 3pm to 5pm every afternoon. Extended hours are offered Mondays and Tuesdays 6.30pm to 7.30pm. The dispensary is open during practice opening hours.

- The branch surgery at West Horndon is open Monday to Fridays 9am to 12pm. On Mondays, Tuesdays, Wednesdays and Fridays it is open from 3pm to 6pm in the afternoon. The dispensary is open during these times but shut on Thursday afternoon.
- On evening, weekends and bank holidays out of hours care is provided by IC24, another healthcare provider. This can be accessed by patients dialling either the surgery or 111.
- Thurrock Clinical Commissioning Group (CCG) has a weekend system called 'Thurrock Health Hubs'. Patients are able to book through the practice to see either a doctor or a nurse between 9.15am and 12.30pm at the weekend, at one of four 'hub' locations. The Hub locations have Wednesday, Saturday and Sunday availability.
- The practice has a comprehensive website providing information on opening times, appointments, services, staff and patient group information.
- The practice demographic comprises of mainly white British patients, with other nationalities including African, European and Asian.
- There are fairly low levels of income deprivation affecting children and slightly higher than local and national average levels of income deprivation affecting older people.

Detailed findings

Why we carried out this inspection

We carried out a focused follow up inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This service was previously inspected on 1 June 2016 and overall they were rated as requires improvement. The practice received a good rating for providing safe, caring and responsive services and required improvement for providing effective and well-led services. The inspection was planned to check whether the provider had made the necessary improvements and whether they meet the legal requirements and regulations associated with the Health and Social Care Act 2008. We looked at the quality of the service to provide a rating under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 31 July 2017. During our visit we:

- Spoke with a range of staff (practice manager, GPs, and reception team) and spoke with patients who used the service.
- Reviewed an anonymised sample of patient records.
- Reviewed survey comments where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we have asked the following two questions:

- Is it effective?
- Is it well-led?

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 effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection in June 2016

The practice was rated as requires improvement for providing effective services. We found that data from the Quality and Outcomes Framework (QOF), for 2014/2015, showed patient outcomes were at or lower than national averages. Lower outcomes were mainly related to performance around patients with long term conditions and there was limited evidence that audit was driving improvement in patient outcomes. The practice was in the process of recruiting new staff to support performance in this sector.

What we found at this inspection in July 2017

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Some of the audits we looked at had not been revisited; the practice told us that they were in the process of reviewing their audits again. We reviewed two audits the practice had carried out since the previous inspection:

- We reviewed an audit relating to a medicine used to treat patients with chronic obstructive pulmonary disease (COPD). The practice had used national guidelines to adjust patient's medicine to an alternative medicine which was recommended. The audit had found that 58 patients were not on the recommended medicine; all patients had been reviewed and 43 patients had their prescription changed to the recommended medicine. The audit had shown clear reasoning, documentation and results.

The second audit we looked at related to the practice antibiotic prescribing rates. The practice reviewed their prescribing and actively worked to bring it in line with national guidance.

We found the practice had effectively reviewed their mental health and learning disability patients in line with current guidelines. We found that all patients had a review within the last 12 months. However we found that not all GPs used the same format to carry out these reviews and

documentation could be strengthened within this area. We found the practice had conducted multidisciplinary team meetings every six weeks to discuss their patients that required additional care.

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). At the previous inspection the practice had achieved 84% of their total QOF points during the year 2014/15. At this inspection QOF data for 2015/2016 showed the practice achieved 85% of the total number of points available. Unverified data from the practice showed further improvements in 2016/2017 which showed the practice had achieved 94%.

Their exception reporting was 3% which was below the local average of 5% and the national average of 6%. (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). Unverified data showed the exception reporting for 2016/2017 was 5%.

This practice was previously an outlier for several QOF long term conditions clinical targets. Data from 2015/2016 showed that this had improved. In 2015/2016 the practice had achieved:

- 69% for diabetes related indicators compared to the CCG average of 84% and the national average of 89%. Exception reporting for this indicator was 5% which was lower than the CCG average of 9% and national average of 11.6%. Unverified figures showed an improvement to 85% in 2016/2017. Exception reporting for 2016/2017 was 5%.
- There had been a 40% increase for mental health indicators since 2014/2015 QOF data where the practice had previously achieved 48%. The 2015/2016 data showed that the practice had improved their achievement to 88% for patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, who had had an agreed care plan documented in their records compared with the CCG average of 84% and national average of 89%. Exception reporting in this indicator was 16% which was above the

Are services effective?

(for example, treatment is effective)

CCG average of 10% and national average of 13%.

Unverified figures from the practice showed that they were achieving 99% in 2016/2017. Exception reporting for 2016/2017 mental health indicator was 16%.

- The practice achieved 60% for patients on the asthma register compared with the CCG average of 75% and national average of 76%. Exception reporting in this indicator was 1% which was below the CCG average 2% and national average 8%. Unverified figures from the practice showed that they were achieving 92% in 2016/2017. Exception reporting for 2016/2017 was 2%
- The practice achieved 78% for patients on the COPD register compared with the CCG average of 91% and national average of 90%. This was a slight improvement on the previous years data when the practice was 14% and 12% lower than the local and national averages. Exception reporting in this indicator was 1% which was

below the CCG average 10% and national average 12%.

Unverified figures from the practice showed that they were achieving 90% in 2016/2017. Exception reporting for 2016/2017 was 9%

The practice had focussed on improving their QOF outcomes and patient care by:

- Tasking each GP and nurse with a specific indicator to ensure reviews were conducted and patients were appropriately cared for.
- The practice had employed an expert to conduct audits of their long term condition patients to highlight any patients that had missed reviews.
- They had employed a new GP to help improve the quality of care and monitor patient reviews.
- QOF data and long term condition patients were discussed in their weekly clinical team meetings.

Are services well-led?

Good 

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

Our findings

What we found at our previous inspection in June 2016

The practice was rated as requires improvement for providing well-led services. We found that clinical areas requiring improvement had not been addressed due to staffing issues. The practice was in the process of trying to recruit new staff to address this short fall. Improvements were needed to ensure there were effective systems in place to enable the partners to assess and monitor the quality of the care and treatment being provided to patients.

What we found at this inspection in July 2017

Vision and strategy

The practice had a clear vision to deliver good quality care and promote good outcomes for patients. Previously we found they had a lack of quality improvement processes in place due to limited staffing; since the previous inspection, the practice had employed an extra member of clinical staff who was driven to help improve the quality of care. They had developed a contingency plan that enabled the practice to run effectively if they were to experience the same difficulties in the future. This plan included the use of established locums and the development of a new staff rota to ensure staff skill mix was suitable. They were also able to move resources between their branch surgery and the main surgery depending on clinical demand.

Governance arrangements

Since the previous inspection the practice had addressed and strengthened their governance within the practice to ensure that the quality of patient care was a priority. They had concentrated on improving outcomes for their long term condition patients and this was reflected within the 2015/2016 published QOF data and the unverified figures for 2016/2017. We found that their exception reporting had improved and was lower than the local and national average. We reviewed a sample of patient records diagnosed with long term conditions and found that all patients had received appropriate reviews and treatment. The practice had recruited another GP that was driven to

help improve and make positive changes to patient care. The practice told us that they believed the additional staff member had alleviated their previous issues and allowed them to concentrate on improving their patient care.

The practice had improved their QOF data for patients with long term conditions and mental health conditions by discussing it at practice meetings, assigning each doctor and nurse a specific indicator to monitor and by using an external GP to audit their performance and highlight any patients in need of reviews. We reviewed minutes from two weekly clinical meetings which highlighted QOF tasks and showed tasks had been completed.

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

The practice was aware of the data from the national GP patient survey, published in July 2017, in relation to phone access for patients and the availability of appointments. They had taken action and had implemented changes to improve the telephone and appointment system. The practice had:

- Promoted the friends and family test to monitor their patients views
- Conducted internal surveys which had highlighted the telephone issues.
- Opportunistically spoken to their patients regarding the care received and their experience at the surgery.

The surveys had found that patients enjoyed the care at the surgery however they were disappointed with the appointment availability and telephone system. As a result the practice had:

- Added an additional receptionist to alleviate the pressures of answering the telephones.
- Recruited a GP which had increased appointment availability.
- Advertised and promoted their online booking system.

The practice were thinking about future developments by implementing a designated telephone room to answer all telephone calls so they can be triaged and forwarded to the appropriate person. They practice were dedicated to monitoring their patients views.