

Great Western Surgery

Quality Report

The Great Western Surgery

Swindon

Swindon

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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

In January 2016 a comprehensive inspection of Great Western Surgery was conducted. The practice was rated as requires improvement for effective care and for patients with long term conditions. Overall the practice was rated as good. During that inspection we found that the provider was not adequately assessing, monitoring and improving the quality and safety of services provided. Although the practice achieved overall high scores on a national care monitoring tool, there were anomalies and some poor performance which was not investigated or accounted for, specifically for those with long term conditions. Clinical audit was not always used to identify where improvements were required or achieved.

We also asked the provider to review how cervical screening rates could be improved.

The report setting out the findings of the inspection was published in February 2016. Following the inspection we asked the practice to provide an action plan detailing how they would improve on the areas of concern.

We conducted a desk top review of the practice as part of a focused inspection of Great Western Surgery on 9 August 2016 to ensure the changes the practice told us they would make had been implemented and to apply an updated rating.

We found the practice had made significant improvements since our last inspection on 19 January 2016. At this inspection we rated the practice as good for providing effective services. The overall rating for the practice remains good. For this reason we have rated the location for the key question to which this related and the population group, people with long term conditions. This report should be read in conjunction with the full inspection report of 19 January 2016.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Monitoring of patient care data had been significantly reviewed and was being monitored.
- Audits had been undertaken to identify where improvements were required or achieved. A programme of continuing audit and improvements was in place.
- The practice had reviewed their systems and processes to increase their cervical screening rates.

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.

- Data from the Quality and Outcomes Framework showed some patient outcomes were below national and local averages and some exception reporting was high. The practice had identified and responded to these areas of concern.
- Clinical audits demonstrated monitoring of some patient care. We saw an ongoing programme of audit and improvement.
- A programme of medicine reviews was in place over the year to ensure repeat prescribing systems were up to date.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

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

The practice is rated as good for the care of people with long-term conditions.

- The practice achieved 95% on its Quality Outcomes Framework (QOF) scores in 2015 (a national monitoring tool for the performance of GP practices).
- Audits were undertaken including completed audits to demonstrate improvement.
- The practice followed guidance in the management of chronic diseases.
- Patients at risk of hospital admission were identified and had care plans written where appropriate.
- Longer appointments and home visits were available when needed.
- There was a process to offer a structured review to check patients' health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals, such as a local diabetes consultant, to deliver a multidisciplinary package of care.

The practice had reviewed and updated the systems for recalling patients with chronic long term conditions including phone call follow ups for those that were not engaging with their planned reviews. This was being monitored monthly. The practice had included patients at risk of developing diabetes in this group as well as patients with established chronic conditions.

The practice worked with a "community navigator" to identify patients who may require additional support for their chronic disease management. Including support with social issues, lifestyle interventions and psychological support.

Good



Great Western Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This focussed inspection was undertaken by a CQC inspector.

Why we carried out this inspection

We carried out a comprehensive inspection on 19 January 2016 and published a report in February 2016 setting out our judgements. We undertook a focused desk top inspection on 9 August 2016 to check that the practice had taken the actions they told us they would make to comply with the regulations they were not meeting at the previous inspection.

We have followed up to make sure the necessary changes had been made and found the provider was now meeting the fundamental standards included within this report. The focused inspection also enabled us to update the ratings for the practice.

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

How we carried out this inspection

We undertook a focused desk top inspection of Great Western Surgery on 9 August 2016. This was carried out to check that the practice had completed a range of actions they told us they would take to comply with the regulations we found had been breached during an inspection in January 2016.

As part of the desk top review process we:

- Spoke with the GP who was also acting as the practice manager. Reviewed records relevant to the use of tools for managing outcomes for patients.
- Reviewed the Quality and Outcomes Framework data.
- Reviewed meeting minutes.
- Reviewed the audits undertaken by the practice.
- Liaised with the clinical commissioning group to see how the practice was performing.

Because this was a focused follow up inspection we looked at one of the five key questions we always ask:

- Is it effective?

We also looked at how well services were provided for:

- People with long-term conditions.

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

When we inspected in January 2016 we found the provider was not adequately assessing, monitoring and improving the quality and safety of services provided. The use of the monitoring tools for assessing patient care, specifically those with long term conditions, were not used appropriately. Clinical audit was not always used to identify where improvements were required or achieved.

Following publication of our report of the inspection, the practice provided a completed action plan which included the changes they would complete and implement for the practice. Subsequently they provided us with evidence including a detailed action plan and improvements made. We conducted a desk top review on 9 August 2016 to review the evidence and ensure the improvements had been completed. From our desk top review we found:

The practice had engaged with a pharmacist and had a structured plan in place to complete medicine reviews including ongoing reviews. Medication review rates were currently at 91.6%. Medication reviews were discussed at monthly meetings.

The practice was developing a new asthma clinical template; this was being linked to asthma reviews and an annual asthma management audit.

The practice had reviewed and updated the systems for recalling patients with chronic long term conditions including phone call follow ups for those that were not engaging with their planned reviews. This was being monitored monthly. The practice had included patients at risk of developing diabetes in this group as well as patients with established chronic conditions.

The practice team had regular meetings with a Diabetic Consultant (every three months) and held joint clinics to improve the care for patients with diabetes. The practice nursing team accessed a Diabetic Specialist nurse (when required) to ensure patients with diabetes were receiving the optimum care and treatment. The lead nurse for diabetes had undertaken a diabetes course to enhance their diabetes knowledge.

The practice worked with a “community navigator” to identify patients who may require additional support for their chronic disease management. Including support with social issues, lifestyle interventions and psychological

support. The practice clinical team used the clinical meetings to discuss any patients who may benefit from a referral to this service which included patients with long term conditions and patients with dementia or patients that have recently been discharged from hospital.

Management, monitoring and improving outcomes for people

The practice used the information collated 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 were 95% of the total number of points available compared to the CCG average of 95% and the national average of 94%. Overall exception reporting was 10% compared to the local average of 10% and the national average of 10%. (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).

- Performance for diabetes related indicators were between 47% and 79% for the current year (April 16 to March 17) at the time of our desk top review; however this was only five months into the review year.
- 15 out of 19 patients diagnosed with cancer had a review of their condition within six months of diagnosis recorded. The practice had introduced systems and processes to ensure reviews were monitored and followed up.
- Performance for hypertension (high blood pressure) related indicators were 96% to 100% for the current year.
- Performance for mental health related indicators were between 88% and 100% for the current year.

Clinical audits demonstrated quality improvement. There was a programme of clinical audits undertaken and this indicated that clinical care was monitored. The practice had reviewed their previously identified areas where they were performing lower than average in QOF outcomes and introduced new processes and procedures for monitoring and auditing the care for these patients.

We saw a repeat cycle audit undertaken by the GPs to identify whether patients with high blood pressure and/or high cholesterol on specific medicines were receiving the appropriate treatment. The repeat cycle audit identified an

Are services effective?

(for example, treatment is effective)

improvement in the optimum treatment for those patients. The audit had led to the findings shared in clinical meetings and an update to the locum to make all clinicians that worked in the practice aware.

Supporting patients to live healthier lives.

The practice undertook a programme of screening for health conditions:

- The practice's uptake for the cervical screening programme was 76%, which was lower than the national average of 82%. This had improved since our previous inspection. There had been talks given at health awareness evenings with the patient participation group and other patients.
- The practice had increased the availability of appointments including offering later evening appointments.
- The practice had updated their system to recall patients who may be overdue their test. In addition to the national recall system the practice had introduced reminders on their clinical system, recall letters and a phone call from an administrator in the practice to book appointment, and if a patient declines the administrator creates a task for a practice nurse to telephone the patient to follow up the care. The practice was working to continue to increase the uptake rate.