

# Salisbury Plain Health Partnership

## Quality Report

84 Bulford Road

Durrington

Salisbury

Wiltshire

SP4 8DH

Tel: 01980 652221

Date of inspection visit: 1 August 2017

Website: [www.salisburyplain-healthpartnership.nhs.uk](http://www.salisburyplain-healthpartnership.nhs.uk) Date of publication: 16/08/2017

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 safe?

Good



Are services effective?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
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 Salisbury Plain Health Partnership	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Salisbury Plain Health Partnership on 8 December 2016. Overall the practice was rated as requires improvement. We found the practice to be requires improvement for providing safe and effective services, and good for providing caring, responsive and well led services. The full comprehensive report on the 8 December 2016 inspection can be found by selecting the 'all reports' link for Salisbury Plain Health Partnership on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 1 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations we identified in our previous inspection on 8 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We have amended the rating for this practice to reflect these changes. The practice is now rated good for the

provision of safe and effective services. Overall the practice is now rated as good. All six population groups have also been re-rated following these improvements and are also rated as good.

Our key findings were as follows:

- The practice had reviewed their standard operating procedures with regard to controlled drugs and had ensured those medicines were checked regularly.
- The temperature of the medicines fridge in the dispensary was checked regularly.
- The practice had reviewed their process for the exception reporting of patients with long term conditions and had ensured patients who had previously been excepted, had received the appropriate reviews. (Exception reporting is the removal of patients from Quality Outcome Framework calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The practice had reviewed its systems to ensure patients who had not collected their medicines from the dispensary were contacted in a timely manner.

# Summary of findings

**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 the previous comprehensive inspection on the 8 December 2016, we found the practice was not meeting legal requirements for providing safe services. Since our last inspection, the practice had made a number of improvements to address the breaches in regulations we previously identified.

During the inspection in August 2017, we saw the concerns leading to breach of regulation had been addressed. The practice is now rated as good for the provision of safe services.

Specifically, the practice had:

- Reviewed their standard operating procedures with relating to controlled drugs and had ensured those medicines were checked regularly.
- Ensured the temperature of the medicines fridge in the dispensary was checked regularly.
- Reviewed its systems to ensure patients, who had not collected their medicines from the dispensary, were contacted in a timely manner.

Good



### Are services effective?

At the previous comprehensive inspection on the 8 December 2016, we found the practice was not meeting legal requirements for providing effective services. Since our last inspection, the practice had made a number of improvements to address the breaches in regulations we previously identified.

During the inspection in August 2017, we saw the concerns leading to breach of regulation had been addressed. The practice is now rated as good for the provision of effective services.

Specifically, the practice had:

- Reviewed their process for the exception reporting of patients with long term conditions and have ensured patients who had previously been excepted, had received the appropriate reviews. We saw there had been a decrease in the number of patients with long term conditions who had been excepted from reviews.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The provider had resolved the concerns for safe and effective identified at our inspection on 8 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safe and effective identified at our inspection on 8 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safe and effective identified at our inspection on 8 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safe and effective identified at our inspection on 8 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe and effective identified at our inspection on 8 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe and effective identified at our inspection on 8 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Salisbury Plain Health Partnership

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector accompanied by a second CQC Inspector.

## Background to Salisbury Plain Health Partnership

Salisbury Health Partnership has two locations and two branches. The provider offers primary medical services across Salisbury Plain from Tilshead to the edge of Andover. The provider provides its service from two registered locations and has a branch surgery at each of these locations.

The practice premises includes two consulting rooms and one treatment room on the ground floor, and one consulting room on the first floor which was mainly used for counselling services.

The practice provides its service to approximately 3,300 patients under a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice delivers its services from the following location:

84 Bulford Road,  
Durrington,  
Salisbury,

Wiltshire,

SP4 8DH.

And,

Shrewton Surgery,

High Street,

Shrewton,

Salisbury,

Wiltshire,

SP3 4DB.

The practice partnership combines their staffing across all sites and has three GP partners and one business partner. The practice also employs four salaried GPs resulting in a total of approximately four and a half whole time equivalent GPs. There is one male and six female GPs. The clinical team includes two practice nurses and two health care assistants (all of which are female), a pharmacist, a nutrition advisor, a mental health support worker and five GP assistants. The practice management and administration team consists of a business partner (who also undertakes the role of a GP assistant), two assistant practice managers, a trainee practice manager and a range of administration and reception staff. The practice also employs four dispensers; one of whom is also a mental health support worker. The practice is approved for teaching medical students and training qualified doctors undertaking further training to become GPs.

The practice has a dispensary offering pharmaceutical services to those patients on its practice list who live more than one mile (1.6km) from their nearest pharmacy premises. The practice dispenses medicines for

# Detailed findings

approximately 880 patients and is signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients from their dispensary.

The practice population demographic shows there is a higher than average patient population aged between 45 to 64 years compared with local and national averages. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the second least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the practice is 81 and 84 years, which is above the national average of 79 and 83 years respectively. Practice data shows that the practice is the third highest in the area for patient turnover mainly due to having a high proportion of patients from families of military personnel serving in the armed forces. Approximately 15% of the practice population are military veterans.

The practice is open between 8am to 1pm and 2pm to 6.30pm Monday to Friday. Appointments are from 8.30am to 1pm and 2pm to 5pm for pre-booked appointments with a GP daily. When the practice is closed, patients are advised to contact an emergency telephone number. Details of the emergency telephone number are given to patients through an answer phone message when they call the practice. Emergency appointments with a GP and nurse are available until 6pm. Extended hours are every Wednesday morning from 7.30am to 8am at one of the practice's locations in Tidworth and every third Saturday of the month from 9am to 12.30am. Saturday appointments varied between the provider's locations.

The practice has opted out of providing out of hours services to its patients. Patients can access the out of hour's services provided by Medvivo via the NHS 111 service.

## Why we carried out this inspection

We undertook a comprehensive inspection of Salisbury Plain Health Partnership on 8 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the comprehensive inspection on in December 2016 can be found by selecting the 'all reports' link for Salisbury Plain Health Partnership on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection on 1 August 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.

## How we carried out this inspection

During our visit we:

- Spoke with a GP, the business partner, the trainee practice manager and one of the assistant practice managers.

We also reviewed:

- Data from the practice relating to Quality Outcome Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice.
- Policies, procedures and standard operating procedures.
- The temperature log of the medicines fridge in the dispensary.
- The controlled drugs records.

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 8 December 2016, we rated the practice as requires improvement for providing safe services as we found:

- The practice had not ensured that controlled drugs were checked in accordance with their standard operating procedures.
- The temperature of the medicines fridge in the dispensary was not consistently checked daily.
- Medicines uncollected by patients had not been acted upon in a timely way.

These arrangements had improved when we undertook a follow up inspection on 1 August 2017.

The practice is now rated as good for providing safe services.

### Overview of safety systems and process

The practice had improved their systems to ensure the medicines fridge in the dispensary was monitored

consistently. From the records we reviewed, we saw the medicines fridge had been checked daily and the minimum, maximum and actual temperature had been recorded. The temperature of all the fridges in the practice was also recorded electronically and these were analysed by a member of staff on a regular basis to check for any anomalies. The practice had recently replaced the dispensary fridge as they were not assured the previous fridge was operating efficiently.

The practice had reviewed its standard operating procedure (SOP) with regards to the checking of controlled drugs. From the records we reviewed, we saw the practice undertook monthly checks of controlled drugs and these checks had been applied consistently.

There was a process in place for monitoring dispensed medicines that had not been collected by patients. These were checked monthly by a designated member of staff. A note was attached to the packaging to advise whether contact had been made with the patient and whether they still require the medicine. Where a patient no longer required the dispensed medicines, this was recorded in the patient's clinical record.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 8 December 2016, we rated the practice as requires improvement for providing effective services as we found:

- The practice's exception reporting for patients with long term conditions were higher than local and national averages in several areas.

These arrangements had improved when we undertook a follow up inspection on 1 August 2017.

The practice is now rated as good for providing effective services.

### **Management, monitoring and improving outcomes for people**

At the last inspection on 8 December 2016, we found the practice's overall exception reporting was 17% which was higher than both the clinical commissioning group average of 12% and national average of 10%.

The practice had reviewed exception reporting and had identified errors that had been made previously when coding on the system. Processes had been updated to ensure this would not happen in the future.

Published data for the practice's performance including exception reporting for the year 2016/17 were not available

at the time of this inspection on the 1 August 2017, however, we were able to see from the practice's computer system that reviews were being undertaken. Data from the practice showed:

- 83% (99 out of 119 patients) of patients on the diabetes register have a record of a foot examination and risk classification between April 2017 and July 2017.
- 69% (74 out of 107 patients) of patients with diabetes, on the register, have a record which showed their last blood test was in the target range or less between April 2017 and July 2017.
- 84% (109 out of 129 patients) of patients with diabetes, on the register, have a record which showed last measured total cholesterol (measured within the preceding 12 months) was within the target range or less between April 2017 and July 2017.
- 63% of patients (seven out of 11 patients) with severe mental health problems had a comprehensive, agreed care plan documented in their record between April 2017 and July 2017.

Data from the practice, which has not yet been verified, indicated the practice was on target to achieve good outcomes for patients with long term conditions to have completed their treatment reviews. No patients had been excluded from reviews at the time of the inspection.