

Whitchurch Surgery

Quality Report

Whitchurch Surgery
49 Oving Road
Whitchurch
Near Aylesbury
Buckinghamshire
HP22 4JF

Tel: 01296 641203

Website: www.whitchurchsurgery.co.uk

Date of inspection visit: 5 March 2018

Date of publication: 12/03/2018

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	
Are services well-led?		Good	

Key findings

Contents

Key findings of this inspection

Letter from the Chief Inspector of General Practice	Page 2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Whitchurch Surgery	5
Why we carried out this inspection	5
Detailed findings	7

Letter from the Chief Inspector of General Practice

At our previous comprehensive inspection at Whitchurch Surgery in Buckinghamshire on 5 October 2017 we found a breach of regulations relating to the provision of safe, effective and well-led services. The overall rating for the practice was requires improvement. Specifically, the practice was rated requires improvement for the provision of safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, therefore all population groups were also rated requires improvement. The practice was rated good for the provision of caring and responsive services.

The full comprehensive report on the October 2017 inspection can be found by selecting the 'all reports' link for Whitchurch Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 5 March 2018 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 in October 2017. This report covers our findings in relation to those requirements and improvements made since our last inspection.

We found the practice had made improvements since our last inspection. At our inspection on the 5 March 2018 we found the practice was meeting the regulations that had previously been breached. We have amended the rating for this practice to reflect these changes. The practice is

now rated good for the provision of safe, effective, caring, responsive and well led 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:

- There was now an overarching governance framework which supported the delivery of the good quality care.
- The practice had re-established and was now operating safe and effective systems to assess, manage and mitigate the risks identified relating to patient safety, medicine safety and device alerts.
- A system had been introduced to ensure that appropriate monitoring for all patients in receipt of high risk medicines was in place.
- Patient information needed to plan and deliver care and treatment was now available in a timely and accessible way. There was managerial oversight of the correspondence system used to allocate patient summaries from external services. Previous concerns about delays and a backlog of correspondence had been addressed.
- A programme of quality improvement activity had been reintroduced; this included completed and live clinical audits.

Summary of findings

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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	Good	
People with long term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Whitchurch Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was completed by a CQC Inspector.

Background to Whitchurch Surgery

Whitchurch Surgery is a small semi-rural dispensing practice in Whitchurch, Buckinghamshire which is approximately five miles north of Aylesbury. Whitchurch Surgery is one of the practices within Aylesbury Vale Clinical Commissioning Group (CCG) and provides general medical services to approximately 3,900 registered patients.

All services are provided from:

- Whitchurch Surgery, 49 Oving Road, Whitchurch, Near Aylesbury, Buckinghamshire HP22 4JF.

The practice comprises of two GP Partners (one male, one female) and two salaried GPs (one male, one female). The all-female nursing team consists of three practice nurses, one of which is a chronic disease nurse, and a phlebotomist.

A practice manager, an assistant practice manager and a team of six reception and administrative staff undertake the day to day management and running of the practice.

One of the GPs is the designated dispensary lead and the dispensary team consists of one dispensing technician and three dispensers.

According to data from the Office for National Statistics, Whitchurch has high levels of affluence, low incidence of substance misuse and severe mental health problems and low levels of deprivation.

The practice population has a lower proportion of patients aged under 18 when compared to the local CCG and national averages whilst there is a significantly higher proportion of patients aged 65 and over. Whitchurch Surgery provides GP services to two local care homes (11 patients) which support individuals with severe learning and physical disabilities.

The practice has core opening hours between 8am and 6.30pm every weekday, with the exception of Thursdays when the practice closes at 6pm. Morning appointments are between 8am and 1pm, afternoon appointments are between 2pm and 6.20pm. There were no extended hour's surgeries available. The dispensary has core opening hours between 9am and 6pm every weekday with the exception of Thursdays when the dispensary closes at 1pm.

The practice opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on the practice door and over the telephone when the surgery is closed.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 5 October 2017 and we published a report setting out

Detailed findings

our judgements. These judgements identified a breach of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We undertook a follow up focused inspection on 5 March 2018 to follow up and assess whether the necessary changes had been made, following our inspection in October 2017. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection.

We followed up to make sure the necessary changes had been made. We found the practice was meeting all the requirements of the regulations that had previously been breached.

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

Are services safe?

Our findings

At our previous inspection in October 2017, we rated the practice as requires improvement for providing safe services as we identified concerns relating to the management of risks within the practice. For example, there was not a process or system to ensure that appropriate actions were taken in response to all applicable patient safety, medicine safety and device alerts.

We also identified concerns as there was not a system in place to ensure that appropriate monitoring for all patients in receipt of high risk medicines.

These arrangements had improved when we undertook a follow up inspection on 5 March 2018. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

The practice had reviewed existing systems and processes and made several improvements, which included:

- The practice had reviewed and updated the arrangements to record, share and action (where appropriate) medicine and other patient safety alerts. Specifically, the practice had embedded a new process and supporting policies to receive alerts from the Medicines and Healthcare Products Regulatory Agency. We saw the new updated arrangements had been embedded into the day to day management of the practice and the dispensary. We discussed three recent patient safety alerts which had been received in February 2018 and found the practice had received the alerts, completed the required patient searches, reviewed the required actions and made changes where appropriate. For example, we saw the practice had received an alert in February 2018 regarding a query over a batch of nebulisers. We saw the practice had

taken action to identify if the practice or any patients used this nebuliser which was subject to the alert and made then recommended amendments. A nebuliser is a device for producing a fine spray of liquid, used for example for inhaling a medicine.

- The arrangements for managing medicines, specifically the management of high risk medicines now kept patients safe. The practice had completed a variety of actions to ensure the new arrangements were embedded and promoted safe prescribing. For example, there was now a variety of searches to identify patients who were prescribed high risk medicines, additional written correspondence sent to patients and a change to the appointment system to allow members of the nursing team to pre-book blood monitoring tests. We reviewed the protocol for the management of the high risk medicines and saw the system now aligned to national guidance and relevant blood results were completed before issuing repeat prescriptions. For example:
- In October 2017, 12 patients had been prescribed methotrexate (a medicine used to treat cancer and autoimmune diseases, such as psoriasis, and rheumatoid arthritis). We saw four out of the 12 patients were overdue their relevant blood test and the longest review was six months overdue.
- In March 2018, we saw there were now 15 patients who had been prescribed methotrexate and all 15 had up to date and regular blood monitoring tests.
- We checked the process had been embedded to all high risk medicines, for example, we saw all patients who had been prescribed azathioprine (an immunosuppressive medicine used to treat rheumatoid arthritis, Crohn's disease and ulcerative colitis) and zonisamide (zonisamide is a medicine used to treat the symptoms of epilepsy and Parkinson's disease) had up to date and regular blood monitoring tests.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in October 2017, we rated the practice as requires improvement for providing effective services as we identified concerns relating to the management, monitoring and improving outcomes for people. For example, we saw limited evidence of quality improvement, including clinical audit, this was acknowledged by the practice at the start of the October 2017 inspection.

We also identified concerns in how the practice managed information needed to plan and deliver care and treatment. We found this was not always available in a timely and accessible way. For example, we looked at the correspondence system used to allocate patient summaries from external services, some of which required actions. We saw that there was a backlog on this system which included letters, discharge summaries, investigation and test results.

These arrangements had improved when we undertook a follow up inspection on 5 March 2018. The practice is now rated as good for providing effective services.

Monitoring care and treatment

We saw a programme of quality improvement activity had been reintroduced; this included completed and live clinical audits. We saw the practice had reviewed the patient demographics and prevalence of conditions to ensure the audits were effective in monitoring the care of their patient population. We reviewed three clinical audits that had been completed in the last six months and found evidence of quality improvement.

One of the completed audits we reviewed aligned to the new processes to support the management of medicines that required regular blood test monitoring. We also saw a completed clinical audit relating to stroke prevention.

Coordinating care and treatment

Patient information needed to plan and deliver care and treatment was now available in a timely and accessible way. There was managerial oversight of the correspondence system used to allocate patient summaries from external services. Previous concerns about delays and a backlog of correspondence had been addressed.

- There had been a full practice meeting to review the amount and the type of correspondence received.
- A member of staff had completed training to manage and monitor workflow and correspondence system.
- A new process had been implemented immediately following the October 2017 inspection, this process had been reviewed in January 2018 and an improved process and system had been introduced in February 2018.
- We spoke with one of the GPs who advised the new processes had improved their workload and resulted in more time with patients. One of the office team we spoke with demonstrated the new process was embedded and commented how workflow was now managed effectively.
- During our March 2018 inspection, we looked at the correspondence system used to allocate patient summaries from external services. We saw that there was no backlog on this system and all correspondence included letters, discharge summaries, investigation and test results were in date.
- In total, the four GPs had 23 items of correspondence, the earliest of which was received two days before the inspection.

Are services well-led?

Good 

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

Our findings

At our previous inspection in October 2017, we rated the practice as requires improvement for providing well-led services as we identified concerns relating to the management of risks. We found an inconsistent system for identifying, capturing and managing issues and risks.

These arrangements had improved when we undertook a follow up inspection on 5 March 2018. The practice is now rated as good for providing well-led services.

Governance arrangements

The practice had demonstrated improvements. There was now an overarching governance framework which supported the delivery of the good quality care.

- The practice had re-established and was now operating safe and effective systems to assess, manage and mitigate the risks identified relating to patient safety, medicine safety and device alerts.
- A system had been introduced to ensure that appropriate monitoring for all patients in receipt of high risk medicines was in place.
- Patient information needed to plan and deliver care and treatment was now available in a timely and accessible way. There was managerial oversight of the correspondence system used to allocate patient summaries from external services. Previous concerns about delays and a backlog of correspondence had been addressed.
- A programme of quality improvement activity had been reintroduced; this included completed and live clinical audits.

These actions were now ensuring that requirements relating to good governance were being met.