Park Medical Centre

Quality Report

164 Park Road
Peterborough
Cambridgeshire
PE1 2UF
Tel: 01733 425019
Website: www.parkmedical.nhs.uk

Date of inspection visit: 20 June 2017
Date of publication: 03/07/2017

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Medical Centre on 11 April 2017. The overall rating for the practice was good, with requires improvement for providing safe services. The full comprehensive report on the April 2017 inspection can be found by selecting the 'all reports' link for Park Medical Centre on our website at www.cqc.org.uk.

We undertook a focused inspection on 20 June 2017 to check they had followed their action plan and to confirm they now met legal requirements in relation to the breach identified in our previous inspection on 11 April 2017. This report only covers our findings in relation to those requirements.

Overall the practice is now rated as good.

Our key findings from this inspection were as follows:

- Extensive work had been undertaken to ensure that there was an effective recall system in place to support patients who were prescribed medicines that required specific monitoring.
- The practice had implemented a new process for monitoring the expiry dates of medicines held in clinical fridges.
- A clear policy had been written to ensure that GPs authorised the destruction of uncollected prescriptions. A system had been instigated to ensure that an audit trail was in place and that vulnerable patients were contacted to arrange collection.
- The practice had developed an effective process for tracking blank prescription stationery held on the premises.

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?

Good

Our focused inspection on 20 June 2017 found that:

- Extensive work had been undertaken to ensure that there was an effective recall system in place to support patients who were prescribed medicines that required specific monitoring.
- The practice had implemented a new process for monitoring the expiry dates of medicines held in clinical fridges.
- A clear policy had been written to ensure that GPs authorised the destruction of uncollected prescriptions. A system had been instigated to ensure that an audit trail was in place and that vulnerable patients were contacted to arrange collection.
- The practice had developed an effective process for tracking blank prescription stationery held on the premises.

Park Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This focused inspection was completed by a CQC inspector and a GP specialist adviser.

Background to Park Medical Centre

Park Medical Centre is situated in central Peterborough, Cambridgeshire. The practice provides services for approximately 9,200 patients. It holds a General Medical Services contract with Cambridgeshire and Peterborough Clinical Commissioning Group.

We reviewed the most recent data available to us from Public Health England which showed that the practice population is similar to the national average. The practice is in an urban area with a high level of deprivation, and has a high percentage of patients from a variety of ethnic minority groups. Income deprivation affecting children is 25%, which is higher than the local average of 16%. 61% of patients have a long standing health condition, which is higher than the local practice average of 51%.

The practice clinical team consists of two male GPs, two female GPs, an advanced nurse practitioner, a primary care community matron, three practice nurses and a healthcare assistant. Furthermore, three long term locum GPs work at the practice. The clinical team are supported by a practice manager and reception, administration and secretarial staff.

Park Medical Centre is open from Monday to Friday. It offers appointments from 8.30am to 11.40am and 3pm to 5.30pm daily. Extended hours appointments are available with the advanced nurse practitioner from 7.10am to 8am daily, and with a GP or practice nurse from 6.30pm to 8pm on Tuesday evenings. In addition to this, patients registered at the surgery are able to access evening and weekend appointments at another local surgery as part of the Prime Minister's Challenge Fund. Out of hours care is provided via the NHS 111 service by Herts Urgent Care.

Why we carried out this inspection

We undertook a comprehensive inspection of Park Medical Centre on 11 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good, with requires improvement for providing safe services. The full comprehensive report following the inspection on 11 April 2017 can be found by selecting the 'all reports' link for Park Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Park Medical Centre on 20 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.

How we carried out this inspection

During our visit we:

- Spoke with the Care Quality Commission Registered Manager (the senior GP), practice manager, the nursing team and reception team.

Detailed findings

- Reviewed the updated protocol for recalling patients prescribed medicines that required specific monitoring, and carried out data searches to see evidence of how this had been implemented effectively.
- Reviewed medicines held in clinical fridges and discussed the changes to the procedure for checking expiry dates.
- Discussed the process used to ensure that GPs authorised the destruction of uncollected prescriptions.
- Reviewed the protocol for tracking prescription stationery held in the practice.

Good

Are services safe?

Our findings

At our previous inspection on 11 April 2017 we rated the practice as requires improvement for providing safe services. Specifically, we found improvements were needed in relation to medicines management.

- Risks to patients were assessed and generally well managed. The practice had a medicine review system in place to support patients who take medicines that require monitoring. However, data demonstrated this system was not always effective. Following the inspection the practice immediately sent us a comprehensive analysis of the issue identified and supporting action plan to demonstrate how improvements would be embedded into practice.
- We found an influenza vaccination that was not within the expiry date and available for patient use. The nursing team had developed a checking schedule, however this was not always effective as this medicine had not been identified and removed.
- Blank prescription forms were held securely on arrival in the practice and records were held of the serial numbers of the forms received. However, the forms were not tracked through the practice to ensure that any loss or theft could be identified immediately.
- The arrangements in place for managing uncollected prescriptions held at the surgery prior to their destruction required improvement. We found that uncollected prescriptions were held at the practice for a period of time before being destroyed by support staff without clinical oversight from a GP.

These arrangements had improved when we undertook a follow up inspection on 20 June 2017. The practice is now rated as good for providing safe services.

Medicines Management

Following the inspection on 11 April 2017 the practice sent us a comprehensive root-cause analysis and management plan to demonstrate how the system for managing medicine recalls would be improved upon. During this inspection we carried out data searches which provided evidence of the extensive work that had been undertaken to ensure that there was an effective system in place to support patients who were prescribed medicines that required monitoring.

For example:

- Previously, we found that 23.3% of patients prescribed ACE inhibitors had not been reviewed in line with national guidelines. On this inspection, we found that 573 patients had been recorded as being prescribed ACE inhibitors (5.9% of the practice population), and 99.5% of these patients had now received the appropriate blood tests. All three remaining patients had been contacted by letter twice and followed up a third time by telephone. This recall system was set to be repeated until all patients had been seen.
- Previously, we found that 23.7% of patients prescribed thyroid replacement therapy had not been reviewed in line with national guidelines. On this inspection, we found that 396 patients had been recorded as being prescribed thyroid replacement therapy (4.1% of the practice population), and 97.5% had now received the appropriate blood tests. All nine remaining patients had been contacted by letter twice and followed up a third time by telephone. This recall system was set to be repeated until all patients had been seen.
- Furthermore, 30 patients had been recorded as being prescribed antimetabolite medication (0.3% of the practice population), which is classed as a disease modifying anti-rheumatic drug. 100% of these patients were up to date with their blood test monitoring.

The nursing team had worked with the Clinical Commissioning Group to implement a new system for checking expiry dates of medicines held in clinical fridges. The practice had updated the Vaccine and Cold Chain Store Protocol to include the provision of a 'short date tray', which alerted staff to medicines that had short expiry dates. Spot checks had been implemented on an eight weekly basis to ensure that this protocol was effective. We checked random samples of vaccines held in the clinical fridges and found that all were in date.

A tracking system had been commenced to ensure that blank prescription forms were held securely upon arrival in the practice and records were held for tracking prescription stationery through the surgery.

The practice had implemented a clear policy to ensure that GPs authorised the destruction of uncollected prescriptions. A process had been introduced to ensure that an audit trail was in place and that vulnerable patients were contacted to arrange collection.