

Dr M Umar & Dr H Sadique

Quality Report

Nelson Medical Practice
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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 safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This is a focused desk top review of evidence supplied by Dr M Umar & Dr H Sadique for areas within the key question well-led. This review was completed on 24 December 2016.

Upon review of the documentation provided by the practice, we found the practice to be good in providing well-led services. Overall, the practice is rated as good.

CQC previously inspected the practice on 19 January 2016. The inspection was a comprehensive inspection under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA). At that inspection, the practice was rated 'good' overall. However, the key question well-led was identified as 'requires improvement'. Whilst CQC did not issue any requirement notices, but the practice was advised they should make improvements in a number of areas including:

- Implementing a system to periodically review the effectiveness and impact of changes implemented as a result of significant event analysis.
- Ensuring that all staff know the location of the emergency medicines.

- Implementing a system to review at intervals the contractual obligations for the building environment and equipment with the property landlord so that potential risks to safety are mitigated.
- Reviewing and developing the practice's communication strategies so that information about the practice, its policies and procedures and specific health conditions are available to people in different languages and in different formats.
- Continuing to review telephone and appointment access to seek further improvements to meet patient demand following the GP survey results.
- Improving governance arrangements by recording a business plan with priorities and strategies to provide focus and clarity on the development of the service and progress against the practice's aims and objectives.
- Implementing a system of regular planned performance monitoring whereby significant events, complaints, updated clinical guidance, patient feedback and the practice's progress in meeting the Quality and Outcomes Framework (QOF) is undertaken.

Summary of findings

During this review in December 2016, we found that the practice had addressed all the areas of concern from the inspection in January 2016.

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?

The practice is rated as good for providing safe services.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services caring?

The practice is rated as good for providing caring services.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services well-led?

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

At the inspection in January 2016, the practice was rated as requires improvement for well-led services and a number of areas were identified where the practice should make improvements. This included improving the governance arrangements within the practice to include:

- Reviewing actions and learning from significant events
- Ensuring all staff could locate the emergency medicines
- Reviewing arrangements for checking that emergency equipment was safe for use

Good



Summary of findings

- Improving patient information in languages appropriate to the population
- Developing a business plan
- Improving responsiveness to patient feedback

During this desk top review in December 2016, we found that the practice had acted on these recommendations and made improvements to their documentation and governance arrangements to improve patient care.

Evidence provided to CQC for this review included:

- Copies of minutes of practice and integrated neighbourhood team meetings, including significant event and complaint reviews and monitoring patient outcomes.
- Copies of the 2015 and 2016 patient surveys and actions taken to improve the patient experience.
- Friends and family test data for the practice for the last 12 months.
- Copies of leaflets made available for patients in Urdu.
- Evidence of regular checks being carried out on the defibrillator and that the location of emergency medication had been discussed with all staff.
- A copy of the business plan prepared by the practice.
- Improved staffing including recruiting a new clinical pharmacist
- A summary of improvement areas by the practice manager

We also reviewed Quality and Outcome Framework (QOF) data (QOF is a system intended to improve the quality of general practice and reward good practice) for 2015/16 and GP survey results which were published in July 2016. The data and results showed there were improvements in these areas also.

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 practice is rated as good for the care of older people.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



People with long term conditions

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

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

What people who use the service say

As part of this focused desk top review we did not speak to any people who use the service, although we did review GP Patient Survey and Friends and Family test data for the practice.

Dr M Umar & Dr H Sadique

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector who reviewed and analysed the documentary evidence submitted.

Background to Dr M Umar & Dr H Sadique

Dr M Umar & Dr H Sadique GP practice, known locally as the Nelson Medical Practice is based in Nelson and is part of the East Lancashire Clinical Commissioning Group (CCG).

The practice has 4995 patients on their register and provides service under a General Medical Services contract. Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest). Male and female life expectancy in the practice geographical area is 75 years for males and 80 years for females both of which are below the England average of 79 years and 83 years respectively. Information from the 2011 census

estimates the patient ethnicity in the GP locality to be 44% Asian. The practice also reports an increase in the numbers of Asian patients who have come from Italy recently. The number of patients between the ages of 0 to 18 years of age on the GP practice register is higher than the average GP practice in England.

The number of patients with health related problems in daily life (57%) was significantly higher than the England average (49%). In addition, 69 per 1000 patients were claiming disability allowance compared with England average of 50.

The practice has two full time male GP partners and one part time female long-term locum GP. The practice employed a nurse prescriber, a practice nurse, a part time phlebotomist, a practice manager, and a team of receptionists. The practice had also recruited a clinical pharmacist to support patients with medication; this post was shared jointly with another practice in the same building.

The practice is located in Yarnspinners Primary Health Care Centre, Carr Road, Nelson BB9 7SR. The building is a LIFT property maintained by the Eric Wright Group. The site also hosts four other practices and a variety of community services including podiatry, dietician and podiatry clinics. It is fully equipped with facilities for the disabled including disabled parking, access ramps, double doors, disabled toilet, hearing loops in the reception area and passenger lifts. Local transport and household shopping and parking facilities are close by the practice.

The surgery is open 8 am to 6.30pm on Monday to Friday. When the surgery is closed, patients are requested to call the out of hours service provider, East Lancashire Medical Services (ELMS via 111).

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme on 19 January 2016. This inspection was a planned focused desk top review to check whether the provider had taken the required action and was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now amended by the current legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Detailed findings

How we carried out this inspection

At the inspection in January 2016, we found that the practice required improvement in the well-led domain. Following the inspection the practice supplied information advising how they would make improvements in the well-led domain.

In line with their agreed timescale the practice supplied a range of documentary evidence to demonstrate how they

had improved their practices in relation to good governance. We also spoke with the practice manager who informed us of other developments the practice had made. We also analysed practice performance in the Quality and Outcomes Framework (QOF) (QOF is a system intended to improve the quality of general practice and reward good practice) and GP patient Survey for more recent data.

We reviewed this information and made an assessment of this against the regulations.

Are services safe?

Our findings

Please note this is a focused desk top review of care and treatment under the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services effective?

(for example, treatment is effective)

Our findings

Please note this is a focused desk top review of care and treatment under the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services caring?

Our findings

Please note this is a focused desk top review of care and treatment under the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Please note this is a focused desk top review of care and treatment under the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services well-led?

Good 

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

Our findings

Vision and strategy

At the time of the inspection in January 2016, the practice had a statement of purpose and a vision but that there was no written business plan to shape practice strategy or identify potential risks.

Evidence submitted to the inspection included a copy of the business plan which had been written since the original inspection. The aim of the practice had been simplified into the phrase “Dedicated to providing a comprehensive, caring and patient-centred service”. The business plan included focus on improving the use of information technology to improve patient care as well as partnership working with other practices, the local Clinical Commissioning Group and Federation. There was also focus on the management structure and improving communication with staff and patients.

Governance arrangements

During the inspection in January 2016 it was identified that checks had not been carried out on a defibrillator which was located on the floor which the practice was based on. Performance in the Quality and Outcomes Framework (QOF) was variable with some areas below local and national averages and the practice did not have clear systems in place to monitor performance. Although meetings took place, there were no minutes available to evidence how actions and learning from significant events were embedded and reviewed.

In December 2016, the practice provided evidence to show that they had liaised with the building management who had provided this emergency equipment. The practice had taken on the responsibility to ensure it was appropriately maintained and checked to be fit for use.

The practice also provided evidence of how meetings now included performance monitoring and reviewing learning and actions taken from complaints and significant events. We were also informed that the practice had lowered their threshold for reporting significant events which increased the shared learning from incidents.

QOF data showed that the practice had improved overall performance from 93% in 2014/15 to 99% in 2015/16 due to improved performance for a number of individual indicators. For example:

- In 2014/15 86% of patients with dementia had an annual review of their care recorded; this had increased to 100% in 2015/16.
- In 2014/15 70% of patients with severe mental health conditions had a full review recorded in their notes; this had increased to 95% in 2015/16.
- Performance for patients with diabetes had also improved. The practice had begun to increase education targeted specifically at Asian patients with education leaflets made available in Urdu.
- In 2014/15 73% of patients on the diabetes register had a blood pressure reading which was within a normal range; this had increased to 84% in 2015/16.

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

In January 2016, the inspection found that patient survey results were lower than comparators and whilst the practice had attempted to engage with patients through a patient participation group (PPG) and local surveys, responses had been limited. Despite a high number of patients who did not speak English as their first language, the practice did not have information on how to make complaints or information on health conditions available in languages appropriate for the population.

Following the publication of the national GP survey results in July 2016, the practice could see some improvements and they received 29 responses to their own patient survey which was conducted in August 2016.

- In January 2016, 51% of patients said it was easy to get through to the practice by telephone; this had increased to 56% in July 2016.
- In January 72% of patients said the last time they tried they were able to see or speak to someone; this had increased to 76% in July 2016.
- In January 2016, 59% of patients responded they were satisfied with their surgery overall, this had increased to 72% in July 2016.
- In January 2016, 51% said that receptionists were helpful; this had increased to 63% in July 2016.

The practice also monitored their friends and family test (FFT) results and had shared results with the CQC since November 2016. There had been 126 responses to the FFT, of which 100 (75%) said they were extremely likely or likely to recommend the practice to their family and friends.

Are services well-led?

Good 

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

The practice provided evidence to the inspection that they now displayed a poster in Urdu on the complaints process and had a variety of information leaflets available in Urdu on long-term conditions such as diabetes and bowel screening programmes.

Continuous improvement

The practice had implemented a range of new procedures and improvements which demonstrated continuous improvement since the CQC inspection in January 2016.

They had recruited a clinical pharmacist under the NHS pilot scheme and believed that this post was already making some improvements to patient care and safety around medication and supporting GPs with their workload.