

Colliery Medical Group

Quality Report

Silksworth Health Centre,
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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

We carried out an announced comprehensive inspection of Colliery Medical Group on 5 January 2016, which resulted in the practice being rated as good overall but as requiring improvement for providing effective services and for the population group of people experiencing poor mental health (including people with dementia). The full comprehensive report can be found by selecting the 'all reports' link for Colliery Medical Group on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 19 January 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection in January 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is rated as good overall; including for providing effective services and for the population group of people experiencing poor mental health (including people with dementia).

Our key findings were as follows:

- Staff had received appropriate training.
- The practice had taken steps to develop a programme of clinical audit.
- Action had been taken to improve the monitoring of the delivery of recommended care and treatment for patients experiencing poor mental health.
- The practice had improved on their Quality and Outcomes Framework (QOF) score compared to the previous year.

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.

When we previously inspected we identified concerns, including; staff had not received training appropriate to their role, there was no programme of clinical audit and action was required to improve the monitoring of the delivery of recommended care and treatment for patients experiencing poor mental health.

During the inspection in January 2017 we found the practice had made improvements.

- Staff had received appropriate training.
- The practice were beginning to develop a programme of clinical audit.
- Action had been taken to improve the monitoring of the delivery of recommended care and treatment for patients experiencing poor mental health.
- The practice had improved on their Quality and Outcomes Framework (QOF) score compared to the previous year.

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

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was above the local clinical commissioning group (CCG) average of 99.4% and the England average of 98.1%.

The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP and patients at high risk of hospital admission and those in vulnerable circumstances had care plans.

The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people.

Good



People with long term conditions

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

Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Nationally reported QOF data (2015/16) showed the practice had achieved good outcomes in relation to some of the conditions commonly associated with this population group. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was above the local CCG average of 96.1% and the England average of 97.4%. However, performance in relation to diabetes was below average; the practice achieved 82.4% of the points available compared to 92.8% locally and 89.8% nationally, this had improved from 79.1% at our previous inspection in January 2016.

Good



Families, children and young people

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

Good



Summary of findings

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care

professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 month and 24 month old babies and five year old children were in line with the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.3% to 100% and five year olds from 93.5% to 97.8%. The practice's uptake for the cervical screening programme was 80.3%, which was slightly below the CCG average of 81.4% and the national average of 81.4%.

Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

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).

The needs of the working age population, those recently retired and students had been met. The practice was open between 8am and 6pm Monday to Thursday and between 8.15am and 6pm on Fridays.

Appointments were available between 8.30am to 11.30am; then from 3pm to 5.30pm. The practice held an open surgery every Monday morning.

The practice had previously offered extended hours surgeries; this had been temporarily suspended until a third doctor was recruited. However, patients were still able to access GP services at a local health centre between 6pm and 8pm each weekday.

The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.

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.

Good



Summary of findings

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Patients with learning disabilities were invited to attend the practice for annual health checks. Longer appointments for people with a learning disability were available, if required.

The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment. The practice had recently signed up to a local 'Safe Place' scheme, which gave vulnerable people a short term 'safe place' to go if they were feeling threatened when out and about in the local community.

People experiencing poor mental health (including people with dementia)

At our previous inspection in January 2016, we rated the practice as requires improvement for the population group, people experiencing poor mental health (including people with dementia) as improvements needed to be made to the monitoring of this group of patients.

These arrangements had improved when we undertook this follow up inspection in January 2017. The practice is now rated as good for the population group, people experiencing poor mental health (including people with dementia).

The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia. Patients experiencing poor mental health were sign posted to various support groups and third sector organisations. The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Nationally reported QOF data (2015/16) showed the practice had achieved 75.5% of the QOF points available to them for providing recommended care and treatment for patients with poor mental health, compared to 92.9% nationally, this had improved from 50% in the 2014/15 year. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive, agreed care plan documented in their record,

Good



Summary of findings

was 79.3%, compared to the national average of 88.8%. This had improved from 46.7% in the preceeding year. The practice had achieved maximum points (100%) for the clinical domain indicator group of dementia which had improved from 88% in the preceeding year.

Summary of findings

Colliery Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and clinical advice was given remotely by a CQC Regional Clinical Advisor.

Background to Colliery Medical Group

Colliery Medical Group is registered with the Care Quality Commission (CQC) to provide primary medical services. The practice is located in the Silksworth area of Sunderland.

The practice provides services to around 5,200 patients from one location: Silksworth Health Centre, Silksworth, Sunderland, Tyne and Wear, SR3 2AN. We visited this address as part of the inspection.

The practice has two GP partners, one male and one female, both work full time, the whole time equivalent (WTE) of GPs is two. There are two practice nurses who are part-time (nursing WTE 1.62). There is a practice manager and eight staff who carry out reception and administrative duties. One of the GPs, who is also a partner had not yet submitted a CQC application to join the partnership. The practice manager said they were aware of this and it was going to be addressed as soon as possible.

The practice is part of Sunderland clinical commissioning group (CCG). Information taken from Public Health England placed the area in which the practice was located in the fifth more deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice is located in a purpose built two storey building. All patient facilities are on the ground floor. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access. Opening hours are between 8am and 6pm Monday to Thursday and between 8.15am and 6pm on Fridays. Patients can book appointments in person, on-line or by telephone. Appointments were available between 8.30am to 11.30am; then from 3pm to 5.30pm. The practice holds an open surgery every Monday morning.

Patients are also able to access services at a local health centre between 6pm and 8pm on weekdays.

The practice provides services to patients of all ages based on a Personal Medical Services (PMS) contract agreement for general practice.

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and Vocare (known locally as Northern Doctors Urgent Care).

Why we carried out this inspection

We undertook this focussed inspection of Colliery Medical Group in January 2017. This inspection was carried out to check that improvements planned by the practice after our comprehensive inspection on 5 January 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service effective and we inspected the population group of people experiencing poor mental health (including people with dementia).

Detailed findings

How we carried out this inspection

In January 2017 we carried out a focused inspection. This involved reviewing evidence that:

- Staff had received appropriate training.
- Plans had been put in place to develop a programme of clinical audit.

Action had been taken to improve the monitoring of the delivery of recommended care and treatment for patients experiencing poor mental health.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in January 2016, we rated the practice as requires improvement for providing effective services as not all staff had received required training.

These arrangements had improved when we undertook this follow up inspection in January 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available QOF data from 2015/16 showed the practice had achieved 89.3% of the total number of points available to them. The QOF score achieved by the practice in 2015/16 was below the England average of 95.3% and the local clinical commissioning group (CCG) average of 95.8%. However, we saw that compared to their QOF achievement for 2014/15, the practice had improved its QOF score. The previous data from 2014/15 showed the practice had achieved 84.6% of the total number of points available to them.

The QOF clinical exception rate was 8.8%, which was below the England average of 9.8% and the CCG average of 10.4%. 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. We looked at the exception reporting, due to it being above average figures and saw that it was appropriately audited.

The QOF data for 2015/16 showed that the practice had received maximum points for 13 of the 19 clinical domain indicator groups, which included asthma, heart failure, dementia and depression. The areas where they were below the national and local averages included;

- Performance for chronic obstructive pulmonary disease (COPD) related indicators was 84.4% compared to 95.8% nationally. This was lower than their performance for the previous year when the practice achieved 96.5%.
- Performance for diabetes related indicators was 82.4% compared to 89.8% nationally. This was lower than their performance for the previous year when the practice achieved 84.3%.
- Performance for mental health related indicators was 75.5% compared to 92.9% nationally. This had improved compared to the previous year when the practice achieved 56.4%.

The practice manager explained that the practice had struggled to improve the diabetes and COPD related indicators due to some staff sickness. They had focused on the mental health indicators and had sent out letters to patients to encourage them to attend the practice for reviews and hoped to achieve at least 90% in the current QOF year.

We saw the practice were beginning to develop a programme of clinical audit. We were supplied with two, two cycle audits, one which was regarding antibiotic prescribing for urinary tract infections in children, and another regarding changing generic inhalers to branded ones. We also saw the practice had carried out two other single audits.

Effective staffing

At our previous inspection we saw that staff did not always have the skills, knowledge and experience to deliver effective care and treatment. At this inspection we saw that arrangements for training had been improved.

The practice had purchased an on-line training computer package. Staff had received training that included: fire safety, basic life support, safeguarding children and adults, infection control and information governance awareness.