

Oak Tree Partnership

Quality Report

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Date of inspection visit: 16 May 2016. We have not revisited Oak Tree Partnership as part of this review because the practice was able to demonstrate compliance without the need for an inspection.
Date of publication: 01/06/2016

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

On 8 September 2015 we carried out a comprehensive inspection of Oak Tree Partnership and found concerns relating to the review of care and treatment for patients with long term medical conditions. The practice performance against national indicators was lower than average and offering patients identified as smokers advice on smoking cessation was lower than average. Following the inspection the provider sent us an action plan detailing how they would make the required improvements.

We carried out a desktop review of Oak Tree Partnership on 17 May 2016 to ensure these changes had been implemented and that the service was meeting regulations. Our previous inspection in September 2015 had found a breach of regulations relating to the delivery of safe care and treatment. The rating for the provision of effective services has been updated to reflect our findings. Based on the information received we have also updated the ratings for the population groups of Older People, People with Long-term conditions and People experiencing poor mental health (including people with dementia).

We found the practice had made significant improvements since our last inspection on 8 September

2015 and they were now meeting the regulation, relating to identifying and assessing risk of not completing annual health reviews and taking action to address identified risks.

Specifically the practice had:

- Significantly improved the number of annual health assessments and reviews that took place.
- Improved performance in the national indicators for care of patients with long term conditions.
- The practice had increased the number of patients with a smoking status recorded and had offered an increased number of these patients advice on smoking cessation.

The practice also sent us evidence to confirm they had implemented revised cleaning regimes and staff reported an improvement in standards. The most recent friends and family recommendation results showed that patients who gave a positive response to whether they would recommend the practice was 81%. Those who did not give a negative or positive response were excluded from the calculation of satisfaction.

We have changed the rating for this practice to reflect these improvements. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services.

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 effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed significant improvement in 2015/16 compared to 2014/15.
- The overall rate of QOF achievement had risen from 77% to 93% which was comparable to the England average of 94% achieved in 2014/15. (National comparisons were not available at the time of this review)
- Care planning for patients with long term mental health problems and with dementia had increased. Specifically the percentage of patients with long term mental health problems with an agreed care plan had increased from 54% to 82%. The increase of face to face reviews of care for patients living with dementia had risen from 63% to 86% which was better than the previous year national average of 83%.
- Performance in diabetes indicators had improved by 10%, from 71% in 2014/15 to 81% in 2015/16.

The remainder of the evidence from the previous inspection, in September 2015 has been used to contribute to the re-rating.

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.

- 93% of patients diagnosed with COPD (a type of lung disease) had an assessment of breathlessness in 2015/16. This had increased from 90% in the previous year and surpassed the previous year national average of 90%.
- 89% of patients diagnosed with a stroke achieved target blood pressure compared to 68% in 2014/15. This was better than the 84% national average from 2014/15.

The remainder of the evidence from the previous inspection, in September 2015 has been used to contribute to the re-rating.

Good



People with long term conditions

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

- The QOF results for 2015/16 showed an improvement in the review and treatment of patients diagnosed with diabetes since 2014/15. There had been a 10% improvement from 71% to 81%.
- The number of patients diagnosed with asthma who had an asthma review had risen from 63% to 72% between 2014/15 to 2015/16.
- The practice exception rate for QOF indicators had fallen from 4% in 2014/15 to 2% in 2015/16 compared to the national exception rate of 9%.

The remainder of the evidence from the previous inspection, in September 2015 has been used to contribute to the re-rating.

Good



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).

- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months. This was above the 83% national average from the previous year.
- 75% to 100% of the health tests for patients with long term mental health problems had been undertaken in 2015/16 compared to the practice range of 41% to 76% in the previous year. These tests include blood tests and blood pressure readings. The range of the national average in 2014/15 was 79% to 88%.

Good



Summary of findings

- The number of patients diagnosed with a long term mental health problem with an agreed care plan had risen from 54% in 2014/15 to 82% in 2015/16.

The remainder of the evidence from the previous inspection, in September 2015 has been used to contribute to the re-rating.

Oak Tree Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

This desktop exercise was carried out by a CQC Inspector.

Why we carried out this inspection

We carried out a comprehensive inspection on 8 September 2015 and published a report in December 2015 setting out our judgements. We asked the practice to send a report of the changes they would make to comply with the regulation they were not meeting. The practice sent us evidence that they had completed the changes they had detailed in their plan.

We therefore followed up to make sure the necessary changes had been undertaken by reviewing the evidence on 16 May 2016. Our review found the provider was meeting regulations associated with the Health and Social Care Act 2008, and our findings are set out within this report.

This report should be read in conjunction with the full inspection report published in December 2015. We have not revisited Oak Tree Partnership as part of this review because the practice was able to demonstrate compliance without the need for an inspection.

How we carried out this inspection

Prior to the inspection we contacted Oak Tree Partnership to request their action plan and evidence to support the positive changes and improvements against the breach in regulation.

As part of the inspection we looked at the data Oak Tree Partnership had submitted as part of their returns for the 2015/16 national indicators of care for patients with long term conditions. The information supplied was of sufficient detail to enable us to reach a judgement. A second visit to the practice was not required.

To get to the heart of patients' experiences of care and treatment, we updated our questioning of Oak Tree Partnership to determine:

- Is it effective?

We also looked at how well services were provided for specific groups of people and what effective care looked like for them. The population groups we looked at were:

- Older people
- People with long-term conditions
- People experiencing poor mental health (including people with dementia).

Are services effective?

(for example, treatment is effective)

Our findings

When we visited Oak Tree Partnership in September 2015 we found that their achievement of indicators of care for patients with long term conditions was below local and national averages. This led to a breach of regulation relating to assessing the risk of not undertaking, and recording, annual reviews of the health of patients with long term conditions. We used data the practice returned for the national Quality and Outcomes Framework (QOF) scheme. (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 e.g. diabetes and implementing preventative measures. The results are published annually). The practice sent us an action plan telling us how they would address these issues. They subsequently provided the data they had submitted for 2015/16 QOF and we saw that significant progress had been made.

Management, monitoring and improving outcomes for people

In September 2015, we found the practice had achieved, overall, 77% of the QOF indicators compared to the national average of 94%. The data provided by the practice for 2015/16 showed a 16% improvement to reach 93%. Comparative data for the 2015/16 year was not available at the time of the review. However, the improvement shown brought the practice in line with the national average from the previous year. The practice demonstrated a very low exception reporting rate of 2% which had reduced from 4% in 2014/15. This was lower than the national exception rate of 9% from 2014/15. (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 reviewed indicators specific to certain long term conditions. For example,

- The 2015/16 performance for overall diabetes indicators had risen to 81% from 71% in 2014/15. This was now approaching the national average of 89% from 2014/15.

- Specifically the practice had achieved 78% of patients with diabetes with a blood pressure below 140/80mg which was matched the 2014/15 national average. This was achieved with a low exception rate of 5% compared to the national exception rate of 9% in the previous year.
- The practice had increased the percentage of patients diagnosed with a severe and enduring mental health problem with an agreed care plan from 54% to 82%. This was close to the national average of 88% in the previous year.
- The percentage of patients with long term mental health problems who received a variety of tests appropriate to their condition ranged from 75% to 100% compared to the previous year national average range of 79% to 88%. The practice had increased their performance by an average of 28%.
- The number of patients diagnosed with dementia who received a face to face review of their care had increased by 23% to 86% which surpassed the national average of 83% in the previous year.

Supporting patients to live healthier lives

When we visited in September 2015 we found the practice had a lower than average rate of recording the smoking status of patients aged over 15 years of age. The practice also had lower rates of patients with specific medical conditions who had been offered smoking cessation advice.

The 2015/16 data supplied by the practice showed;

- An increase in recording smoking status for patients with specific conditions from 85% to 91%.
- A 13% increase in smoking cessation advice given to patients aged over 15 identified as smokers.

We found the practice had made significant improvements since our last inspection on 8 September 2015 and they were now meeting the regulation, relating to identifying and assessing risk of not completing annual health reviews and taking action to address identified risks.