

# Dr Aarron Patel

## Quality Report

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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 responsive to people's needs?

**Requires improvement**



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Aarron Patel's Surgery on 27 April 2016. The overall rating for the practice was good, however it was rated requires improvement for providing responsive services. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Dr Aarron Patel on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 20 July 2017 to confirm that the practice had carried out their plan to improve the service as identified in our previous inspection on 27 April 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At our previous inspection on 27 April 2016, we found the practice had a high exception reporting for those with long term conditions. Additionally, results from the national GP patient survey showed patient satisfaction with how they could access care and treatment was below the local CCG and national averages. In addition, the practice did not have an active patient participation group (PPG) and the practice had identified less than 1% of its practice list as carers. At this inspection we found

some of these issues had been addressed, however we still had concerns about patient access as the latest national GP survey results did not show improvements. The practice provided us with an action plan detailing how they intended on improving services; however these measures had yet to demonstrate any improvement. The practice is still rated as requires improvement for providing responsive services.

Our key findings were as follows:

- The practice still did not have a practice website, however they told us patients could book appointments and request repeat prescriptions online through NHS Choices.
- Childhood immunisation data submitted to the local CCG for the quarter which ended in June 2017 showed the practice had achieved 100% in all areas.
- At the last inspection, 29 patients were identified as carers. The practice reviewed how patients with caring responsibilities were identified and recorded, for example, standardising the code which should be used on the clinical system. Over 1% of the patient population (49) were now identified and flagged on the clinical system as carers.

# Summary of findings

- The business continuity business plan was updated in April 2017 and contained all the necessary information. Hard copies were held off site by the practice manager and principal GP.
- The practice now had a PPG which consisted of four members who the practice told us had scheduled their first meeting to take place in August 2017.
- Patient's feedback from the most recent national GP patient survey showed the practice was still below the local CCG and national averages for questions pertaining to how they could access care and treatment.
- Data from the Quality and Outcomes Framework (QOF) 2015/16 showed the practice still had higher than average exception reporting rates for those with long term conditions.

However, there were also areas of practice where the provider needed to make improvements.

Importantly, the provider must:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- Take steps to improve the practice's performance in the management of long term conditions.

**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 responsive to people's needs?**

The practice is still rated as requires improvement for providing responsive services.

- Results from the recent national GP patient survey showed that patients rated the practice below local and national averages on question relating to telephone access, opening hours, waiting times and experience of making appointments.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### People with long term conditions

At our previous inspection, 2014/15 QOF data showed the practice clinical exception reporting rates were higher than CCG and national averages for long term conditions such as hypertension, mental health and diabetes. At this inspection, the GP and the practice manager were unable to show us examples of patients that had been exception reported during 2015/16 QOF; this meant we were unable to verify whether or not they had been exception reported appropriately. Following the inspection, the provider told us this was due to a data error; however we did not receive sufficient evidence to support there had been IT problems at the time of inspection. We looked at unverified and unpublished data for QOF 2016/17 and found the practice generally followed guidelines when patients were exception reported, however the data available to us only covered part of the year. The population group rating for this key question remains as requires improvement because we were not able to fully establish the practice had addressed the issues which led to this rating.

**Requires improvement**



# Dr Aarron Patel

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team included a lead CQC inspector and a GP specialist advisor.

## Background to Dr Aarron Patel

Dr Aarron Patel practice is located in Romford, North East London and provides primary care services to approximately 3200 patients. Dr Aarron Patel Practice is based within a modern purpose built health centre where they share reception and waiting areas with another GP practice. The practice is well served by local buses and is within easy reach of multiple railway stations providing direct access into Central London. Parking is available on site as well as on surrounding streets.

The practice holds a Primary Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services) and is part of the NHS Havering Clinical Commissioning Group. The practice provides a full range of enhanced services including childhood vaccination and immunisation, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal, Rotavirus and Shingles Immunisation and unplanned admissions.

The practice is staffed by one principal GP (male), two sessional GPs (females) and one locum GP (female) collectively working around 10 weekly sessions. They are supported by a part time female practice nurse and a locum healthcare assistant (HCA), a part time practice manager and four part time reception/administrative staff. The practice's opening hours are Monday to Friday 8:30am to 6:30pm with the exception of Thursday when the practice closes at 1pm. Extended hours appointments

(telephone consultations) are offered on Monday and Tuesday morning between 7am and 8am. Out of hours services are provided by the GP Hub services and the NHS 111 services when the practice is closed. Information about the Out of Hours services is provided to patients in the practice leaflet and posters.

The practice is registered with the Care Quality Commission to carry on the following regulated activities from one location:

Treatment of disease, disorder or injury

Diagnostic and screening procedures.

The practice was previously inspected under the Care Quality Commission's current inspection regime.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Aarron Patel's Practice on 27 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated requires improvement for providing responsive services. The full comprehensive report following the inspection on 27 April 2016 can be found by selecting the 'all reports' link for Dr Aarron Patel's Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up announced focused inspection of Dr Aarron Patel's Surgery on 20 July 2017. This inspection was carried out to review the actions taken by the practice to improve the quality of care for patients.

# Detailed findings

## How we carried out this inspection

Before and during our visit we:

- Spoke with the principal GP and practice manager.
- Reviewed a sample of the personal care or treatment records of patients.

- Reviewed data from the national GP patient survey and QOF.
- Looked at information the practice used to deliver care and treatment plans.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 27 April 2016, we rated the practice as requires improvement for providing responsive services. This was because patients rated the practice below CCG and national averages for how they could access care and treatment. Although the practice could demonstrate they had an action plan in place, we were not able to assess whether the initiatives had improve patient satisfaction because it was recently implemented.

These arrangements had not sufficiently improved when we undertook a follow up inspection on 20 July 2017. The practice is still rated as requires improvement for providing responsive services.

### Responding to and meeting people's needs

The practice now offered appointments (telephone consultations) on Monday and Tuesday morning for those who could not attend during normal opening hours.

### Access to the service

The practice opened between 8am and 6.30pm Monday to Friday with the exception of Thursday, when the practice closed at 1pm. Extended hours appointments were now offered on Monday and Tuesday morning between 7am and 8am. Out of hours services were provided by the GP Hub services and the NHS 111 services when the practice was closed. Information about the Out of Hours services was provided to patients in the practice leaflet and posters. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for patients that needed them.

Results from the 2016/17 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was still below local and national averages. For example:

- 51% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 34% of patients said they could get through easily to the practice by phone compared to the CCG average of 65% and national average of 71%.

- 55% of patients said their last appointment was convenient compared with the CCG average of 77% and the national average of 81%.
- 45% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 30% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

On the day of the inspection we reviewed the appointment lists for May and June 2017 and found the practice was not delivering the 15 GP sessions as was stated in our previous report. We were told by the practice clinical sessions had reduced due to an emergency health condition which affected a key member of staff. Following the inspection, we received in writing steps the provider had put in place to increase the weekly clinical sessions.

In response to the national GP patient survey the practice told us they would carry out in-house surveys and we received a copy of the action plan that had been put in place recently to improve telephone access and appointments availability, however most of the initiatives were newly introduced or in planning stage and as such we were not able to assess whether improvements had been made to the services. The action plan included the following:

- A member of the administrative team to attend formal training on workflow optimisation so as to reduce workload for nurses and GPs; following the inspection we received evidence this training had been completed.
- Encourage patients to register to book appointments online.
- Considering a shared call centre which means there will be more receptionists to answer incoming calls.
- Introduce walk-in appointment clinics on Monday and Friday.
- Increase reception staff from one to two during peak times.
- Recruit additional GPs, practice nurses and HCAs.



## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014: Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>How the regulation was not being met:</b></p> <p>There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:</p> <ul style="list-style-type: none"><li>• The registered person had failed to take appropriate action to respond effectively to the results of the GP Patient Survey which were below local and national averages.</li></ul> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>