

# Dr Tom Frewin

## 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

Inadequate



Are services safe?

Inadequate



Are services well-led?

Inadequate



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an unannounced focussed inspection at Dr Tom Frewin, Clifton Village Practice at 09:30 on 5 May 2015. This was to further review issues that were found at comprehensive inspection carried out on 15 April 2015. At this previous inspection it was assessed that overall the practice is rated as inadequate. Following this focussed inspection there has been no change to the rating.

We had found at the inspection on 15 April 2015 there was not a clear system for monitoring and managing test results such as blood and urine samples. There was not a safe system for information for managing information received in from hospital or other health providers at the practice. Assurances following the inspection had been given by the provider that they had improved the system of managing and responding to test results and

information received from hospital or other health providers. However, a decision to return to the practice to check there was no risk to patients in regard to this matter was taken.

Our key findings at this inspection 5 May 2015 across the areas we inspected were as follows:

- Patients test results were now being reviewed and handled safely and in a timely way.
- Letters and information from hospitals and other health care providers were received and assessed by a clinician promptly.

A full report from the inspection 15 April 2015 is available from the CQC website and areas of concern from that inspection will be followed up shortly.

**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?**

This inspection was conducted in order to further review issues that were found at the comprehensive inspection carried out on 15 April 2015. At this previous inspection it was found that overall the practice is rated as inadequate. Following this focussed inspection there has been no change to the rating.

**Inadequate**



### **Are services well-led?**

This inspection was conducted in order to further review issues that were found at the comprehensive inspection carried out on 15 April 2015. At this previous inspection it was found that overall the practice is rated as inadequate. Following this focussed inspection there has been no change to the rating.

**Inadequate**



# Dr Tom Frewin

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspection Manager and a GP specialist advisor.

### Background to Dr Tom Frewin

Dr Tom Frewin, Clifton Village Practice is situated in a residential area of the city of Bristol. The practice had approximately 2,981 registered patients from the Clifton area. Based on information from Public Health England the practice patient population were identified as having a low level of deprivation. The practice did not support any patients living in a care or nursing homes.

The practice is located in a Victorian adapted large former private residence. The practice is accessible via six steps up from street level. There are four floors within the building and a basement. There is a consulting room, reception, waiting room and office on the ground floor. A further consulting/meeting room is on the first floor. A consulting room, treatment room and meeting room is situated in the basement. There is no lift. The practice is on a primary medical service contract with Bristol Clinical Commissioning Group.

Dr Tom Frewin, services provided at Clifton Village Practice are only provided from one location:

52 Clifton Down Road

Clifton

Bristol

Avon

BS8 4AH

The practice had patients registered from all of the population groups such as older people, people with long-term conditions, mothers, babies, children and young people, working-age population and those recently retired; people in vulnerable circumstances who may have poor access to primary care and people experiencing poor mental health.

Over 65.6% of patients registered with the practice were working aged from 15 to 44 years, 20.4% were aged from 45 to 64 years old. Just above 5% were over 65 years old. Around 1.8% of the practice patients were 75-84 years old and just over 1.2% of patients were over 85 years old. Just below 6% of patients were less than 14 years of age, 2.1% of these were below the age of 4 years. Information from NHS England showed that 4.9% of the patients had long standing health conditions, which was below the national average of 54%. The percentage of patients who had caring responsibilities was just over 8% which is below the national average of 18.5%. Of the working population 4.1% were unemployed which is below the national average of 6.2%.

The practice consists of an individual GP who is registered as the provider. They had engaged a locum GP for four days per week, both GPs were male. At the time of the inspection there was also a female locum GP who worked at least one day a week. At the time of the inspection visit the provider/ individual GP was not providing any clinical activity, which left the regular locum GP providing clinical care with the support of locum GPs. There was no permanent practice nurse. The practice nurse provision one day per week was covered by the same locum nurse who is also an experienced Diabetes Specialist Nurse. Some of the clinical tasks that could be carried out by a practice nurse, such as cervical smears, were provided by the locum GPs.

# Detailed findings

The practice building is normally open to patients during the whole of the working day from 9 am up to 6.30 pm and until about 7.15 pm on days when there are extended hours appointments. The appointments for extended hours run from 6.30 pm to 7.00 pm on three evenings per week, usually Mondays, Tuesdays and Wednesdays. The day of the week can vary according to GP availability. There is open surgery every morning between 9 am and 10.30 am and anybody arriving between those hours will be seen. Appointments are currently available on every weekday afternoon. The practice referred patients to another provider, BrisDoc for an out of hour's service to deal with any urgent patient needs when the practice was closed. Details of what the practice provided were included in their practice leaflet. The provider did not have a website to inform patients of the out-of-hours arrangement.

## Why we carried out this inspection

We carried out an unannounced focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was focussed to check whether the provider had put actions in place in regard to significant concerns raised at a

comprehensive inspection on 15 April 2015 to identify if it is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

## How we carried out this inspection

During our visit we spoke with the registered provider, one of the locum GPs. We also spoke with the practice manager, deputy practice manager and the reception and administration staff on duty. We did not speak to patients during the day.

On the day of our inspection we observed how the practice managed and responded to patients test results and letters and information from hospital or other health care providers. We looked at electronic patient records and some aspects of how they responded and managed letters and correspondence regarding patient care and treatment.

# Are services safe?

## Our findings

This inspection was conducted in order to further review issues that were found at the comprehensive inspection carried out on 15 April 2015. At this previous inspection it was found that overall the practice is rated as inadequate. Following this focussed inspection there has been no change to the rating.

We looked again at aspects of information sharing and how the practice responded and acted upon patient results and correspondence from hospitals and other healthcare providers in regard to their diagnosis and treatment.

The practice used electronic systems to receive correspondence and clinical data from other providers. Such as blood results, X-ray results, letters from hospital accident and emergency and outpatients and discharge summaries.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record called EMIS. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

At this inspection we found there was a system for receiving pathology and test results. Correspondence, such as hospital discharge letters and outcomes of consultations and treatment with other providers such as hospitals were also managed in the same way. We were shown different aspects of how the information was received and

addressed. At the inspection on 15 April 2015 we found electronic and paper information was reviewed by three members of staff as it was received into the practice. There was a method of triage of the information undertaken by staff, none who had previous clinical training, these staff placed clinical coding on the information as they judged to be appropriate, before it was flagged up to the GPs. We were told all documents were scanned and placed on the electronic patient record system EMIS. We observed that approximately 25 test results/ letters dating back over the last two weeks were waiting GP review, action and archiving. There was a concern this had not been looked at and patients care needs responded to in a timely way.

At this focussed inspection 5 May 2015 we were told the practice staff had looked at and adjusted their practices to improve how patient results were managed when they were received into the practice. We were informed that results were looked at when they were received into the practice by administration staff. They were flagged up for the GP on duty if highlighted by the laboratory as to be of a concern. The locum GP stated they looked at results on a daily basis. Paper letters and results were looked at on the same day they were received or within a two day timeframe. When we looked at the electronic pathology results list we could see there were 14 results listed as abnormal that had yet to be been viewed by the clinician on duty. However, only two had been received on the Friday the rest during the weekend and Bank Holiday Monday when the practice was closed. This meant the practice were dealing with patients test results in a timely way.

# Are services well-led?

Inadequate 

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

## Our findings

At the previous inspection 15 April 2015 we observed the practice used both electronic and paper record systems for patient records. Pathology results and letters pertaining to patients' personal information were in open trays in offices on the ground, first and second floor. There was not a safe system of receiving pathology and test results and of being reviewed by GPs in a timely way. This meant there was a risk that unauthorised access could occur and patient information was not kept confidential.

During this inspection, 5 May 2015 we found that there had been some improvement in handling paper patient

information documents received into the practice. We were told they were usually reviewed by administration on the date of receipt and forwarded to the GP on duty to review. When returned to the administration staff, the GP usual turn-around time for this was two days; they were reviewed and scanned onto the EMIS computer record system. Administration staff informed us documents could take up to three to four days to scan onto the system records, filing paper records could take up to two weeks. We observed on this inspection visit 5 May 2015 paper records such as letters and pathology results were not left in open trays in offices and did not compromise patient confidentiality.