

Acle Medical Partnership

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 effective?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
Areas for improvement	4
Outstanding practice	4

Detailed findings from this inspection

Our inspection team	5
Background to Acle Medical Partnership	5
Why we carried out this inspection	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Acle Medical Partnership on 6 December 2016. The overall rating for the practice was good, with requires improvement for providing effective services. The full comprehensive report on the 6 December 2016 inspection can be found by selecting the 'all reports' link for Acle Medical Partnership on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 18 December 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 6 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good, and good for providing effective services.

Our key findings were as follows:

- The option to order prescriptions over the telephone was no longer available in the practice. The practice offered a prescription delivery service for patients requiring this. Due to the rural nature of the surrounding area this was a responsive change that saw deliveries sent to hard to reach locations.

- GPs were notified of uncollected medicines from the dispensary. These were reviewed on a weekly basis and where needed patients were contacted to clarify any reasons. We saw that a comprehensive log was kept.
- The practice had improved performance for their Quality and Outcomes Framework (QOF) but some further improvement was required.
- The practice had an effective audit programme in place which demonstrated improvements to quality of care.
- The practice was not yet providing extended hours' appointments but had agreed to commence this from April 2018 onwards with their commissioners. From April 2018, the practice would be open on Mondays from 7am to 8pm and during lunchtimes the remained of the week. This was in addition to current opening hours. The most recent national GP Patient Survey data from July 2017 indicated that of the 120 patients that responded:
 - 80% were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 89% and the national average of 84%.
 - 82% said the last appointment they got was convenient compared to the local average of 88% and the national average of 81%.

Summary of findings

- 62% were satisfied with the surgery's opening hours compared to the local average of 79% and the national average of 76%.
- The practice had reviewed the coding processes and services available for carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 161 patients as carers (nearly 2% of the practice list).
- Clinical leads had been appointed individual areas of responsibility when overseeing care delivery to patients.
- The practice had developed their approach to providing care to patients that lived in residential homes where the practice delivered care. The practice had developed a visit approach which combined advanced nurse practitioners and GPs skills and knowledge, including nutrition and multiple condition reviews. This had led to a 16% reduction in hospital admissions for these patients, meaning that the practice was the lowest performer for avoidable emergency hospital admissions within the CCG. This had led to a 64% reduction in cost between 2015/16 and 2016/17. Due to the success of this approach the practice had developed a national research project on which it was leading 300 practices to develop their approach.

There were two areas where the provider should make improvements:

- Continue to monitor and improve Quality and Outcomes Framework (QOF) performance.
- Continue to monitor and improve access to appointments.

We saw one element of outstanding practice:

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor and improve Quality and Outcomes Framework (QOF) performance.
- Continue to monitor and improve access to appointments.

Outstanding practice

- The practice had developed their approach to providing care to patients that lived in residential homes where the practice delivered care. The practice had developed a visit approach which combined advanced nurse practitioners and GPs skills and knowledge, including nutrition and multiple condition reviews. This had led to a 16% reduction in hospital admissions for these patients, meaning that the practice was the lowest performer for avoidable emergency hospital admissions within the CCG. This had led to a 64% reduction in cost between 2015/16 and 2016/17. Due to the success of this approach the practice had developed a national research project on which it was leading 300 practices to develop their approach.

Acle Medical Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP specialist advisor.

Background to Acle Medical Partnership

Acle Medical Centre is located in Acle, Norfolk. There is a branch surgery situated seven miles from the main practice at Reedham. We did not visit the branch surgery during this inspection. The practice holds a General Medical Service (GMS) contract to provide GP services to approximately 9,167 registered patients, which is commissioned by NHS England. A GMS contract is a nationally negotiated contract to provide care to patients.

The practice is run by four GP partners; one female and three male. The practice employs one female salaried GP and one male GP under the GP retainer scheme (this is a scheme which ensures qualified GPs who may be thinking of leaving practice or those who can only undertake a small amount of paid professional work can keep in touch with general practice and retain their skills).

The practice employs one female and one male nurse practitioner. There are five practice nurses, including a nurse manager, two health care assistants and a phlebotomist.

The clinical team is supported by a practice manager, a deputy practice manager, a practice administration manager, three IT administrators, a teaching co-ordinator, two medical secretaries, a reception team leader and a team of seven reception staff.

Acle Medical Centre is a dispensing practice and dispenses to approximately two thirds of its practice population. The dispensary is overseen by a senior dispenser and a team of six dispensers. The dispensary provides a free delivery service to patients for repeat and on occasion, urgent medicines.

The practice catchment area covers over 158 square kilometres and includes 32 villages. The practice also provides temporary services to holiday makers in the area often holidaying on boats on the canals. According to Public Health England information, the practice age profile has higher percentages of patients aged 40 to 85+ years compared to the practice average across England. It has lower percentages of patients aged 0 to 10 years and 15 to 40 years. Income deprivation affecting children and older people is below both the local area and national average.

The practice is open between 8:30am – 1pm and 2pm and 6:30pm Monday – Thursday and 8:30am to 6:30pm Friday. The branch surgery at Reedham is open from 8:30am to 12:30pm Monday, Tuesday and Friday. The branch surgery is closed Wednesday and Thursday.

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The practice does not offer an extended hours service, however we were told patients are seen when required with additional appointments made available each day. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are also available for people that need them. The practice dispensary is open from 8.30am to 1pm and 2pm to 6pm Monday to Friday.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Acle Medical Partnership on 6 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. The full

comprehensive report following the inspection on 6 December 2016 can be found by selecting the 'all reports' link for Acle Medical Partnership on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Acle Medical Partnership on 18 December 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 6 December 2016, we rated the practice as requires improvement for providing effective services. The following improvements were needed:

- The practice had to ensure that patients who require reviews for long term conditions are systematically recalled to see a clinician at the appropriate time.

Further areas for improvements included:

- The practice had to maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- There was scope to improve the recording of actions implemented as a result of national patient safety alerts and guidelines.
- The practice had to ensure any actions and learning outcomes from quality improvement activities, such as clinical audits, are recorded and reviewed to ensure improvements have been achieved.

These arrangements had improved when we undertook a focussed follow up inspection on 18 December 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). At our December 2016 inspection we found that the practice had achieved 85% of the total number of points available in 2015/16 compared to the local average of 97% and the national average of 95%, with a 9% exception reporting rate, which was 2% below the clinical commissioning group (CCG) average and 1% below the national average (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).

The most recent (2016/17) published results were 93% of the total number of points available, compared to the local average of 99% and the national average of 96%, with a 9% exception reporting rate which was 2% below the CCG average and 1% below the national average.

Data from 2015/16 showed:

- Performance for diabetes related indicators was below both the CCG and national average, with the practice achieving 79% across all indicators. This was 15% below the CCG average and 11% below the national average. Exception reporting was in line with CCG and national averages.

Data from 2016/17 showed:

- Performance for diabetes related indicators remained below both the CCG and national average, with the practice achieving 83% across all indicators. This was 14% below the CCG average and 8% below the national average. Exception reporting was in line with CCG and national averages. There was one indicator that significantly affected the performance for diabetes, namely:
 - The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less: 58% achievement, which was 22% below the local average and 21% below the national average. We reviewed unverified data for 2017/18 performance and saw that the practice had achieved 53% up to December 2017, with four months remaining until March 2018.

Other diabetes performance included:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less: 85% achievement, which was 8% below the local average and 7% below the national average. We reviewed unverified data for 2017/18 performance and saw that the practice had achieved 85% up to December 2017, with four months remaining until March 2018.

The practice explained that due to long term absence of relevant nursing staff, additional support had been sought to support diabetes performance. The practice was in the process of recruiting additional nursing staff and to provide further diabetes education.

Are services effective?

(for example, treatment is effective)

Data from 2015/16 showed:

- Performance for mental health related indicators was below both the CCG and the national averages. With the practice achieving 72% across each indicator, this was 22% below the CCG average and 21% below the national average. Exception reporting was in-line with local and national averages.

Data from 2016/17 showed:

- Performance for mental health related indicators remained below both the CCG and the national averages. With the practice achieving 89% across each indicator, this was 10% below the CCG average and 4% below the national average. Exception reporting was above local and national averages for three indicators within this group but when we reviewed unverified 2017/18 data we saw that the practice had addressed a coding issue and was excepting appropriately. One of the indicators involved a low number of patients, which explained the higher than average exception reporting.

Data from 2016/17 showed:

- Performance for asthma had increased from 86% in 2015/16 to 100% in 2016/17; this was in line with the local average and 3% above the national average.
- Performance for hypertension had increased from 76% in 2015/16 to 80% in 2016/17; this was 19% below the local average and 17% below the national average. We reviewed unverified data for 2017/18 performance and saw that the practice had achieved 72% up to December 2017, with four months remaining until March 2018.
- Performance for osteoporosis had increased from 67% in 2015/16 to 100% in 2016/17; this was 2% above the local average and 10% above the national average.
- Performance for Peripheral Arterial Disease had increased from 78% in 2015/16 to 82% in 2016/17; this was 16% below the local average and 15% below the national average. We reviewed unverified data for 2017/18 performance and saw that the practice had achieved 84% up to December 2017, with four months remaining until March 2018.
- Performance for rheumatoid Arthritis had increased from 17% in 2015/16 to 51% in 2016/17; this was 43% below the local average and 45% below the national

average. We reviewed unverified data for 2017/18 performance and saw that the practice had achieved 52% up to December 2017, with four months remaining until March 2018.

- Performance for secondary prevention of coronary heart disease had increased from 78% in 2015/16 to 81% in 2016/17; this was 17% below the local average and 14% below the national average. We reviewed unverified data for 2017/18 performance and saw that the practice had achieved 84% up to December 2017, with four months remaining until March 2018.
- Performance for stroke and transient ischaemic attack: had increased from 88% in 2015/16 to 91% in 2016/17; this was 8% below the local average and 6% below the national average. We reviewed unverified data for 2017/18 performance and saw that the practice had achieved 93% up to December 2017, with four months remaining until March 2018.

Exception reporting for these indicators was generally in-line with local and national averages.

Following our December 2016 inspection the practice had to ensure they had a consistent approach to coding of medical records. Since our last inspection, the practice had reviewed the way it coded their patients and had implemented an automated coding and recall system to improve this. We saw that patients who required reviews for long term conditions were systematically recalled to see a clinician at the appropriate time. Coding systems we reviewed and continuous improvement in QOF performance over 2016/17 data and unverified 2017/18 data supported this, although some further improvement was required, but expected by conclusion of 2017/18 due to the current trajectory of outcomes the practice could evidence.

The practice participated in local audits, national benchmarking, accreditation and peer review. A programme of clinical audits demonstrated quality improvement. A variety of clinical audits had been completed in recent years and several were ongoing. For example, the practice had undertaken an audit of patient deaths and analysed causes of death. This included reviews of individual patient records and scenarios to assess whether further learning could be applied; we saw evidence of learning being implemented.

Are services effective?

(for example, treatment is effective)

Amongst other audits, the practice thoroughly audited minor surgery for 12 different criteria and undertook audits on anticoagulation prescribing and secondary care referrals.

One specific audit the practice had undertaken on emergency admissions had led to the practice developing their own approach to providing care to patients that lived in residential homes. The practice had developed a visit approach which combined advanced nurse practitioners and GPs skills and knowledge, including nutrition and multiple condition reviews. This had led to a 16% reduction

in hospital admissions for these patients, meaning that the practice was the lowest performer for avoidable emergency hospital admissions within the CCG. This had led to a 64% reduction in cost between 2015/16 and 2016/17.

Due to the success of this approach the practice had developed a national research project on which it was leading 300 practices to develop a similar approach.

The practice maintained effective records on actions implemented as a result of national patient safety alerts and guidelines. We reviewed a spreadsheet which included up to date guidance and actions had been taken as a result and by whom.