

Dr Ajaz Nabi (Cippenham Surgery)

Quality Report

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Slough,
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Date of inspection visit: The evidence provided by the practice, enabled the commission to conduct this inspection without the need for a visit.
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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

In February 2016, during our previous comprehensive inspection of Dr Ajaz Nabi (also known locally as Cippenham surgery), we found issues relating to the effective delivery of healthcare services at this practice. As a result of this inspection, we asked the practice to make further improvements, in order to encourage the uptake of health promotion services offered at this practice. Health promotion is a process which a practice can use to help patients improve their health and wellbeing. Health promotion can involve a range of activities, from encouraging and advertising flu vaccines, to promoting the importance of cancer screening.

During our previous inspection, we also found that the practice did not have a system or a rolling programme for carrying out clinical audits. Furthermore, the practice did not have a clear action plan for patients experiencing poor mental health. The practice's complaints response did not refer patients to other organisations for example the Ombudsman, if a patient wished to escalate their complaint. Finally at our previous inspection, we also found that the practice needed to review the feedback offered by patients, to help improve services.

As a result of these issues, the practice was previously rated as requiring improvement in effective services, and good for safe, caring, responsive and well led services. This meant that the practice had an overall rating of good.

We carried out a desk based inspection in October 2016 to ensure the practice had made improvements since our last inspection. The practice sent us evidence in the form of letters to patients, patient information leaflets in a number of different languages, and health posters to demonstrate the wide range of improvements they had made since our last visit. The practice also further supplied an audit schedule; this outlined the different audits which were carried out in the practice and how often each audit should take place. Finally the practice was able to provide further supporting evidence, in the form of statistical figures, to demonstrate the impact that changes made to their patient population. We found the practice had made significant improvements since our last inspection in February 2016.

At this inspection we found that:

- The practice had reviewed and updated its bowel cancer screening policy.
- The practice had reviewed and updated its breast cancer screening policy.
- The practice had reviewed and updated its cervical screening policy.

Summary of findings

- The practice developed a patient information leaflet explaining the importance of cervical screening.
- Systems were now in place to promote the benefits of cervical, breast and bowel screening.
- The practice had advised us that they had employed an additional member of staff to help monitor the uptake of flu vaccines within the practice.
- The practice had made changes to their website; this included a link to the NHS choices flu webpage for more information.
- The practice developed an audit schedule, outlining the different audits and when each would take place.
- Systems were now in place to monitor and improve services through the use of a clear programme of audits.
- The practice was able to demonstrate the impact of improvements to patient uptake of health promotion services.
- The practice was able to demonstrate evidence of action taken to improve the outcomes for patients experiencing poor mental health.
- The practice had reviewed and updated their complaints policy and procedures. This ensured that within response to complaints, patients were given the necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.
- The practice was able to demonstrate evidence that patient feedback was taken into account regarding practice issues.

Following this desk based inspection we rated the practice as good for providing effective services. The overall rating for the practice remains good. This report should be read in conjunction with the full inspection report of 3 February 2016. A copy of the full inspection report can be found at www.cqc.org.uk.

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?

Since our last inspection in February 2016, the practice had taken steps to address previous issues found by:

- Reviewing and updating bowel, cervical and breast screening policies.
- Producing a wide range of health promotion materials, in the form of reminder letters, posters and patient information leaflets.
- Ensuring systems were now in place to promote the benefits of cervical, breast and bowel screening.
- Outlining the schedule for audits, including audit titles and the frequency each audit would take place
- Ensuring systems were now in place to monitor and improve their services through the use of a clear programme of audits.
- Demonstrating the impact of improvements to patient uptake of health promotion services, through the use of statistical data.
- Providing evidence of all action taken to improve the outcomes for patients experiencing poor mental health.
- Reviewing and updating practice complaints policies and procedures. Thus ensuring that within response to complaints, patients were given the necessary information of the complainant's right to escalate the complaint to the Ombudsman, if dissatisfied with the response.
- Providing evidence that patient feedback was taken into account regarding practice issues.

Good



Dr Ajaz Nabi (Cippenham Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

Our follow up desk based inspection was undertaken by a CQC Assistant Inspector.

Background to Dr Ajaz Nabi (Cippenham Surgery)

The Dr Ajaz Nabi surgery (also known locally as Cippenham surgery) is situated in Slough. The practice is located in a converted building with limited car parking for patients and staff. The premises are accessible for patients and visitors who have difficulty managing steps. All patient services are offered on the ground and first floors. The practice comprises of three consulting rooms, one treatment room, a patient waiting area, reception office and management office (located in annexe in the garden area).

This premises was designed for 2,250 patients in 2001 and the patient list size has been significantly increased in last few years. The practice has recognised this challenge and is making efforts to find a new premises in order to meet the increasing demand. At the time of inspection, the practice had a patient population of approximately 5,380 registered patients. The practice population of patients aged between 0 and 39 years is higher than national average and there are a lower number of patients over 45 years old compared to national average.

There is one principal GP and six long term locum GPs at the practice. Five GPs are male and two female. The practice employs three locum practice nurses. The practice

manager and a business advisor are supported by a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

The practice is facing difficulties in recruiting a new practice nurse and relying on locum nurses to deliver the services. The practice has recognised they are required to recruit a new permanent practice nurse and actively trying since previous nurse left in October 2015, and another practice nurse left soon after due to ill health. Since our previous inspection, the practice has recruited a Health Care Assistant (HCA).

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time and 30 minutes before opening time (between 8am and 8:30am) and after closing time (between 6pm and 6:30pm) by East Berkshire Primary Care service or after 6:30pm, weekends and bank holidays by calling NHS 111.

Services are provided from following location: Dr Ajaz Nabi, 261 Bath Road, Slough, SL1 5PP

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This comprehensive

Detailed findings

inspection took place on 3 February 2016, and we published a report setting out our judgements. The practice was overall rated as good. However, it was found to be requires improvement in the effective domain. This was due to poor health promotion, and issues with monitoring services through the use of a clear programme of clinical audits. In addition, the practice did not have a clear action plan for patients experiencing poor mental health issues. Furthermore, the practice's response to complaints did not refer patients to other important complaints organisations for example the Ombudsman. We also found that the practice needed to review the feedback offered by patients, to help improve the services they offered.

We undertook a desk based inspection on 20 October 2016, to check that the practice had taken the actions they told us they would make. We followed up to make sure the necessary changes had been made and found that the provider had demonstrated significant improvement, and that the practice was now meeting the fundamental standards included within this report.

How we carried out this inspection

We undertook a focused desk based inspection of Dr Ajaz Nabi surgery 20 October 2016. This was carried out to check that the practice had resolved the issues which had been found during our previous inspection in February 2016. We asked the provider to send evidence of the changes they had made to comply with the standards they were not meeting previously.

To complete this desk based inspection we:

- Reviewed evidence that the practice provided to demonstrate the improvements made.

Because this was a focused follow up inspection we looked at one of the five key questions we always ask:

- Is it effective?

We have not revisited Dr Ajaz Nabi as part of this review because the practice was able to provide evidence requested, without the need for an inspection visit.

This report should be read in conjunction with the full inspection report of CQC visit on 3 February 2016. A copy of the full inspection report can be found at www.cqc.org.uk.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice in February 2016, we found the practice's uptake for the national screening programmes for cervical, bowel and breast cancer screening was below the national average. For example, the practice's uptake for the cervical screening programme was 57% which was below the national average of 82%. In total 32% of patients eligible had undertaken bowel cancer screening and 52% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 72% respectively. The flu vaccination rate for the over 65s were found to be 66%, and at risk groups 62%, compared to national averages of 73% and 52% respectively. On the day of inspection the practice was not able to demonstrate how they monitored and encouraged uptake of the national screening programmes.

In addition to this, whilst clinical audits were carried out to assess and demonstrate the quality of service, audits were carried out on a one-off basis and were not completed cycles. There was no planned programme for future audits. The practice also did not have a clear action plan for patients experiencing poor mental health.

During the previous inspection, we also reviewed the practice's complaints procedures and their response to patient complaints. We found that the practice's complaints response did not refer patients to other organisations, for example the Ombudsman, in the event a patient wished to escalate their complaint. Finally during our previous inspection, we also found that the practice needed to review the feedback offered by patients, to help improve services.

Following publication of our report of the inspection, the practice contacted us and provided evidence of the changes they had implemented. The practice reviewed and updated its policies regarding bowel, breast and cervical screening. As a result, the practice supplied a wide range of health promotion materials including reminder letters, health posters and patient information leaflets in a number of different languages. In addition the practice had a supplied an audit schedule. This outlined the areas the practice had monitored and where necessary improved. The audit schedule also provided clear details on the frequency the practice expected to perform audits in the

future. The practice was also able to provide further supporting evidence, in the form of statistical figures, to demonstrate the impact that changes made to their patient population.

We undertook a desk based inspection in October 2016 of the evidence provided, to ensure that improvements had been completed. From our desk based inspection we found:

Supporting patients to live healthier lives

- The practice had reviewed its bowel cancer screening policy, to reflect what steps would be taken for patients who did not receive a sample kit, or had failed to return their sample to the practice. Based on the updated bowel screening policy, the practice had produced a reminder letter for patients who had failed to return their bowel sample. The reminder letter highlighted the importance of bowel cancer screening. It also provided patients with a helpline telephone number to the National Bowel Cancer screening unit.
- The practice had reviewed its breast cancer screening policy. Based on this review, the practice had ensured that all patients who did not attend their breast screening appointment had this clearly documented in their patient record. In addition the practice had produced a breast cancer screening reminder letter. This letter highlighted the importance of breast cancer screening. It also provided patients with a helpline telephone number to the East Berkshire Breast Diagnostic centre in Windsor.
- The practice had reviewed its cervical screening policy. The policy outlined the steps all staff members; including reception, administration, and clinical (GP and Nurse) staff would take to encourage uptake of this service. The policy included the patients suitable for screening, the system for coding patient's records in the event they failed to attend or respond to invites for cervical screening, and finally the procedure following results from the screening tests. Furthermore, the practice had produced an "opt out letter" for patients who no longer wished to be contacted about this service. The "opt out letter" included further support and information regarding the importance of cervical screening.
- Whilst the practice's 2014/15 figures for bowel, breast and cervical screening were below the national average,

Are services effective?

(for example, treatment is effective)

the practice had taken steps to encourage patient uptake of these services. The practice was able to provide figures from an audit, to demonstrate some improvement to the patient uptake of the cervical screening programme. In September 2016, the patient uptake of the cervical screening programme was 69.1%. This was an improvement on the previous figure of 57%. The practice supplied unverified data for the first quarter of 2016/17. This showed a significant improvement in take up of breast screening amongst eligible female patients. The practice rate for breast screening had increased from 52% when we inspected in February to 85% by the end of June 2016. This was better than the national average of 72% in 2015/16. The practice sent us data that showed an increase in the take up of bowel cancer screening from 32% found at the last inspection to 43% by the end of June 2016. An increase of 11%. This remained below the national average of 58% but was a significant improvement.

- The practice had provided an audit schedule; this included both the title and how often each audit would be performed. Planned audits ranged from audits into infection control and cervical rates, to audits into appointment and patient waiting times. The audit schedule also provided clear details on the frequency the practice expected to perform audits in the future. This outlined the areas the practice had monitored and where necessary improved.

- The practice had supplied details of an audit staff had carried out in June 2016, to ensure all patients on the mental health register have a care plan, or a review of their existing care plans. As a result the practice was able to provide data which showed that 85% of patients diagnosed with a long term mental health problem, had their care plan updated in the last year. This figure was marginally below the 2015/16 national average of 88%.
- The practice had reviewed and updated their complaints policies and procedures. The updated procedures, ensured that within response to complaints, patients were given the necessary information of the complainant's right to escalate the complaint to the Ombudsman, if dissatisfied with the response.
- The practice had advised us that all possible steps were taken to ensure patient feedback was taken into account regarding practice issues. The practice had also advised us that they had made efforts to obtain patient feedback, in the form of friends and family tests and practice surveys. Patient feedback was handled by Practice Manager and discussed periodically within the practice team on a monthly basis. The practice had also made efforts to include feedback from their Patient Participation Group (PPG), in an attempt to improve patient services. Finally, the practice had offered support and training to staff, for any areas identified from patient feedback as a need for improvement.