

Dr Allan & Partners

Quality Report

Calcot Medical Centre
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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

At our previous comprehensive inspection at Dr Allan & Partners in Gerrards Cross, Buckinghamshire on 20 July 2016 we found a breach of regulations relating to the provision of effective services. The overall rating for the practice was good. Specifically, Dr Allan & Partners was rated good for providing safe, caring, responsive and well-led services. The practice was rated requires improvement for the provision of effective services. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Dr Allan & Partners on our website at www.cqc.org.uk.

This inspection was carried out on 21 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection in July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We found the practice had made improvements since our last inspection and was now meeting the regulations that

had previously been breached. We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services. Furthermore, the practice had resolved the concerns related to the management of people with long term conditions, this population group rating is also now rated good. Overall the practice is now rated as good.

Specifically the practice had:

- Reviewed how patients were identified and supported to attend for yearly reviews and check-ups in relation to their medical conditions, medicines and to support improved patient outcomes.
- Shared actions and learning outcomes from significant events and complaints with all practice staff.
- Reviewed and formalised an ongoing programme of clinical audit. This included designated clinical audit meetings and the appointment of one of the GPs as clinical audit lead.

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 had taken appropriate action and is now rated as good for the provision of effective services.

Our last inspection in July 2016 identified concerns relating to the recall and review programme for patients with long term conditions. There were higher levels of patients without annual health checks and reviews recorded on the practice system. This meant these patients may have been at risk of poor longer term outcomes.

We also found the practice undertook clinical audits to improve patient outcomes. However, there was not a programme of continuous clinical audit.

During the inspection on 21 March 2017, we saw the concerns had been addressed:

- The practice team had systematically reviewed how patients were identified and supported to attend for yearly reviews and check-ups in relation to their medical conditions, medicines and to support improved patient outcomes. This review included a six point action plan with a view to improve patient outcomes for patients with asthma and chronic obstructive pulmonary disease (COPD). COPD is the name for a group of lung conditions that cause breathing difficulties.
- The practice team had reviewed and formalised an ongoing programme of clinical audit. This included designated clinical audit meetings and the appointment of one the GPs as clinical audit lead.

Good



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

The practice had resolved the concerns related to the effective domain identified at our inspection on 20 July 2016 which applied to this population group.

- The practice had reviewed how patients were identified and supported to attend for yearly reviews and check-ups in relation to their medical conditions. This review included a six point action plan with a view to improve patient outcomes for patients with asthma, chronic obstructive pulmonary disease (COPD) and osteoporosis (a condition that weakens bones, making them fragile and more likely to break).
- One of the action points was an audit of the management and reviews of patients with COPD. On completion of this audit, a change had been planned to ensure patients are invited to the practice for a review before the winter months when historically the symptoms of COPD worsen.

This population group rating has been updated to reflect the improvements.

Good



Dr Allan & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was completed by a CQC Inspection Manager and a CQC Inspector.

Background to Dr Allan & Partners

Dr Allan & Partners is situated in Chalfont St Peter, Gerrards Cross in Buckinghamshire. The practice is located in a purpose built premises. There is a car parking area with disabled bays and easy access for prams and wheelchairs with automatic doors.

The reception has a self-check in facility and a low desk for those in wheelchairs. There is an accessible toilet and the toilet area is signposted with a dementia friendly sign. Also present are a hearing loop, practice brochure in large print plus television screens presenting topics relating to health and lifestyle choices. There is a self-check blood pressure monitor available. A privacy screen is available in case of an emergency in a public area. The practice has a patient population of approximately 8,800 registered patients. The practice population of registered patients aged 0 to 4 is lower than the national average, patients aged 5 to 14 are above the national average. Patients aged 65 plus years, 85 years and over are above the national average of registered patients.

We were told that the profile of the population registered with the practice work in managerial professions, this is 20% above the national average. Patients registered with the practice claiming benefits were 10% below the national average, and 90% of the practice population were born in the UK.

There are five GP partners, three female and two male. The practice employs three practice nurses. A practice manager, together with a team of reception, secretarial and administrative staff undertake the day to day management and running of the practice. Services are provided via a General Medical Services (GMS) contract. (GMS contracts are negotiated nationally between GP representatives and the NHS). One GP is an experienced trainer and another GP is undertaking the new trainer's course. The practice plans to develop as a training practice in 2017.

Services are provided from the following location:

- Dr Allan & Partners, Calcot Medical Centre, Hampden Road, Chalfont St Peter, Gerrards Cross, Buckinghamshire SL9 9SA

The practice has core opening times between 7.30am to 6.00pm Monday to Friday. Extended opening hours are available each week day at 7.30am and at 7am on Wednesdays and Fridays.

The out of hours services are provided by Bucks Urgent Care. 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 practice website. Out of hours services are provided by Bucks Urgent Care and NHS 111. During protected learning time when the practice is closed, cover is provided by Bucks Urgent Care.

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

Detailed findings

part of our regulatory functions. This inspection took place on 20 July 2016 and we published a report setting out our judgements. These judgements identified one breach of regulations.

We undertook a follow up focused inspection on 21 March 2017 to follow up and assess whether the necessary changes had been made, following our inspection in July 2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting all the requirements of the regulations that had previously been breached.

This report should be read in conjunction with the full inspection report.

How we carried out this inspection

We carried out a focused inspection of Dr Allan & Partners on 21 March 2017. This involved reviewing evidence provided by the practice and a range of information we hold about the practice. We also:

- Reviewed the previous Care Quality Commission (CQC) inspection report and information submitted by the practice outlining how they would make the necessary improvements to comply with the regulations.
- Spoke with the senior GP Partner, a GP and the practice manager.
- As part of this inspection we also reviewed performance data collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients.

All were relevant to demonstrate the practice had addressed the breach of the regulation identified at the inspection in July 2016.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected Dr Allan & Partners in July 2016, we identified concerns relating to high levels of exception reporting. 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.

Furthermore, we saw long term condition and medication reviews were not completed for all patients due to the higher levels of exception reporting in some clinical areas. This may have had an impact on the long term outcomes for some patients.

We reviewed information obtained during the inspection in March 2017 and found the practice had made improvements to address the concerns previously identified.

Management, monitoring and improving outcomes for people

We reviewed information collected for the 2015/16 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).

The level of exception reporting was higher in some clinical domains compared to both clinical commissioning group and national averages.

Since the July 2016 inspection, we saw the practice held several review meetings with practice staff and formulated formal action plans to reduce the exception reporting levels. The practice was confident these actions would result in a reduced exception reporting level for 2016/17 QOF thus ensuring care and treatment was provided in a safe way for practice patients.

- The practice had worked collaboratively with pharmacists to encourage patients to attend for annual reviews using electronic and paper messaging.
- Specifically to improve outcomes for patients with respiratory disease, we saw the latest guidance from British Thoracic Society had been shared at the practice clinical meetings. The British Thoracic Society (BTS) exists to improve standards of care for people who have respiratory diseases.
- We saw positive changes to the wording on the invitation letters to highlight the importance of face to face review attendance. We saw additional endeavour was made to accommodate patients at times of their individual convenience with appointments available from 7.30am and between surgery times (11.30am-12pm).

Furthermore, we also saw documented minutes from nurse meetings which demonstrated the nurses understanding to encourage patients to take responsibility for their own health whilst stressing the importance of prevention within primary care and the need for regular reviews.

There was formalised evidence of quality improvement including clinical audit. We saw evidence of a long tradition of audit activity to monitor the quality of care offered to patients. We saw the audits were discussed at the practice team meetings, reflected upon and learning shared with the full practice team. Following the July 2016 inspection we saw the practice had formalised an ongoing programme of clinical audit. This included designated clinical audit meetings and the appointment of one of the GPs as clinical audit lead.

These actions were now ensuring that requirements relating to safe care and treatment were being met.