Laburnum Surgery

Quality Report

Laburnum Surgery
Ashington
Northumberland
NE63 0XX
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Website: www.laburnumsurgery.nhs.net

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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

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Laburnum Surgery in July 2015. The full comprehensive report on that inspection can be found by selecting the 'all reports' link for Laburnum Surgery, on our website at www.cqc.org.uk. At that inspection, the practice was rated as requires improvement. An announced follow up inspection was carried out in March 2016, and the practice was rated as good overall.

We carried out this focussed inspection on 26 September 2017, because the information we use to support our monitoring and decision-making indicated that the practice had higher rates of antibiotic prescribing, when compared to the local clinical commissioning group and England averages. Overall the practice is rated as good. Our key findings were as follows:

- The practice was taking steps to reduce their rates of antibiotic prescribing and had some systems and processes in place to help them do this. However, we found there were additional actions that staff should be taking, to strengthen the practice's 'antimicrobial stewardship' arrangements. ('Antimicrobial stewardship' is an organisational approach to achieving the best clinical outcome for the treatment of a patient's infection, whilst also having a minimal impact on resistance).
- At our previous inspection in March 2016, we asked the provider to arrange for the member of staff who was the practice's infection control lead to complete more advanced infection control training. Whilst we were able to confirm at this inspection that all staff had completed training in infection control, the practice manager had been unable to source more advanced training for their infection control lead. Because it is important for infection control leads working in GP practices to have the knowledge and competencies required to take on this role, we are asking the provider to arrange for their infection control lead to undertake more advance training in infection control.

There were areas of practice where the provider needs to make improvements. The provider should:

Consider strengthening their 'antimicrobial stewardship' arrangements by:

- Arranging for all clinical staff to complete training in antibiotic prescribing.

Summary of findings

Adopting a recognised toolkit to help them assess and improve the effectiveness of their antibiotic prescribing.

- Making time in clinical and/or educational meetings for the whole clinical team to review their antibiotic prescribing practice and learn lessons to help drive improvements.

Arrange for the practice's infection control lead to complete more in-depth training in infection control.

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?

Good

- The practice was taking steps to reduce their rates of antibiotic prescribing and had some systems and processes in place to help them do this. However, we found there were additional actions that staff should be taking, to strengthen the practice's 'antimicrobial stewardship' arrangements.('Antimicrobial stewardship' is an organisational approach to achieving the best clinical outcome for the treatment of a patient's infection, whilst also having a minimal impact on resistance).

Summary of findings

What people who use the service say

As part of the inspection, we spoke with eight patients regarding their experience of being prescribed antibiotics. None of those we spoke with had recently been prescribed antibiotics. However, all said they had not seen any information in the practice about antibiotic usage.

We received positive feedback from some of the patients we spoke with regarding their experience of using the service. However, other patients told us they felt rushed during their consultations, were not involved in decisions about their care and treatment and did not feel listened to. Most patients said the practice had not asked them for their opinions about the quality of the care and treatment they received, and some said they would not recommend the practice to new patients moving into the area. The practice manager responded positively to our feedback and advised that it would be shared with the clinicians, to help promote improvements.

Areas for improvement

Action the service SHOULD take to improve

Consider strengthening their 'antimicrobial stewardship' arrangements by:

- Arranging for all clinical staff to complete training in antibiotic prescribing.
- Adopting a recognised toolkit to help them assess and improve the effectiveness of their antibiotic prescribing.
- Making time in clinical and/or educational meetings for the whole clinical team to review their antibiotic prescribing practice, use of READ codes and learn lessons to help drive improvements.

Arrange for the practice's infection control lead to complete more in-depth training in infection control.

Laburnum Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included an expert by experience, as well as a GP specialist adviser. Remote clinical advice was provided by a GP specialist advisor.

Background to Laburnum Surgery

Laburnum Surgery provides care and treatment to approximately 2353 patients of all ages, based on a Primary Medical Services (PMS) contract. The practice is part of NHS Northumberland clinical commissioning group (CCG) and covers Ashington and the surrounding areas. The practice has one location which we visited as part of the inspection:

- Laburnum Surgery, 14 Laburnum Terrace, Ashington, Northumberland, NE63 0XX.

Information taken from Public Health England placed the area in which the practice is located in the second most deprived decile. This shows the practice serves an area where deprivation is higher than the England average. In general, people living in more deprived areas tend to have a greater need for health services. The practice has fewer patients under 18 years of age, and more patients over 65 years of age, than the England averages. The percentage of people with a long-standing health condition and caring responsibilities is above the England average. National data shows that 1.6% of the population are from an Asian background.

The practice is located on a main street in a row of shops and has been established for over 85 years. The premises have been adapted over the years and, provide patients who have mobility needs with access to ground floor treatment and consultation rooms. The practice team consists of: two GP partners who work part-time (one female and one male); a practice nurse (female), a practice manager; and a small team of administrative and reception staff. A locum nurse (female) practitioner was also in post at the time of our visit.

The practice's core opening hours are:

- Monday to Friday, 8:30am to 6:30pm.
- The practice is also open each Saturday, but provides nurse-only appointments. between 8:50am and 10:50am.

The usual GP appointment times are as follows:

- Monday to Thursday between 9am and 12:45pm and 2:30pm and 5pm.
- Friday between 9am and 12:45pm and 2:30pm and 8pm.

When the practice is closed, a message on the telephone answering system redirects patients to out of hours or emergency services as appropriate. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare Limited, known locally as Northern Doctors Urgent Care Limited.

Why we carried out this inspection

We undertook a focussed inspection of Laburnum Surgery on 26 September 2017 under Section 60 of the Health Social Care Act 2008 as part of our regulatory functions and, because the information we use to support our

monitoring and decision-making indicated that the practice had higher rates of antibiotic prescribing, when compared to the local clinical commissioning group and England averages.

How we carried out this inspection

During our inspection we:

- Visited the practice.
- Spoke with both GP partners and the practice manager. We also spoke with eight patients who used the service.
- Looked at data and information relating to the practice's antibiotic prescribing practice.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

We carried out this focussed inspection on 26 September 2017, because the information we use to support our monitoring and decision-making indicated that the practice had a high rate of antibiotic prescribing, when compared to local clinical commissioning group (CCG) and England averages.

During this inspection we reviewed the practice's systems and processes for ensuring effective antimicrobial medicine use. We found staff were taking steps to reduce their rates of antibiotic prescribing, but that additional action should be taken to strengthen the practice's arrangements for delivering effective 'antimicrobial stewardship'. In particular we found:

- Clinical staff had reduced the percentage of broad spectrum antibiotics they prescribed (i.e. cephalosporins, quinolones and co-amoxiclav class medicines). (This is because the over-use of broad spectrum antibiotics may give rise to drug resistance which poses a significant threat to public health.) Our review of publicly available data showed the practice's performance, in relation to the prescribing of these types of antibiotics, was below the England averages for most quarters since April 2015. We also saw that during the second quarter of 2017, the practice's performance was, at 7.02%, below the local clinical commissioning group (CCG) average of 9.13%. However, the practice had not always consistently sustained this level of achievement over the previous 30 months. The data also showed that whilst the practice's performance in relation to the total number of prescribed antibiotic items per 1000 registered patients had reduced over the previous ten quarters, the practice's performance for quarter two of 2017 was, at 239.3, significantly higher than the England average of 124.6 and the local CCG average of 157.4.
- Staff were clear about the targeted improvements they needed to make in relation to reducing their overall antibiotic prescribing rate and they had an action plan in place to help them achieve this. The GP partner we spoke with told us clinical staff were very conscious of the need to sustain good antibiotic prescribing and were taking steps to achieve this, in line with the prescribing targets that had been set by the local CCG. They told us the clinical team followed recommended good practice regarding antibiotic prescribing, but acknowledged they needed to do more to improve consistency and learn lessons from each other's prescribing patterns.
- Staff were carrying out searches to look at which antibiotics had been prescribed over set periods of time, for what reason and by whom. They were also completing prescribing audits to help improve clinicians' prescribing practice.We were advised that the frequency of searches had reduced during the earlier part of 2017. However, the practice manager told us that searches covering this period of time had subsequently been carried out and feedback provided to individual prescribers. We looked at a sample of the audits that had been carried out. Some of these showed evidence of improvement. However, the lessons learned as a result of these audits had not always been clearly recorded.
- The clinicians and the practice manager had access to the most up-to-date national and local guidance relating to effective antimicrobial medicine use. One of the GP partners told us clinicians had their own copy of the local guidance and referred to this when making decisions about whether to issue an antibiotic prescription. The practice manager kept hard copies of national and local guidance in the office for reference purposes. Clinicians also had access to other local antibiotic prescribing resources.
- The practice participated in the local CCG's medicines management scheme and they told us staff regularly attended meetings, to help them review and improve their prescribing practice. The practice also carried out structured antibiotic prescribing audits for the local CCG.
- Clinical staff used READ codes to indicate on patients' medical records when antibiotics had been prescribed and for what purpose. However, one of the GPs told us they did not usually use a READ code to indicate when a decision had been made not to prescribed antibiotics. The use of appropriate READ codes can help improve the quality of the information available for review and audit purposes.

Good

Are services effective?

(for example, treatment is effective)

- The GP partners shared the lead role of overseeing antibiotic stewardship within the practice. (Providing effective leadership can help to champion stewardship, promote optimal antibiotic use and drive improvements.) It was evident that both of the GP partners audited their own antibiotic prescribing practice. However, there was limited evidence of the whole clinical team learning lessons from the searches and audits completed by the practice or of them using these to inform their action plan.
- Not all clinical staff had completed training in antibiotic prescribing. Completing relevant training can help clinicians to keep up-to-date with emerging evidence on antibiotic resistance and appropriate antibiotic usage. However, we were told the practice was in the process of arranging training with the local CCG.