

Salisbury Plain Health 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

Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Salisbury Plain Health partnership	4
Why we carried out this inspection	4
How we carried out this inspection	4

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Salisbury Plain Health Partnership on 8 December 2016. Overall the practice was rated as good and requires improvement for providing effective services. The full comprehensive report on the 8 December 2016 inspection can be found by selecting the 'all reports' link for Salisbury Plain Health Partnership on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 1 August 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 8 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of effective services. Overall the practice remains rated as good.

Our key findings were as follows:

- The practice reviewed their process for the exception reporting of patients with long term conditions and had ensured patients who had previously been excepted, had received the appropriate reviews. (Exception reporting is the removal of patients from Quality Outcomes Framework calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects)

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?

At the previous comprehensive inspection on the 8 December 2016, we found the practice was not meeting legal requirements for providing effective services. Since our last inspection, the practice had made a number of improvements to address the breaches in regulations we previously identified.

During the inspection in August 2017, we saw that the concerns leading to breach of regulation had been addressed. The practice is now rated as good for the provision of effective services.

Specifically, the practice had:

Reviewed their processes for the exception reporting of patients with long term conditions. and ensured that patients who had previously been excepted, had received the appropriate reviews. We saw there had been a decrease in the number of patients with long term conditions who had been excepted from reviews.

Good



Salisbury Plain Health partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector accompanied by a second CQC Inspector.

Background to Salisbury Plain Health partnership

Salisbury Plain Health Partnership is a GP partnership consisting of two local practices (Bourne Valley Practice and Cross Plain Surgery). The provider offers primary medical services across Salisbury Plain from Tilshead to the edge of Andover. The provider provides its service from two registered locations and has a branch surgery from each of these locations. This report covers our findings at Bourne Valley Practice. We did not visit the practice's branch in Ludgershall during this inspection.

The practice premises include three consulting rooms and a treatment room on the ground floor; with a further a treatment room and consulting room on the first floor of the main location. There is a lift and an automatic door. However, we were told that the automatic doors were not in use as the practice was located on a busy main road and potentially, children could run into the main road when coming out of the practice.

The practice provides its service to approximately 3,100 patients under a Personal Medical Services (PMS) contract. (A PMS contract is a locally agreed alternative to the

standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract). The practice delivers its services from the following location:

Beacon House,

Station Road,

Tidworth,

Hampshire,

SP9 7NN.

And,

Ludgershall,

10-12 High Street,

Ludgershall,

Andover,

Hants,

SP11 9PZ.

The practice partnership combines their staffing across all sites and has three GP partners and one business partner. The practice also employs four salaried GPs resulting in a total of approximately four and a half whole time equivalent GPs. There is one male and six female GPs. The clinical team includes two practice nurses and two health care assistants (all of which are female), a pharmacist, a nutrition advisor, a mental health support worker and five GP assistants. The practice management and administration team consist of a business partner (who also undertakes the role of a GP assistant), two assistant practice managers, a trainee practice manager and a range

Detailed findings

of administration and reception staff. The practice also employs four dispensers; one of whom is also a mental health support worker. The practice is approved for teaching medical students and training qualified doctors undertaking further training to become GPs.

The practice population demographic shows there is a higher than average patient population aged between zero to 14 and a higher female patient population aged between 20 to 44 years compared with local and national averages. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the third least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the practice is 80 and 84 years, which is above the national average of 79 and 83 years respectively. Practice data shows that the practice is the highest in the area for patient turnover mainly due to having a high proportion of patients from families of soldiers serving in the armed forces. Approximately 15% of the practice population are military veterans.

The practice is open between 8am to 1pm and 2pm to 6.30pm Monday to Friday. Appointments are from 8.30am to 1pm and 2pm to 5pm for pre-booked appointments with a GP daily. When the practice is closed, patients are advised to contact an emergency telephone number. Details of the emergency telephone number are given to patients through an answer phone message when they call the practice. Emergency appointments with a GP and nurse are available until 6pm. Extended hours are every Wednesday morning from 7.30am to 8am and every third Saturday of the month from 9am to 12.30am. Saturday appointments varied between the provider's locations.

The practice has opted out of providing out of hours services to its patients. Patients can access the out of hour's services provided by Medvivo via the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Salisbury Plain Health Partnership on 8 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for the provision of effective services and good overall. The full comprehensive report following the comprehensive inspection on in December 2016 can be found by selecting the 'all reports' link for Salisbury Plain Health Partnership on our website at www.cqc.org.uk.

We undertook a follow up focused inspection on 1 August 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.

How we carried out this inspection

During our visit we:

- Spoke with a GP, the business partner, the trainee practice manager and one of the assistant practice managers.

We also reviewed:

- Data from the practice relating to Quality Outcome Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice.

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.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 8 December 2016, we rated the practice as requires improvement for providing effective services as we found:

- The practice's exception reporting for patients with long term conditions were higher than local and national averages in several areas. (Exception reporting is the removal of patients from Quality Outcome Framework calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects)

These arrangements had improved when we undertook a follow up inspection on 1 August 2017.

The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

At the last inspection on 8 December 2016, we found the practice's overall exception reporting was 21% which was higher than both the clinical commissioning group average of 12% and national average of 10%.

The practice had reviewed exception reporting and had identified errors that had been made previously when coding on the system. Processes had been updated to ensure this would not happen in the future.

Published data for the practice's performance including exception reporting for the year 2016/17 were not available

at the time of this inspection on the 1 August 2017, however, we were able to see from the practice's computer system that reviews were being undertaken. Data from the practice showed:

- 73% (65 out of 89 patients) of patients on the diabetes register had a record of a foot examination and risk classification between April 2017 and July 2017.
- 67% (45 out of 67 patients) of patients with diabetes, on the register, had a record which showed their last blood test was within target range between April 2017 and July 2017.
- 78% (69 out of 89 patients) of patients with diabetes, on the register, have a record which showed last measured total cholesterol (measured within the preceding 12 months) was within the target range or less between April 2017 and July 2017.
- All patients (nine out of nine patients) diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- All patients (10 out of 10 patients) with severe mental health problems had a comprehensive, agreed care plan documented in their record between April 2017 and July 2017.

Data from the practice, which had not yet been verified, indicated that the practice was on target to achieve good outcomes for patients with long term conditions and to have completed their treatment reviews. No patients had been excluded from reviews at the time of the inspection.