

Dr Amanullah Shamsheer Khan

Quality Report

Khan Medical Practice
Pinfold Health Centre
Field Road
Bloxwich
WS3 3JP
Tel: 01922 775 194
Website: www.khanmedical.co.uk

Date of inspection visit: 28 March 2017
Date of publication: 10/05/2017

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 safe?

Good 

Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Dr Amanullah Shamsher Khan	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Amanullah Shamsher Khan surgery also known as Khan Medical Practice on 21 June 2016. The overall rating for the practice was good. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Dr Amanullah Shamsher Khan surgery on our website at www.cqc.org.uk.

This inspection was an announced desk based inspection carried out on 28 March 2017 to confirm that the practice had carried out their plan to meet the required improvements in relation to the breaches in regulations that we identified in our previous inspection on 21 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall, the practice continues to be rated as good.

Our key findings were as follows:

- Since our comprehensive inspection, which took place in June 2016 the practice management team reviewed their policies to ensure all staff had received a Disclosure and barring service check (DBS). As a result DBS checks had been carried out non-clinical staff members.

- Previously staff we spoke with were unable to provide documentation to evidence that fire safety checks had been carried out. During the follow up inspection, we were provided with documents which showed that fire safety checks were taking place.
- When we carried out the comprehensive inspection we saw that the practice did not have access to medicines which could be used to respond to suspected opioid overdose or carry out a risk assessment to mitigate identified risks. During the follow up inspection staff explained that they have access to appropriate medicines within the practice, staff had received training and guidelines which staff were required to follow were in place.
- Data from the January 2016 national GP patient survey showed that the practice were below local and national averages for its scores on consultations with GPs. As a result staff we spoke with as part of the follow up inspection explained that during team meetings they discussed how to effectively greet patients. GPs were advised to obtain an overview of patient's conditions before calling them into consultation rooms and were advised to place less focus on the computer monitors and actively engage in patient conversation. As a result data from the 7 July 2016 national GP patient survey showed improvements in all areas.

Summary of findings

- Previous data from the National Cancer Intelligence network published March 2015 showed that the practice were performing below local and national averages for the uptake of breast and bowel cancer screenings.
- During the desk based follow up inspection members of the management team explained that the practice were taking part in a CCG programme which involved carrying out a search to identify eligible patients. Letters were sent to all identified patients, those who had not contacted the practice were followed up by the practice nurse and health care assistant to encourage them to book appointments. Data provided by the practice showed that further improvements had been made to engage patients with national screening programmes.
- March 2015 data showed that exception reporting for cancer related indicators was above local and 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).
- Staff we spoke with as part of the March 2017 follow up inspection explained that there has been a reduction in the use of exception reporting as GPs were advised to make further attempts to encourage patients to attend for reviews and national screenings.

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 safe?

At our previous inspection on 21 June 2016, we rated the practice as good for providing safe services. However, some arrangements to enable the practice to provide safe care needed strengthening. These arrangements had significantly improved when we undertook a follow up inspection on 28 March 2017. For example:

- Previously Disclosure and barring service (DBS) checks had not been carried out on non-clinical staff and the practice did not carry out a risk assessment to mitigate identified risks. As part of the follow up desk based inspection members of the management team provided documentation which showed that DBS checks had been carried out on all staff members.
- When we carried out the comprehensive inspection the practice; staff were unable to provide evidence that fire safety checks were being carried out. Since the inspection the practice had obtained copies of a log of fire safety checks which had been carried out. Documentation was provided as part of this desk based follow up inspection.
- During our comprehensive inspection the practice did not have access to medicines which could be used to respond to suspected opioid overdose. In the absence of this medicine the practice did not carry out a risk assessment to mitigate associated risks. Since the previous inspection the practice had obtained appropriate medicines, secured training for members of the clinical team and obtained guidance which staff were required to follow in the event of a medical emergency.

Good



Dr Amanullah Shamsher Khan

Detailed findings

Our inspection team

Our inspection team was led by:

This desk top review inspection was carried out by a CQC Lead Inspector.

Background to Dr Amanullah Shamsher Khan

Dr Amanullah Shamsher Khan surgery also known as Khan Medical Practice is located in Walsall West Midlands. It is situated in a multipurpose modern built NHS building, providing NHS services to the local community. Based on data available from Public Health England, the levels of deprivation in the area served by Khan Medical Practice are lower than the national average, ranked at one out of 10, with 10 being amongst the least deprived. The practice serves a higher than average patient population aged under 64 and over 85 years.

There are 1,880 patients of various ages registered and cared for at the practice. Khan Medical Practice is a single handed GP practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

Dr Amanullah Shamsher Khan is registered with the Care Quality Commission (CQC) to deliver Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures, Treatment of disease, disorder or injury.

The practice is situated on the ground floor of a multipurpose building shared with other healthcare providers. There is parking for cyclists and patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair.

There is a single male GP. The nursing team is made up of one practice nurse and one health care assistant. Service delivery is supported by a practice team which consists of one practice manager, one data clerk and four receptionists.

The practice is open between 8am to 7.30pm on Mondays, and 8am to 6.30pm Tuesdays to Thursdays and 8am to 1pm on Fridays.

GP consulting hours are from 9am to 11am and 4.30pm to 6.30pm Monday to Thursday, Friday consulting times are from 9am to 12pm. GP extended hours are offered on Mondays from 6.30pm to 7.30pm. The practice has opted out of providing cover to patients in their out of

hours period. During this time services are provided by Primecare. The practice also has a contract with Waldoc who provide cover from 1pm to 6.30pm on Fridays.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Amanullah Shamsher Khan surgery on 21 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good; however, there were areas where the practice were required to make improvements. For example, seek assurance that sufficient stocks of appropriate medicines are available in case of emergencies and continue doing all that is reasonably practicable to mitigate identified risks. The full comprehensive report following the inspection on June 2016 can be found by selecting the 'all reports' link for Dr Amanullah Shamsher Khan on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Dr Amanullah Shamsher Khan surgery on 28 March 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

We carried out a desk-based focused inspection of Dr Amanullah Shamsher Khan surgery on 28 March 2017. This involved reviewing evidence that:

- Relevant risk assessments were in place or appropriate checks carried out on non-clinical staff.
- Ensure sufficient stock of appropriate medicines are available in cases of a clinical emergency and that the practice were doing all that was reasonably practicable to mitigate any identified risks.
- Reviewing documentation to evidence effective coordination and management of the patient participation group (PPG).
- Obtaining data to demonstrate whether the national GP survey results and the uptake of national screening programmes had improved.

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 safe?

Our findings

At our previous inspection on 21 June 2016, we rated the practice as good for providing safe services. However, there were shortcomings in medicines available to respond to medical emergencies such as suspected opioid overdose and risk assessments to mitigate identified risks had not been established. The practice had an up to date fire risk assessment and we were told that the building landlord arranged for fortnightly fire checks. However, during the June 2016 inspection the practice were unable to provide completed logs to demonstrate that these had been carried out. Risks assessments in the absence of a Disclosure and barring service check (DBS) had not been carried out. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

These arrangements had significantly improved when we undertook a follow up inspection on 28 March 2017. The practice continues to be rated as good for providing safe services.

Overview of safety systems and process

Following the comprehensive inspection the practice decided that all staff including non-clinical staff members would receive a DBS check. We were provided with documentation which showed that these checks had been carried out.

Monitoring risks to patients

Members of the management team provided evidence of completed fire safety checks which had been carried out by an external contractor.

Arrangements to deal with emergencies and major incidents

Staff explained that the practice had made contact with the community addiction service who provided written guidelines which staff were required to follow when responding to a suspected opioid overdose. We were provided with documentation which showed that training had been delivered to clinical staff and the practice had access to appropriate medicines within the clinical rooms.