Primary Care Commissioning Committee in Public
Date 11th January 2017
Agenda Item 3.8

<table>
<thead>
<tr>
<th>Paper Title</th>
<th>Primary Care Quality Review – Care Quality Commission</th>
</tr>
</thead>
</table>

**Purpose of paper / report**
To provide an overview of common themes, areas of outstanding practice, areas for improvement and rating outcomes from Care Quality Commission (CQC) inspections of General Practices within Eastern Cheshire.

**Outcome Required:**
- Approve
- Ratify
- Decide
- Endorse
- For information

**Background & Actions Completed**
All 22 GP Practices have now been routinely inspected by the Care Quality Commission (CQC). Alderley Edge Medical Centre has re-registered with the CQC following relocation of premises and therefore will be inspected again. The practice was inspection in 2014, under a slightly different inspection model, hence the use of different language. 11 of the 22 practices have been inspected under the new CQC inspection model for general practice introduced in 2016.

2 practices are rated as Outstanding and 20 practices are rated as Good. It is noted by CQC that there are no practices within Eastern Cheshire with an overall rating of “Requires Improvement” or “Inadequate”. This is not the case in other areas of the country and practices and practices should be commended on this. Additionally, in some of those practices rated as “Good”, areas of outstanding practice have been identified and highlighted within the inspection reports. A summary of outcomes against the domains and patient groups is provided at the end of this report as Table 1.

Common themes of key findings across all practice reports:
- Good reporting and recording of significant events – open and transparent approach to safety, staff understand and meet their responsibilities in relation to patient safety, learning from events.
- Risks to patients are assessed and well managed. Practice staff assess patient needs and care is delivered in line with current evidence based guidance.
- The practices are aware of and comply with the requirements of the duty of candor. (New inspection model only).
- Patients are treated with compassion, dignity and respect, involved in decisions about their treatment.
- Clear leadership structure within practices; staff feel supported by management, systems are in place to monitor and improve quality.
- Patients find it easy to make an appointment with a named GP and urgent appointments are available on the same day.
Information about services and how to complain is available and easy to understand.
The practice has good facilities and is well equipped to treat patients and meet their needs.
Staff have been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

Outstanding practice identified by the CQC inspectors:
The practice worked hard to ensure patient experience played an important role in improving quality of service delivery. The Patient Participation Group supported this with undertaking regular surveys and communicating back to patients via a range of means (Bollington Medical Centre).
An annual senior citizens event was held in conjunction with other agencies to offer health checks and advice to patients. The practice had established a “Young Persons hub” in the waiting area, where teenage patients could access information using the internet to guide them in their choices and treatment (Cumberland House Surgery).
Services provided to vulnerable patients (including homeless people, those facing challenges in relation to substance misuse or poor mental health) receive services tailored to deliver consistent quality of medical care to all, irrespective of their personal circumstances (Broken Cross Surgery).
The practice used the system of coding in the clinical system very effectively and they were proactive in contacting patients to ensure they receive the monitoring, care and treatment needed. The system was effective for the patient population and provided an added safety net for vulnerable patients (Handforth Health Centre).
Effective clinical audits were carried out that improved outcomes for patients. We save an example of a clinical audit into the prevention of duodenal ulcers in elderly patients. The methods, results, conclusions and recommendations of this had been published (High Street Surgery).
There was a consistent focus on multidisciplinary working with multiple community and specialist teams. Staff had spent a day in a local pharmacy which helped staff in all roles to understand pharmacy processes and how to reduce medicine errors (McIlvride Surgery).
A care coordinator provided dedicated support to patients with long term conditions and particularly those who had attended hospital as an inpatient. This meant patients had rapid access to community services including occupational health and counselling services (McIlvride Surgery & Priorslegh).
One of the practice nurses worked with the local authority to provide health education sessions to children and young people at a local school (Priorslegh Medical Centre).
Audits were targeted and carried out in response to data or reports on clinical findings. Examples we saw completed audit cycles showed patient outcomes were improved; rates of hospital admissions from nursing and care homes dropped significantly and the length of any patient stay in hospital was also reduced (The School House Surgery Disley).
GPs had a clear vision and this was shared by all staff. The partners recognised that engagement with patients, beyond time spent in the consulting room was key in getting health initiatives off the ground. GPs encouraged families and young people to use technology to help make health and lifestyle decisions. GP registrars on training placement with the practice were taught to “view excellence as the norm rather than the
exceptional” (The School House Surgery Disley).

- The practice included all community stakeholders in their weekly practice meetings e.g. Community pharmacists and managers and carers from local domiciliary care agency. Evidence was available to demonstrate that this reduced the instance of more vulnerable patients being re-admitted to hospital care (The School House Surgery Disley).

- GPs at the practice were committed to providing support to older patients who wished to remain at home rather than be admitted to hospital. Patients receiving palliative or end of life care were helped to make advanced decisions about their care and treatment, which were recorded. GPs were innovative in the use of technology to ensure those patients whose verbal skills were impaired by illness, could communicate their wishes (The School House Surgery Disley).

- The practice used patient feedback to make the service more accessible, such as training new doctors in the use of the hearing loop system and training staff in deafness awareness (Park Green Surgery).

- Staff worked proactively within innovative local partnerships to provide an extensive range of additional services to people with specific needs, including patients recovering from drug abuse and young people who needed sexual health services. This meant vulnerable patients with complex needs had rapid access to care and treatment and helped to reduce pressure on other services (Park Green Surgery).

- The practice sought accreditation of national bodies to benchmark and improve practice, such as the Customer Service Excellence award and Investors in People status. Staff used their learning from the accreditation process to improve patient service and care at all points of contact, such as reception and in clinical areas (Park Green Surgery).

Areas for improvement:
The CQC have identified some areas of practice where practices need to make improvements. These have been summarised:

Safe Services - Safe use of medicines:

- Emergency drugs – ensure doctors have available emergency drugs or have in place a risk assessment to support their decision not to have these available for use in the patients home (3 practices).

- Review the system in place to ensure drugs taken on home visits are in date.

- Arrange for the safe storage of oxygen cylinders in the dispensary and a record of checks undertaken.

- Review the procedures for patient specific directions to ensure they support the safe administration of medicines.

- Monthly audit of vaccine stocks and maintenance of records.

- Review of system for checking how many prescription pads are available on the premises and tracking when they were used so they can be accounted for.

- Ensure the serial numbers of all prescription pads are recorded and improve the systems for checking and recording that emergency medication and equipment are suitable for use.

- Lead person responsible for the coordination of MHRA alerts

Safe Services - General

- Ensure appropriate employment checks are carried out on all staff.

- Review the system for recording of actions taken in response to significant events (3
practices).
- Ensure that staff have an annual appraisal
- Health & Safety actions for the maintenance of equipment and safety certificates (non-clinical).
- Infection control audits to be carried out by the practice infection control lead.

**Caring Services**
- Re-instate the patient participation group
- Ensure the patient participation group is made available to all patients.
- Complaints policy available / more visible for patients to access (4 practices).
- Implementation of the Duty of Candor policy
- Improvement to telephone access and appointments

## Next Steps
- NHS England will follow up / retain responsibility for any actions outstanding within GP Practice CQC reports processed by NHS England (prior to the handover of this process to the CCG in December 2016).
- The CCG will engage with the GP Practices for any actions identified for future GP Practice CQC reports.
- ECCCG to continue to engage with CQC regarding future inspections and any improvement actions.
- CCG to provide a response to the CQC consultation on how the CQC will regulate Primary Medical Services, expected in spring 2017.

## Key Implications of this report – please indicate

<table>
<thead>
<tr>
<th>Strategic</th>
<th>Consultation &amp; Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial</td>
<td>Equality</td>
</tr>
<tr>
<td>Quality &amp; Patient Experience</td>
<td>Legal / Regulatory</td>
</tr>
<tr>
<td>Staff / Workforce</td>
<td>Safeguarding</td>
</tr>
</tbody>
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N.B. The one remaining 'Requires Improvement' rating identified above has been resolved by the GP Practice and the required improvement evidence submitted to the CQC.