

Care Quality Commission

Inspection Evidence Table

The Laurie Pike Health Centre (1-540378439)

Inspection date: 6 February 2020

Date of data download: 28 January 2020

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Effective

Effective needs assessment, care and treatment

Mostly patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Partial
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
<p>Explanation of any answers and additional evidence:</p> <p>From patient records that we viewed, we found examples where patients with diabetes had not always received effective treatment and monitoring. These examples included patients that had not been reviewed by clinicians to review or start medicines and we found examples of patients not receiving foot checks as part of their monitoring.</p> <p>The practice told us they had implemented a new recall system in January 2020 to reduce unnecessary interim reviews and make annual reviews easier for patients to remember. This would minimise the number of appointments that patients would need and would improve the management of these patients.</p>	

People with long-term conditions

Findings
<ul style="list-style-type: none"> • Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. • Staff who were responsible for reviews of patients with long-term conditions had received specific training. • GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. • The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.

- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	72.2%	77.9%	79.3%	No statistical variation
Exception rate (number of exceptions).	10.3% (143)	12.3%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	71.3%	76.9%	78.1%	No statistical variation
Exception rate (number of exceptions).	6.1% (85)	10.0%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	74.0%	78.4%	81.3%	Tending towards variation (negative)
Exception rate (number of exceptions).	13.7% (191)	11.9%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	75.7%	75.7%	75.9%	No statistical variation
Exception rate (number of exceptions).	4.8% (47)	4.3%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a	94.4%	88.1%	89.6%	No statistical variation

healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)				
Exception rate (number of exceptions).	18.8% (29)	11.0%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)	80.0%	80.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	8.1% (166)	4.4%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) (QOF)	89.9%	91.3%	91.1%	No statistical variation
Exception rate (number of exceptions).	11.9% (16)	4.3%	5.9%	N/A

Any additional evidence or comments
<p>We discussed exception reporting with the practice and they were able to explain why reporting was higher in some areas. For example, with COPD patients, there was a high number of patients who chose not to attend for their appointments despite repeated reminders from the practice.</p> <p>The exception reporting for patients requiring anticoagulation therapy was higher than local and national averages, the practice explained three of these patients had been auto excepted by the clinical system and 13 were not suitable for anticoagulation therapy.</p>

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical	Y

supervision and revalidation. They were supported to meet the requirements of professional revalidation.	
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	

Coordinating care and treatment

Staff worked with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: We saw evidence of the practice referring patients to the diabetes specialist nurse or for education sessions. However, from patient records we viewed, not all records we saw showed that all appropriate staff in the practice had been involved in assessing, planning and delivering care and treatment. The practice was aware their system for managing patient recalls was not effective and the clinical lead told us they had implemented a new system in January 2020 that would be more structured, and patients would be reviewed at more appropriate intervals. The practice planned on auditing the new system to see if the coordination of recalls had improved for this patient group.	

