

# Ragstone Road Surgery

## Quality Report

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Date of inspection visit: We have not revisited Ragstone Road Surgery as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit.

Date of publication: 23/03/2017

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 effective?	Good	
Are services caring?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ragstone Road Surgery on 30 June 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Ragstone Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 8 February 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 30 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had reviewed their policies and procedures for patient reviews and was working to improve exception reporting figures. A GP had been appointed lead for QOF and was reviewing exception reporting. Improvements had been made and exception reporting had reduced with only diabetes and hypertension clinical indicators remaining above local and national averages.

- The practice had increased their communication with patients being offered health screening to improve uptake. They had asked the patient participation group to update the practice newsletter and promote patient engagement in their health. Cervical smear rates had increased from previous years, but remained below the local and national average.
- The practice had reviewed patient feedback and undertaken their own patient satisfaction surveys. Improvements had been made, although patient satisfaction scores from the GP national survey remained below local and national average for many aspects of care.
- Governance arrangements had taken into account the previous inspection report findings and the practice had engaged with staff and patients to improve outcomes.

During our inspection in June 2016 we highlighted a lack of awareness of extended hours services and availability to patients. The practice had put notices up in the waiting area and on the practice website to inform patients of these.

# Summary of findings

However, there were also areas of practice where the provider should make improvements;

- Continue to review patient feedback and work to improve patient satisfaction scores.
- Monitor exception reporting and continue to promote patient engagement in health screening and reviews to improve current figures.

- Continue to monitor and improve patient uptake of health screening through the national screening programme. In particular, cervical smears and bowel cancer screening.

**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?

When we inspected in June 2016 we found regulation breaches with the monitoring of patient care, low uptake of cancer screening and high exception reporting.

During our follow up inspection in February 2017 we found;

- Improvements in exception reporting had been made with only diabetes and hypertension clinical indicators remaining above local and national averages. For example, in 2015/16 exception reporting for hypertension (blood pressure) related indicators was 19% (CCG average 3%, national average 4%). This had reduced from 34% in 2014/15. The practice offered us their current figures which showed this indicator was at 12% for 2016/17.
- The practice had reviewed their policies and procedures in relation to patient recalls and reviews.
- A GP and nurse had been trained in the “year of care” model to promote better outcomes for patients with long term conditions.
- Cervical smear rates had increased to 72%, but were still below the local average of 79% and national average of 81%.
- Bowel screening rates had reduced in the year 2015/16 and the practice had instigated a letter to follow up patients who did not submit a sample for testing.

Good



### Are services caring?

When we inspected in June 2016 we found concerns relating to patient feedback with the practice being rated lower than others for several aspects of care.

During our follow up inspection in January 2017 we noted the practice had improved its patient satisfaction scores but remained below local and national average for some aspects of care. For example;

- 64% of patients (an increase of 8%) said the last GP they saw was good at involving them in decisions about their care and treatment compared to the CCG average of 71% and national average of 82%.
- 69% of patients (an increase of 7%) said the last GP gave them enough time compared to the CCG average of 78% and national average of 87%.

The practice had conducted its own in-house survey which showed consistently high satisfaction scores for confidence with the GPs and nurses and helpful reception staff. Staff had also attended training in how to communicate with patients to enable them to be involved in decisions about their care and treatment.

Good



### Are services well-led?

When we inspected in June 2016 we found concerns over the governance framework, specifically relating to monitoring and responding to patient feedback, identifying and acting on high exception reporting figures and low uptake of cancer screening.

During our follow up inspection in February 2017 we found;

Good



# Summary of findings

- The practice had appointed a lead GP for QOF reviews to ensure appropriate diagnosis and management. Clinical meetings discussed current quality and outcomes data and exceptions to ensure consistency in reporting.
- The practice had identified exception reporting as a high risk area and had reviewed its policy for patient health reviews and recalls.
- The practice had involved the patient participation group (PPG) in discussions about patient feedback and had conducted in-house patient surveys.
- The practice discussed patient feedback in staff meetings and had offered customer care and simple words training for staff.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had improved on the concerns for effective, caring and well-led identified at our inspection on 30 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had improved on the concerns for effective, caring and well-led identified at our inspection on 30 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had improved on the concerns for effective, caring and well-led identified at our inspection on 30 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had improved on the concerns for effective, caring and well-led identified at our inspection on 30 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had improved on the concerns for effective, caring and well-led identified at our inspection on 30 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had improved on the concerns for effective, caring and well-led identified at our inspection on 30 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue to review patient feedback and work to improve patient satisfaction scores.
- Monitor exception reporting and continue to promote patient engagement in health screening and reviews to improve current figures.
- Continue to monitor and improve patient uptake of health screening through the national screening programme. In particular, cervical smears and bowel cancer screening.

# Ragstone Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desktop follow up review was carried out by a CQC inspector.

## Background to Ragstone Road Surgery

Ragstone Road Surgery is located in Chalvey, Slough in Berkshire. The practice is based within a converted residential dwelling and joined Bharani Medical Group in June 2013.

Ragstone Road Surgery is one of the practices within Slough Clinical Commissioning Group (CCG) and provides general medical services to approximately 3,300 registered patients. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

All services are provided from:

- Ragstone Road Surgery, 40 Ragstone Road, Chalvey, Slough, Berkshire SL1 2PY.

Information from Slough Borough Council, the Office for National Statistics and the practice identifies the area of Chalvey as having well documented challenges. These challenges included above national average rates of early deaths due to coronary heart disease, a high rate of new cases of diabetes, the fifth highest birth rate in the UK, high levels of short term temporary housing, high levels of child poverty, high alcohol related crime rates, congenital birth problems and complex family cases.

Ragstone Road Surgery population has a lower number of patients aged under 19 and a significantly higher proportion of male patients aged between 20-59 when compared to national averages.

The practice has a highly transient patient population; patients are often outside of the country for long periods and patients registering at the practice are often only in the area for short, temporary amount of time. This has an impact on screening and recall programmes. The practice population is identified as having a deprivation rating of five in a rating scale of ten. People living in more deprived areas tend to have greater need for health services. The practice is aware of, and is able to identify their patients with income deprivation issues.

The practice has a unique mixed patient population. Patients registered at the practice are from a number of different ethnic backgrounds, approximately 44% of patients have an Asian background, 25% of patients are from Eastern Europe, specifically Poland and there is a growing number of Somalian patients. This ethnic mix is consistent with the variety of cultures in Slough. There are a large proportion of the patients who speak English as a second language.

The practice comprises of one principal GP (male) and three salaried GPs (two female and one male). The all-female nursing team consists of two practice nurses, one of which is the designated nurse lead.

A practice manager, a business manager, a finance manager, a day manager and a team of reception and administrative staff undertake the day to day management and running of Ragstone Road Surgery.

The practice had core opening hours between 8am and 6.30pm Monday to Friday with appointments available from 8.30am to 5.50pm daily including open access



# Detailed findings

appointments with a duty GP. Extended opening hours were available every Tuesday, Wednesday and Friday when the practice opened for early morning appointments starting at 7.30am.

In addition, the practice has offered extended hours appointments every weekday evening between 6.30pm and 8.30pm and every Saturday and Sunday from 9am to 1pm at Bharani Medical Centre (funded by the Prime Minister's Access Fund).

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time by East Berkshire out of hour's service or after 6.30pm, weekends and bank holidays by calling NHS 111.

## Why we carried out this inspection

We undertook a comprehensive inspection of Ragstone Road Surgery on 30 June 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. The full comprehensive report following the inspection on June 2016 can be found by selecting the 'all reports' link for Ragstone Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk-based focused inspection of Ragstone Road Surgery on 8 February 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 Ragstone Road Surgery on 8 February 2017. This involved reviewing evidence provided by the practice:

- Minutes of clinical meetings, staff meetings and PPG meetings.
- Policy documents and examples of patient correspondence.
- Patient feedback on care and treatment.
- Data provided by the practice
- National survey and performance data.

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 30 June 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of responding to high exception reporting and low cancer screening uptake needed improving.

We issued a requirement notice in respect of these issues and found improvements had been made when we undertook a follow up inspection of the service on 8 February 2017. The practice is now rated as good for being effective.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015/16) were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

The most recent exception reporting figures showed the practice was significantly higher at 23% compared to the CCG average of 8% and national average of 10%. (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).

The overall clinical exception reporting figure had reduced from the previous year (25% in 2014/15) but still indicated that high numbers of patients had not been included in the QOF data. The practice were unable to share their latest overall exceptions figures for 2016/17 as they wanted to allow the full qualifying year (ending 31 March 2017) to maximise patient uptake in their health care reviews. However, they did provide use with their current data which showed decreased exception reporting in key indicators.

We reviewed comparable data from 2015/16 and 2014/15 and found:

- In 2015/16 exception reporting for asthma related indicators was 4% (CCG average 2%, national average 7%). This had reduced from 13% in 2014/15. The current practice figure for 2016/17 was 1%.
- In 2015/16 exception reporting for hypertension (blood pressure) related indicators was 19% (CCG average 3%, national average 4%). This had reduced from 34% in 2014/15. The current practice figure for 2016/17 was 12%.
- In 2015/16 exception reporting for mental health indicators was 17% (CCG average 8%, national average 11%). This had reduced from 20% in 2014/15. The current practice figure for 2016/17 was 3%.
- In 2015/16 exception reporting for diabetes related indicators was 31% (CCG average 10%, national average 12%). This had increased from 25% in 2014/15. However, the current practice figure for 2016/17 was 21%.

The practice told us they had trained a GP and nurse in the “year of care” model and had started implementing this into practice. (The year of care model is about improving care for patients with long term conditions. The aim is to support patients with long term conditions such as diabetes to self-manage their care). The practice had appointed a lead GP for QOF reviews to ensure appropriate diagnosis and management and discussed QOF at regular clinical meetings.

The practice had also reviewed their recall and review policy to manage patients not attending for screening or review appointments. Patients were invited to attend for reviews by telephone in the first instance and an appointment made. This call was followed up with a letter for those that did not respond or did not attend.

### Supporting patients to live healthier lives

Data from 2015/16 showed the practice’s uptake for the cervical screening programme was 66%, which was below the CCG average of 79% and the national average of 81%. The practice was able to show us their cervical screening rates had increased to 72% since the last inspection (an increase of 6%). Whilst this was still below the CCG and national averages, the practice demonstrated a substantial increase in screening with cervical smears at only 45% in 2014. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they

## Are services effective? (for example, treatment is effective)

encouraged uptake of the screening programme by using information in different languages. The nursing team were proactive in offering advice and information to patients who were overdue a smear test. They also offered the screening opportunistically during patient appointments for other concerns.

The practice also encouraged its patients to attend national screening programmes for bowel cancer;

- 44% of patients aged 60 to 69 had been screened for bowel cancer in the preceding 30 months. This was above the CCG average of 41% and below the national average of 58%. This was below the previous practice figure of 49% in 2014/15.

The practice reviewed their results figures and offered a telephone reminder to anyone who had not submitted a sample for screening. The practice had arrangements to provide the details of eligible patients to the local screening service to ensure patients were contacted during the month of their 60th birthday. Any patient who did not respond to the screening request was discussed at a clinical meeting where the GPs decided on further action.

The patient participation group had been asked to promote patient engagement and involvement with their healthcare and had written a piece in the patient newsletter. The practice had also contacted the local newspaper who reported on the lack of health screening uptake had contributed to the previous requires improvement rating.

# Are services caring?

## Our findings

At our previous inspection on 30 June 2016 we rated the practice as requires improvement for providing caring services as patient feedback rated the practice lower than others for patient care and treatment.

We found that many of the practice patient feedback figures had improved when we undertook a follow up inspection on 8 February 2017. The practice had also undertaken its own patient satisfaction survey which showed a large variation in satisfaction scores from the GP national survey. The practice is rated as good for providing caring services.

The national GP patient survey related to a mori poll conducted between September 2015 and March 2016. The results were published in July 2016. Results from the national GP patient survey showed patient satisfaction scores were lower when compared to local clinical commissioning group (CCG) and national averages, although there were some improvements on the practices previous figures (published in January 2016);

### Kindness, dignity, respect and compassion

- 76% of patients (an increase of 1%) said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 69% of patients (an increase of 7%) said the last GP gave them enough time compared to the CCG average of 78% and national average of 87%.
- 86% of patients (a decrease of 1%) said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%.
- 72% of patients (an increase of 7%) said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and national average of 85%.
- 89% of patients (an increase of 4%) said the nurse was good at listening to them compared to the CCG average of 84% and national average of 91%.
- 86% of patients (an increase of 5%) said the nurses gave them enough time compared to the CCG average of 84% and national average of 92%.

- 82% of patients (a decrease of 1%) said they found the receptionists at the practice helpful compared to the CCG average of 81% and national average of 87%.

The practice in-house survey, completed in January 2017, showed patient satisfaction was high with 99% of patients expressing confidence in their GP and 98% having confidence in the nurse. In addition, 90% of patients surveyed found the reception staff helpful. These figures were all above the national GP patient survey results.

### Care planning and involvement in decisions about care and treatment

- 75% of patients (an increase of 3%) said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 64% of patients (an increase of 8%) said the last GP they saw was good at involving them in decisions about their care and treatment compared to the CCG average of 71% and national average of 82%.
- 89% of patients (an increase of 4%) said the last nurse they spoke to was good at explaining tests and treatments compared to the CCG average of 84% and national average of 90%.
- 86% of patients (an increase of 3%) said the last nurse they spoke to was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 85%.

The practice in-house survey, completed in January 2017, showed patient satisfaction was high with 92% of patients feeling involved in decisions about their care. This was above the national GP survey figures.

The practice told us they had seen an improvement in patient satisfaction since the GP and nursing teams had stabilised with regular clinical staff available, less reliance on locums and continuity of care improved. The practice had also signed up to care planning and undertaken "simple words" training to improve communication with patients. However, a lack of up to date data meant we were unable to measure the impact on patient care and treatment during our follow up inspection.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 30 June 2016, we rated the practice as requires improvement for providing well-led services as the governance arrangements for monitoring patient feedback, cancer screening rates and exception reporting were not effective.

### Governance arrangements

The practice had reviewed their governance arrangements since our last inspection and made a number of changes to improve care and treatment services to patients;

- The practice had appointed a lead GP for QOF reviews to ensure appropriate diagnosis and management. Clinical meetings discussed current quality and outcomes data and exceptions to ensure consistency in reporting.
- The practice had identified exception reporting as a high risk area and had reviewed its policy for patient health reviews and recalls.
- The practice had trained a GP and nurse in the year of care model and had implemented the “year of care” model to improve patient care and treatment for long term conditions.
- The practice told us there was a highly transient population locally. Patients identified as no longer registered at the address provided were removed from the patient list, which in turn removed them from the QOF calculations.

### Seeking and acting on feedback from patients, the public and staff

The practice had requested patient feedback from the patient participation group (PPG) and through in-house patient surveys. The practice discussed patient feedback in staff meetings and PPG meetings and had offered customer care training and the simple words course for staff. (Simple words is a course for healthcare staff on how to offer healthcare advice and information to patients in a way they will understand, which in turn enables them to be more involved in their care and treatment).

Patient satisfaction scores obtained from the national GP patient survey showed many aspects of nurse and GP care and treatment had improved although they remained below local and national averages. The survey was conducted between September 2015 and March 2016 with the results published in July 2016. This meant the survey had been conducted before many of these changes had been discussed and implemented and were during a time of significant change in practice staffing. With no new data available, the practice had conducted their own in-house survey in January 2017. Patient response to the in-house survey showed satisfaction with the GPs and nurses was consistently high. This reflected the results of their previous survey in March 2016.