

Montgomery-House Surgery

Quality Report

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Date of inspection visit: We have not revisited Montgomery-House Surgery as part of this review because it was able to demonstrate that it was meeting the standards without the need for a visit.
Date of publication: 23/08/2016

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

Are services effective?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

In October 2015, during an announced comprehensive inspection of Montgomery-House Surgery, we found issues relating to the monitoring of patient care and treatment, indicated by a high level of exception reporting in the Quality Outcomes Framework (QOF) data. QOF is a system intended to improve the quality of general practice and reward good practice by monitoring outcomes for patients. 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.. This was assessed as being in breach of Health and Social Care Act 2008 Regulations.

Following the inspection the provider sent us an action plan detailing how they would review the monitoring of patient care to ensure that patients were included in data to evidence that appropriate care and treatment was being received.

We carried out a desktop review of Montgomery-House Surgery in July 2016 to ensure these changes had been implemented and that the service was meeting Regulations.

We found the practice had made improvements since our last inspection in October 2015 and that it was meeting the Regulation relating to monitoring patient care that had previously been breached.

Specifically, the practice was found to have undertaken work to address its previously high QOF exception reporting rate in a number of clinical domains, by:

- Undertaking an audit into exception reporting for all QOF clinical domains.
- Undertaking an audit focussed on QOF exception reporting for patients with asthma.
- Undertaking actions identified by these audits, including amending coding practices on patient records and encouraging patients to attend annual reviews for long-term conditions.

Although QOF data for 2015/16 has not yet been validated and published, the practice has submitted its figures for the period which evidence that improvements to exception reporting rates have been made.

The ratings for the practice have been updated to reflect our findings.

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?

The practice is rated as good for providing effective services.

Since our last inspection in October 2015, the practice was found to have undertaken work to address its previously high QOF exception reporting rate in a number of clinical domains, by:

- Undertaking an audit into exception reporting for all QOF clinical domains.
- Undertaking an audit focussed on QOF exception reporting for patients with asthma.
- Undertaking actions identified by these audits, including amending coding practices on patient records and encouraging patients to attend annual reviews for long-term conditions.

Although QOF data for 2015/16 has not yet been validated and published, the practice has submitted its figures for the period which evidence that improvements to exception reporting rates have been made.

Good



Montgomery-House Surgery

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection on 20 October 2015 and published a report setting out our judgements. We asked the provider to send a report of the changes they would make to comply with the regulation they were not meeting. We have followed up to ensure that the necessary changes have been made and found the provider is now meeting the fundamental standards included within this report.

This report should be read in conjunction with the full inspection report. We have not revisited Montgomery-House Surgery as part of this review because the practice was able to demonstrate compliance without the need for an inspection visit.

How we carried out this inspection

We reviewed information provided to us by the practice, including audits undertaken since the inspection, and the practice's QOF exception rate data submitted for the period 2015 to 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

When we inspected the practice on the 20 October 2015 we found issues relating to exception reporting for the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice by monitoring outcomes for patients. 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.

During April 2014 to March 2015, the practice was found to have exception rates in a number of QOF clinical domains that were much higher than national and local clinical commissioning group (CCG) averages, but had not identified this as an area for improvement.

On inspection in July 2016, we found that the practice had made improvements in this area. It had undertaken an audit of all its QOF exception reporting, and a further audit focussed on exception reporting of patients with asthma, where in 2014/15 it had an exception reporting rate of 25% compared to a CCG average of 8% and a national average of 7%.

On examination of the system used to except patients who had not responded to invitations for an annual review of long-term conditions, the practice found that a number of these had in fact attended reviews but that an incorrect code meant that this attendance had not been recorded in QOF data collection.

The practice also contacted patients who had not attended reviews to assess if further support could be given to encourage non-attenders. As a result, it brought in a new

system of making telephone calls to patients who are less likely to respond to a letter, both to book reviews and to provide patient education into how reviews can help support them in managing long-term conditions.

QOF figures for 2015/16 have not yet been validated or published nationally, however the practice was able to supply the data which it has submitted for this period. These figures demonstrated a significant improvement in exception rate reporting. For example, in 2015/16 the practice had excepted 41 patients with asthma compared to 231 patients in 2014/15, 134 patients with hypertension compared to 281, and 63 patients with a recorded smoking status compared to 341 the previous year.

Figures indicated that the practice was still exception reporting a high number of patients with diabetes, although this had decreased from 169 in 2014/15 to 139 in 2015/16. The practice informed us that it had taken a number of actions to improve diabetes care, and was now focussing on reducing exception reporting in this area. These included supporting its diabetes nurse to qualify as a nurse prescriber to enable them to prescribe medicines for the management of diabetes and related conditions such as hypertension.

Owing to the link between weight and Type II diabetes, the practice had signed up to a national study into treating obesity through diet, was undertaking its own ongoing obesity audit, and looking at ways to improve patient access to the local MORElife weight loss service.

The practice was also planning to expand its patient support worker role to provide a similar service to patients with diabetes and the related condition of hypertension as that was now offered to patients with asthma. This included telephone calls to patients failing to attend reviews of their long term conditions for reminder and education. It had also launched a home blood pressure monitoring service, where patients were reviewed over the phone, to improve convenience and test result accuracy.