

# Reepham & Aylsham Medical Practice

## Quality Report

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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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Reepham and Aylsham Medical Practice on 19 September 2016. The practice was rated as good for providing effective and caring services, requires improvement for providing responsive and well led services and inadequate for providing safe services. Overall the practice was rated as requires improvement.

We undertook a comprehensive inspection of Reepham and Aylsham Medical Practice on 06 July 2017 under Section 60 of the Health and Social Care Act 2008 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 19 September 2016. The practice was rated as good overall and requires improvement for providing safe services. The full comprehensive report following the inspection on 19 September 2016 and 06 July 2017 can be found by selecting the 'all reports' link for Reepham and Aylsham Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Reepham and Aylsham Medical Practice on 16 January 2018. 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.

Overall the practice is still rated as good, and has been rated as good for providing safe services.

Our key findings were as follows:

- All equipment in the emergency bag was in date. There was a comprehensive policy and log in place to support the new checking system.
- There was a system in place to monitor the use of blank prescription stationary which was in line with relevant guidance.
- There was a system in place to record, learn from and discuss incidents such as near misses in the dispensary.
- There were two dispensaries and the system for managing uncollected scripts was uniform across both dispensaries and ensured GPs were informed when medicines were not collected.
- At the inspection on 06 July 2017, we found that exception reporting for 2015/16 for 'the percentage of patients with cancer, diagnosed within the preceding 15 months, who had a patient review recorded as occurring within six months of the date of diagnosis' was significantly higher than the local and national averages. (Exception reporting is the removal of patients from the Quality and Outcomes Framework calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of

# Summary of findings

side effects). The practice had run an audit and data from 2016/17 showed this exception reporting had reduced and was comparable to the local and national averages.

- The practice had implemented an audit calendar which ensured second audit cycles were completed in a timely manner. The practice had also implemented a system whereby each member of staff completed a yearly audit for professional development. Some of these audits included prescribing for urinary tract infections, prescribing

blood thinning medicines, appointments and an audit of the practice website. The practice also completed audits on population groups to ensure audits were relevant to their practice. For example, the practice had completed an audit to ensure they had appropriately identified all patients approaching the end of life. Systems and processes were implemented and this resulted in increased staff awareness of the patient's condition.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Reepham & Aylsham Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector.

## Background to Reepham & Aylsham Medical Practice

Reepham and Aylsham Medical Practice is a well-established GP practice that has operated in the area for many years. It serves approximately 9,000 registered patients and has a general medical services contract with NHS North Norfolk CCG.

The service is located at two sites in villages North West of Norwich, Norfolk, one in Reepham and the other in Aylsham. The two practices are approximately seven miles apart and offer very similar services including a dispensing service at both sites. We visited both sites as part of this inspection visit. According to information taken from Public Health England, the patient population for this service has a higher than average number of patients aged over 55 years, a lower than average number of patients aged 20-44 years, and less than 4 years compared to the practice average across England.

The practice team consisted of four GPs (three male, one female), two nurse practitioners, a minor injuries nurse, three practice nurses, two healthcare assistants and a phlebotomist. A team of dispensing, reception and administrative staff support them along with a practice manager and assistant practice manager.

The opening times for the main surgery are Monday to Fridays from 8.30am to 6pm. Extended hours appointments are available from 7am to 8am and 6.30 to 7.30pm on Mondays. An out of hour's service is provided locally by Integrated Care 24 through the NHS 111 service.

The practice is a training practice involved with the training of GP registrars (doctors studying to become GPs) and offers student nurse placements.

## Why we carried out this inspection

We carried out an announced comprehensive inspection at the Reepham and Aylsham Medical Practice on 19 September 2016. The practice was rated as good for providing effective and caring services, requires improvement for providing responsive and well led services and inadequate for providing safe services. Overall the practice was rated as requires improvement.

We undertook a comprehensive inspection of Reepham and Aylsham Medical Practice on 6 July 2017 under Section 60 of the Health and Social Care Act 2008 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 19 September 2016. The practice was rated as good overall and requires improvement for providing safe services. The full comprehensive report following the inspection on 19 September 2016 and 6 July 2017 can be found by selecting the 'all reports' link for Reepham and Aylsham Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

We undertook a follow up focused inspection of Reepham and Aylsham Medical Practice on 16 January 2018. 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.

# Are services safe?

## Our findings

At our previous inspection on 6 July 2017, we rated the practice as requires improvement for providing safe services. The following improvements were needed:

- There was out of date equipment in the emergency bag.

Further areas for improvements included:

- Review the system for monitoring of blank prescription stationery.
- We found that when near misses occurred in the dispensary, the practice did not always maintain records containing sufficient details to allow for effective review or learning from these events.
- The practice did not have a uniform system for the management of uncollected scripts across both sites, though neither system was ineffective.

These arrangements had improved when we undertook a focussed follow up inspection on 16 January 2018. The practice is now rated as good for providing safe services.

### Safe and appropriate use of medicines

- The practice had implemented a new policy for the checking of equipment and medicines in the emergency bag. The practice had also completed a compliance assessment of the system in place against the policy to ensure they were compliant with the policy. The new system required the member of staff carrying out the

check to document the expiry date of all medicines on a monthly basis. The checking system also included the expiry dates of all equipment in emergency bags. Any medicines due to expire within one year were highlighted. We found all medicines and equipment to be in date and appropriate for use and in a secure area of the practice at both sites. There was emergency oxygen available along with adult and children's masks and there was appropriate signage.

- The practice had improved the system to monitor blank prescription stationary. The practice monitored its use appropriately and in line with national guidance. They had implemented a log to track their use throughout the practice.
- The practice had reviewed the system for recording and learning from incidents such as near misses at both sites. The practice had implemented a new recording form for near misses which allowed for sufficient detail of the event to be recorded. At the end of each week, these records were given to the practice manager who created a log of all near misses and a trend analysis was carried out in order to identify themes. Near misses were discussed in dispensary meetings and learning outcomes were clearly recorded.
- The system for managing uncollected scripts was uniform across both sites. There was a monthly check of all uncollected medicines; the dispenser then checked the clinical notes and informed the GP that medicines had not been collected.