

The Meads Medical Practice

Quality Report

29 Quartz Way

The Meads

Sittingbourne

ME10 5AA

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Website: www.meadsmedical.co.uk

Date of inspection visit: 29 March 2018

Date of publication: 23/04/2018

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 

Are services well-led?

Good 

Key findings

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Key findings of this inspection

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Letter from the Chief Inspector of General Practice

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Meads Medical Practice on 5 October 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the April 2017 inspection can be found by selecting the 'all reports' link for The Meads Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 29 March 2018. The purpose was 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 5 October 2017. A comprehensive action plan was provided by the practice in a timely manner, which detailed how action had been taken to make improvement. 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:

- There was a system to help ensure that all medicines alerts from the Medicines & Healthcare products Regulatory Agency (MHRA) were actioned appropriately.
- The practice was part of a commissioning pathway where some patients who were prescribed warfarin, an anticoagulant medicine, had their blood-clotting levels monitored outside of the practice. There was a system to check and record these levels prior to treatment being prescribed.
- Higher than average areas of exception reporting for clinical outcomes had been addressed. The system to identify patients who were due to attend routine reviews had been reviewed. (Exception reporting is the removal of patients from calculations where, for example, the patients are unable to attend a review meeting).
- There was a clear programme of quality reviews and clinical audits. Second cycles of audits had been carried out to demonstrate sustained improvements to patient outcomes.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

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	Good 
People with long term conditions	Good 
Families, children and young people	Good 
Working age people (including those recently retired and students)	Good 
People whose circumstances may make them vulnerable	Good 
People experiencing poor mental health (including people with dementia)	Good 

The Meads Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team was led by a CQC Lead Inspector.

Background to The Meads Medical Practice

The Meads Medical Practice is situated in Sittingbourne, Kent. The practice is aligned to the NHS Swale Clinical Commissioning Group (CCG) and has a general medical services contract with NHS England for delivering primary care services to the local community.

The practice has a patient population of 9800. The proportion of patients who are aged 55 to 64 years is lower than the national average and the proportion of patients aged 0 to 9 years and 25 to 39 years is higher than the national average. The practice is in an area with an average deprivation score, and average levels of unemployment.

Consultation and treatment rooms are located on the ground floor of purpose-built building. Patient parking, including disabled parking, is available at the practice.

There is one principal GP (male) and two full time salaried GPs (male). There is one part-time female salaried GP. There is one female nurse practitioner, three practice nurses, one urgent care practitioner, one health care assistant and one phlebotomist (all female). Two of the nurses are qualified as Independent Prescribers. In addition, there is a business manager and a practice manager as well as a team of reception and administrative staff.

The practice is a teaching and a training practice (teaching practices take medical students and training practices have GP trainees and doctors undertaking a two-year training programme following graduation from medical school). The practice also supports nursing students.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered from 6.30pm to 8pm on Monday to Wednesday.

Primary medical services are available to patients via an appointments system. There is a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Medway On Call Care (MedOCC)) to deliver services to patients outside of the practice's working hours.

Services are provided from: The Meads Medical Practice, 29 Quartz Way, The Meads, Sittingbourne, ME10 5AA.

Why we carried out this inspection

We undertook a comprehensive inspection of The Meads Medical Practice on 5 October 2017 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 October 2017 can be found by selecting the 'all reports' link for The Meads Medical Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Meads Medical Practice on 29 March 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 11 April 2017, we rated the practice as requires improvement for providing safe services. We found:

- Risks to patients were assessed and well managed and although there was a system for managing medicines alerts from the Medicines & Healthcare products Regulatory Agency (MHRA) and high risk medicines this required review and improvement as the practice had not reviewed all relevant MHRA alerts.

These arrangements had significantly improved when we undertook a follow up inspection on 29 March 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

At our previous inspection on 5 October 2017, we found that there was system for acting on safety alerts, but identified an alert that had not been actioned.

At our focused inspection on 29 March 2018 we found that the practice had signed up to the MHRA email alert system. They carried out a search of these websites weekly to check for any alerts that may not have been received. There was a system to receive, record and take action regarding alerts.

For example, we carried out a search on patients prescribed a medicine sometimes used in the treatment of epilepsy and saw that the patients who were prescribed this medicine had been informed of the risks. We saw that alerts received were included as an agenda item for weekly practice meetings.

Safe and appropriate use of medicines

At our previous inspection on 5 October 2017, we found that there were processes for handling repeat prescriptions which included the review of high risk medicines. However, we identified that the 15 patients who were monitored outside of the practice had not have their blood clotting levels monitored by the practice prior to repeat medicine being prescribed.

At our focused inspection on 29 March 2018, we found that the practice was part of a commissioning pathway whereby patients could opt to have their blood clotting levels checked elsewhere. The practice had reviewed their process and implemented a system to help ensure that these patients were monitored and a record of their blood clotting level recorded prior to repeat prescribing, in the same way that those who had their checks carried out at the practice were. For example, a search which had been carried out on these patients was seen, which detailed the results of their checks.

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 5 October 2017, we rated the practice as requires improvement for providing well-led services. We found that:

- Risks to patients were assessed and well managed, and although there was a system for managing medicines alerts from the Medicines & Healthcare products Regulatory Agency (MHRA) and high risk medicines this required review and improvement as the practice had not reviewed all relevant MHRA alerts.
- The practice had higher than average exception reporting for clinical outcomes.
- There was a programme of clinical audits; however the second cycle of these audits had not yet commenced.

These arrangements had improved when we undertook a follow up inspection on 29 March 2018. The practice is now rated as good for providing well-led services.

Governance arrangements

At our focused inspection on 29 March 2018 we found that risks to patients were assessed and well managed. There was a system for managing medicines alerts from the Medicines & Healthcare products Regulatory Agency (MHRA) and for managing high risk medicines prior to re-authorising medicine.

At our previous comprehensive inspection on 5 October 2017 we found that the overall Quality and Outcome Framework exception rate for the practice was 7%, compared to the local clinical commissioning group (CCG) rate of 5% and the national rate of 6%. (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). For example, 19% of patients at the practice with diabetes had been removed from the QOF calculations, compared with the CCG rate of 11% and the national rate of 12%. Twenty-three per cent of mental health patients at the practice had been removed from the QOF calculations, compared with the CCG rate of 12% and the national rate of 11%.

We discussed the exceptions with the practice who told us that patients were sent three automated call-up letters inviting them for routine reviews. We reviewed these letters and found that they were lacking in information regarding the importance of patients' attendance at routine reviews. The practice told us that patients who did not respond were followed-up with a telephone call to invite them to attend a review. Patients who did not attend were excluded from the QOF calculations.

At our focused inspection on 29 March 2018 we found that the practice had improved their overall exception reporting rate from 13% to 9% and for those targets identified as high. For example, the practice provided QOF data which showed that the exception rate for mental health patients had reduced from 18% to 8% and the number of patients with diabetes removed from the QOF calculations had fallen from 18% to 10%.

The practice had also reviewed their patient recall system and implemented an initial text message reminder for patients, which were followed up with a detailed letter and a further more detailed letter which reminded patients of the importance of regular monitoring.

The practice had introduced a system to review their list of newly diagnosed patients on a weekly basis. This was to help patients to receive timely monitoring and to help to identify vulnerable patients who required additional support.

At our previous inspection we found that there was limited evidence of clinical audit including second cycle audits where improvements were monitored.

At our focused inspection on 29 March 2018 we found that there was a programme of clinical audits. It had been established for 2017/2018 and the first cycle of these audits had been completed. The second cycle of these audits was in progress, had been completed to varying degrees, and all the audits undertaken by the practice were part of a rolling programme to measure and monitor provision to help ensure improvements for patients.