PRIORY ROAD SURGERY

Working for patients, Working with patients

August 2016

Introduction and Overview

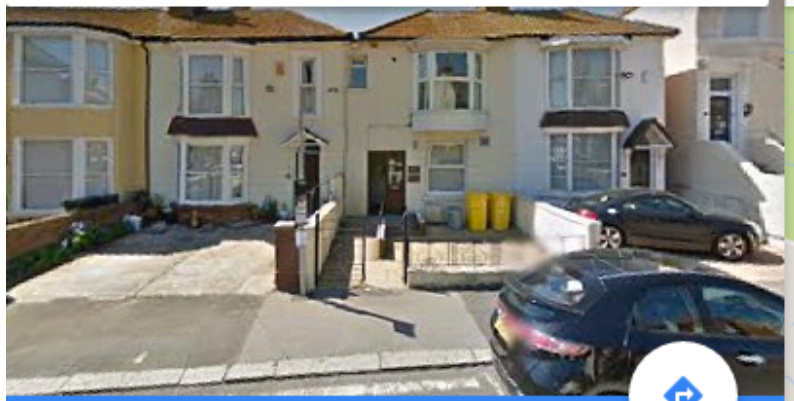
- We are located in Hastings, close to the Old town and have been serving the local population for decades.

- We have a total of 2711 patients currently registered.

- Our core value is to provide SAFE, EFFECTIVE and RESPONSIVE care for our patients by nurturing a healthy relationship between staff and patients.

Where we are

priory road surgery hastings



Dr Rajesh Pandey

Doctor

Directions

SAVE | NEARBY | SEND TO YOUR PHONE | SHARE

83 Priory Rd, Hastings TN34 3JJ

prioryroadsurgery.co.uk

01424 430800

The Team

- Our team consists of:

  - 1 General Practitioner
  - 1 Practice Nurse
  - 1 Practice Manager
  - 3 Receptionists
  - 1 part time admin support staff member
  - 1 member of staff employed for cleaning

Services Provided:

General Medical Services

- GP consultations
- Phlebotomy
- Asthma Review Clinic
- COPD Review Clinic
- CHD/Stroke Review
- Diabetes Review
- Medication Reviews
- Mental Health Review
- Dementia Review

Specialist Medical Services

- Palliative Care Service
- Cervical Smear
- Smoking Cessation
- Maternity Services
- Neonatal baby checks
- Child Health Reviews
- Wound Care
- Vaccinations and Immunisations
- Referral to Gym/Exercise programme, (advocating lifestyle advice)

Other Services

- Substance Misuse Clinic (fortnightly)
- DVLA medical Assessments
- Travel vaccinations

How we see our patients

Opening Hours: 0830 - 1830

GP's Schedule

Day of Week	AM: 0830 – 1230 (guaranteed if arrival before 1030)	Mid afternoon (1315 – 1545)	PM: 1600 - 1830	Extra details
Monday	Walk in	• Phone consultations • Home visits • Hospital Reports • Blood test Reports • Prescription writing	Appointment only	
Tuesday	Walk in		Appointment only	Extended service: 1830 – 2000 (currently nurse led)
Wednesday	Walk in		No PM clinic	
Thursday	Walk in		Appointment only	
Friday	Walk in		Appointment only	

How we see our patients

Practice Nurse's Schedule

Day of Week	AM: 0830 - 1230
Monday	Appointment only
Tuesday	Appointment only
Wednesday	No PN service
Thursday	Appointment only
Friday	Appointment only

How we see our patients cont.

- We double our appointment slots for patients with special needs such as learning disabilities or dementia patients.
- Patients who cannot come to the Practice are offered phone consultations.
- Elderly + Infants usually offered SAME DAY appointments.
- GP-Patient survey:

- **94%** report finding it **easy to get through on phone** (national average: **73%**)
- **98%** report finding our **receptionists helpful** (national average: **87%**)
- **96%** report that **obtaining appointment** was **convenient** (national average: **92%**)

Our Patients Vs National Average

- As per CQC report published in March 2016, with respect to the national average, our Practice has:

  - higher number of under 18s
  - lower number of over 65s
  - higher number with long standing health condition
  - higher number of patients claiming disability
  - TWICE the level of unemployment

So how are we catering our services for OUR patients

1) Unemployment (Twice national average)

Government report issued by Department of Work and Pensions in 2010 stated that:
there was a positive relationship between past use of "hard" drugs, such as opiates or crack cocaine, and current unemployment [2].

- We run a Substance Misuse Service service.
  Using a methadone weaning programme and checking urine regularly.

- Offer a self-referral counselling service for patients suffering from anxiety and depression.

So how are we catering our services for OUR patients cont.

2) Increased proportion of younger patients

Important to offer appropriate services e.g:

- HPV vaccinations for girls
- Contraceptive + safe sex advice for young men and women
- Issuing free Chlamydia test kits in line with national screening
- GP has done STIF course to tackle increased risk of STIs in this group
- Smoking Cessation services
- Childhood + Travel Vaccinations
- University fresher vaccinations – Meningitis ACWY

Catering for the Six Population Groups

Elderly Population

- Over 75s Reviews (CCG led enhanced services), to help avoid hospital admissions. CCG datasheets show we are achieving ahead of local practices.
- Regular shingles immunisations.

People with long term conditions

- Regular chronic health review e.g. Asthma, COPD, CHD/Stroke etc.
  Achieving near 100% QOF points for this domain.

Catering for the Six Population Groups cont.

Families, Children and Young People

- Maternity Care + Antenatal Care
- Neonatal baby checks
- Childhood immunisations
- Nasal flu immunisation
- Pertussis immunisations during pregnancy

Catering for the Six Population Groups cont.

Working Age People

- Extended hours on Tuesday (1830 – 2000) for patients after work.
- NHS Health Checks for patients aged 40 – 74.
- Travel Immunisations.

People experiencing poor mental health (including dementia)

- Offer Dementia screening with GPCOG tool to identify cognitive impairment, and referral to Memory Assessment Service led by neurologists.
- Self-referral to counselling.

Catering for the Six Population Groups cont.

People in Vulnerable circumstances

- Staff trained in child and adult safeguarding.
- Regular MDT meetings to discuss social + clinical needs of vulnerable.
- Interpreter services for suitable patients.
- GP's knowledge of regional Indian languages helps communication with patients from India, Pakistan and Bangladesh.
- Annual health review for patients with learning disability.
- Substance Misuse clinic.

December 2015: CQC Inspection

Dr Rajesh Pandey **Inadequate** (Priory Road Surgery)

The Surgery, 83 Priory Road, Hastings, TN34 3JJ
(01424) 430800
Provided by: Dr Rajesh Pandey

CQC inspection area ratings
(Latest report published on 17 August 2016)

Safe	Inadequate
Effective	Requires improvement
Caring	Good
Responsive	Requires improvement
Well-led	Inadequate

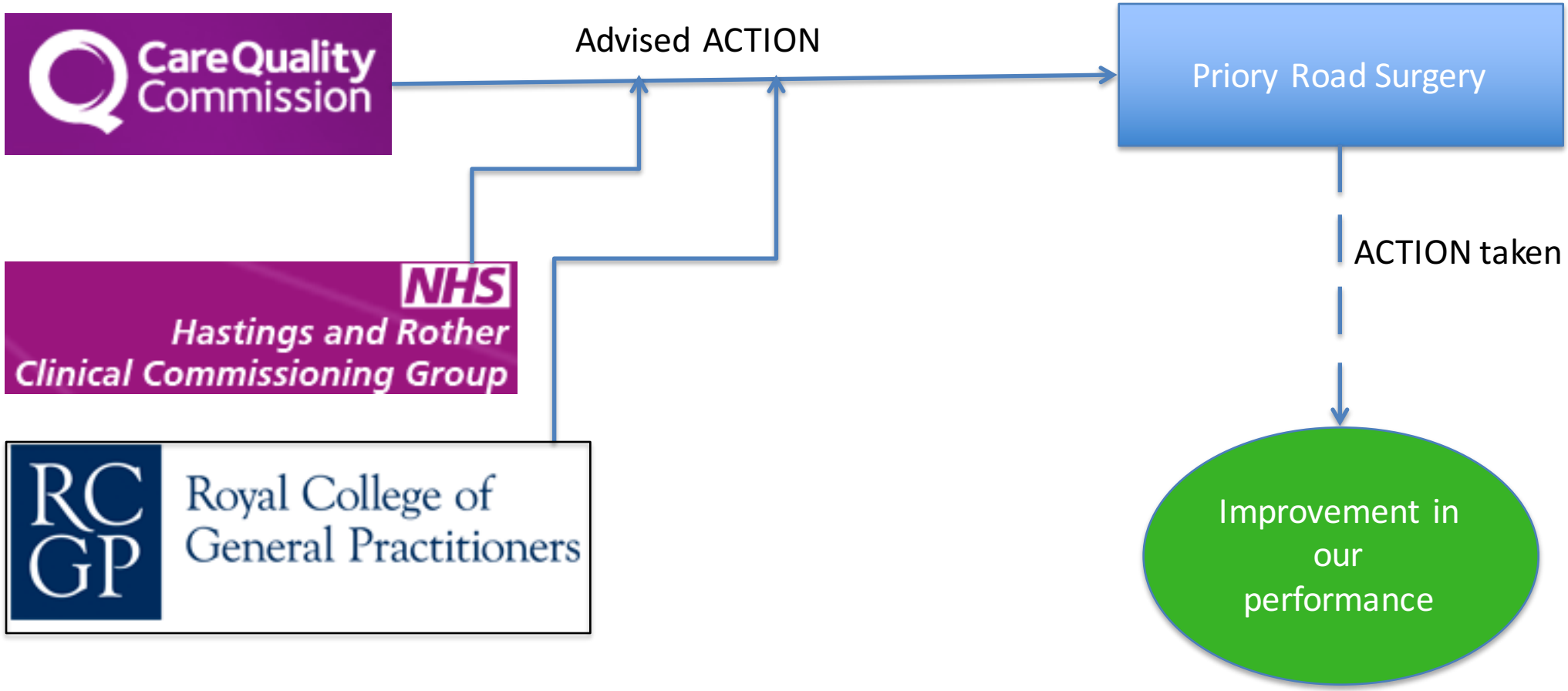
CQC Inspections and ratings of specific services
(Latest report published on 17 August 2016)

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

- We were alarmed at the findings from the CQC inspection in December 2015.
- The inspection identified various areas where we were underperforming.
- However, we are pleased to say that we have been very well supported by Hastings and Rother CCG and RCGP in moving forwards.

How have we moved on since December?

- Monthly meetings with Hastings and Rother CCG and RCGP.



Specific Action Points we needed to address

i) Health & Safety Issues

1. Infection control policy
2. Environmental Risk Assessment / Evaluation
3. Legionella Risk Assessment / Evaluation
4. Fire Risk Assessment / Evaluation
5. Disability Access Assessment / Evaluation
6. Cleaning schedule
7. COSHH policy / procedure
8. Emergency equipment

Specific Action Points we needed to address cont.

ii) Medicines Management Issues

1. Medicine management policy including cold chain procedures
2. Blank prescriptions not stored safely
3. Management plan for patients on high risk medications such as DMARDs

Specific Action Points we needed to address cont.

iii) Leadership Issues

1. Recruitment policies
2. DBS checks for staff
3. Staff training in numerous areas such as BLS, emergency equipments operation, safeguarding and chaperoning.
4. Regular Staff Meetings (However, regular meetings were in place)
5. Staff Clarity on Significant Events, Near Misses and Concerns
6. Sharing of learning from Significant Events
7. Patient Participation Group

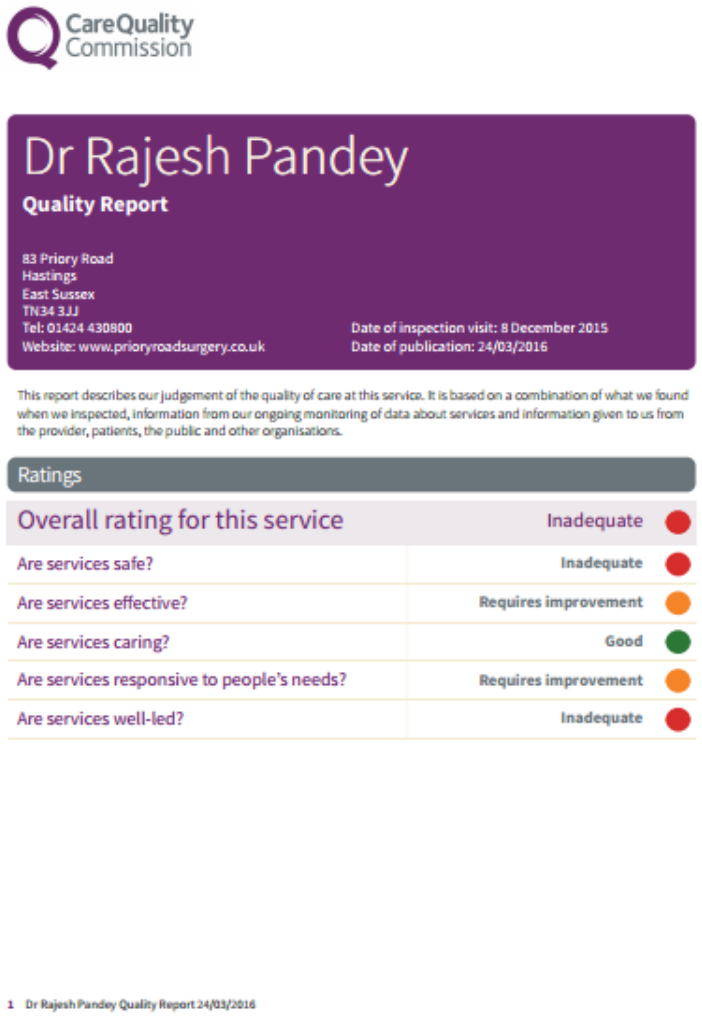
Specific Action Points we needed to address cont.

iv) **Quality Improvement Issues**

1. Clinical audits
2. GP performed joint injections without training / informed consent
3. Dementia screening not in line with national guidance (obligatory)
4. Chaperone notices (obligatory)
5. GP-Patient survey not acted upon
6. Equipment in nurse's room

Health and Safety: What did the CQC tell us to do?

- Ensure the surgery is adequately clean and that comprehensive infection control procedures are in place and carried out, including risk assessments for legionella, staff training and regular audit.
- Ensure there is a procedure in place for the control of substances hazardous to health (COSHH) and that relevant data sheets are in place relating to this.
- Ensure that the practice is equipped for dealing with emergencies by ensuring oxygen is available and that staff have up to date basic life support training.
- Ensure there is a comprehensive system in place for appropriate environmental risk assessment such as fire safety and evacuation, disability access, use of equipment and not having emergency oxygen or a defibrillator on site.



Care Quality Commission

Dr Rajesh Pandey

Quality Report

83 Priory Road
Hastings
East Sussex
TN34 3JJ
Tel: 01424 430800
Website: www.prioryroadsurgery.co.uk

Date of inspection visit: 8 December 2015
Date of publication: 24/03/2016

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

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

1 Dr Rajesh Pandey Quality Report 24/03/2016

Health and Safety: What have we done

- Fire Safety Risk Assessment:
  - Two Fire drills done, Recommendations acted upon, weekly alarm checks.
- Disability Access Assessment:
  - Floor Leveling done, Ramp Access in front widened, fire safety exit remodeled.
- Environmental Risk Assessment:
  - Fridge with stored immunisations + medicines removed and Locked.
  - Safety Locks for all fridges.
- Infection Control:
  - Cleaning schedule.
  - COSHH procedure in place.
- Legionella Risk Assessment:
  - Recommendations implemented.

Health and Safety: What have we done cont.

- Emergency Equipment Installed: Defibrillator + Oxygen Cylinder.
  - Staff have been trained in operation.
  - Regular checks of Oxygen Cylinder (placed in designated area with signposting).
- Following latest Waste Disposal guidelines.
- Asbestos Risk Assessment.
- Electrical Installations Conditions Report conducted.
- Clinical Notes placed in locked cupboards.
- Clinical Notes in Reception, now covered and out of view of patients.
- New equipment installed in Practice Nurse's room.
  - Patient's Couch, Clinical Lamp,
- Nurse's room provided with locked cupboards to keep nursing items properly secured.

Medicines Management: What did the CQC tell us to do?

- Ensure that a medicine management policy and cold chain procedure are in place, that medicines and blank prescriptions are stored securely and that there is an adequate system in place to manage high risk medicines.

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Medicines Management: What have we done

- Cold chain Policy + Procedures implemented:
  - Locked fridges for medications + immunisations.
- Medicines Management Policy implemented:
  - Medicines Locked at all times.
  - Monthly audit of all stock.
- Safe storage and tracking of blank prescriptions.

Medicines Management: What have we done cont.

- Policy in place regarding high risk medications such as DMARDs:
  - Regular monthly blood tests
  - Staff has access to list of patients on such medication to call in for review incase patient fails to return for blood test.

- Installation of Electronic Prescribing System (fully operational since 3rd August 2016).

Leadership: What did the CQC tell us to do?

- Ensure that staff are up to date with safeguarding training and that there are appropriate safeguarding policies, procedures and practices in place.
- Ensure that mandatory staff training is up to date in all areas, that all staff receive an annual appraisal and that continuing professional development plans are in place.
- Ensure robust recruitment policies and procedures are in place and appropriate recruitment checks on staff are undertaken prior to recruitment.
- Ensure staff are clear about reporting significant events and that significant event analysis, learning and communication with staff takes place.

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Leadership: What have we done

- Robust Recruitment Policies implemented:
  - DBS checks done on all staff working at Priory Road Surgery.

- Staff Training:
  - Adult and Child Safeguarding
  - Equality and Diversity
  - Fire safety
  - Infection Control
  - Basic Life Support
  - Other mandatory courses also done (matrix available)

- The above have been completed by all relevant members of staff, apart from one part-time member who works 4 hours per week. This will be addressed very soon.

Leadership: What have we done cont.

- Regular Appraisals of staff and their professional development plans and needs.
- Leadership structure in place:
  - Designation of Roles/Leads
- Staff encouraged to report Significant Events / Near Misses / Complaints:
  - Regular staff meetings to share this learning
- Regular MDT meetings.
  - Discussing clinical + social needs of palliative / vulnerable patients
- Patient Participation Group (PPG) set up in March 2016.
  - Suggestions followed: e.g. name badges for staff, mobiles on silent
  - Three meetings held so far, next due on 7th September 2016

Leadership: What have we done cont.

- We have panic alarms fitted in the Doctor's Room, Nurse's Room and Reception in line with our "Zero Tolerance" policy in the event of threatening behaviour towards staff.

- Practice Manager enrolled onto specific course: *The Level 5 Diploma in Primary Care and Health Management* run by the Association of Medical Secretaries, Practice Managers, Administrators and Receptionists (AMSPAR).

- Practice has participated in a CCG led audit of emergency cancer presentations. We were one of 15 practices in the local CCG to contribute to this. Aim of audit is to improve cancer detection rates in our local area.

Quality Improvement: What did the CQC tell us to do?

- Ensure that written consent is obtained for invasive procedures such as joint injections and patients are sufficiently informed of the risks or complications of the procedure and any alternatives.
- Ensure that DBS checks or a risk assessment is carried out on staff undertaking chaperone duties and that GPs are appropriately trained to carry out clinical procedures.
- Ensure that appropriate policies are available, reviewed and updated in line with local and national guidance.
- Ensure that a patient participation group (PPG) is in place and that results of the national GP patient survey are acted on, particularly in relation to lower than average scores in terms of GP consultations.
- Ensure there is a comprehensive audit plan in place to drive improvements in patient outcomes.

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Quality Improvement: What we have done

- GP has attended course on Joint Injections run by Royal Society of Medicine in March 2016.
  - NHS England decided that **GP can return to providing joint injections**.

- Full Consent Form for joint injections available.

- All policies and programmes available on Sharedrive for all staff to use.

- Two Cycle clinical audit on use of thiazide diuretics in place.
  - Mid term report available
  - Second cycle to be completed on 1st October 2016.

Quality Improvement: What we have done cont.

- GP has completed MIMS learning modules titled *Effective Consulting* to improve consultation scores on GP-Patient survey. This was to improve scores on explaining tests and treatments and involving patients in the decision making process. Also attended Records Keeping Course.

- Chaperone notices visible in consulting and treatment rooms (obligatory).

- Dementia patients appropriately screened in line with national guidelines. (obligatory). Meeting with CCG with a view to help in data harmonisation between clinical record and QOF register.

- DBS checks performed on every member of staff.

Quality Improvement: What we have done cont.

- Conducting Friends and Family Test.
- Online Appointment system in place (Only two patients registered so far, plan for more).
- Regular NHS Health Checks for 40-74 year olds who are not on chronic disease register. PN has undergone training to use finger prick test for HbA1c and Cholesterol on special Cobas machine.
- To improve Diabetes glycaemic control, Doctor + PN have undergone training in injection of Victoza and Trulicity.
- Practice website regularly updated.
- We are pleased to announce that for 2015 – 2016, we achieved 552.33 / 559.00 QOF points.

What we hope to have demonstrated

- Patient safety is at the heart of our priorities.
- We have taken the findings of the CQC inspection in December 2016 seriously and constructively.
- In hindsight, we believe that incorporation of CQC advised actions have helped us improve the standard of care for our patients.

Looking to the future

Specific future goals

- Initiate a new audit, potential plan for auditing the effects of Metformin on patients renal function. Lessons from current audit:

  - Need a robust system to recall patients when blood test are due
  - A designated member of staff needed to conduct regular searches

- Plan to introduce SMS reminders for childhood immunisations + cervical smears.

- Registering more patients onto the Online Access System.

Looking to the future

Overall future goals

- Enhancing patient involvement through effective use of PPG.
- Involving staff by learning through shared experience.
- To focus on disease prevention rather than disease treatment by advocating and celebrating lifestyle measures. Current examples include smoking cessation + referral to gym.

References

[1] https:www.google.co.uk/maps/place/Dr+Rajesh+Pandey/ (accessed August 2016) (Slide 3: Google Maps Image)

[2] Department for Work and Pensions (2010). *Problem drug users' experiences of employment and the benefit system.* Norwich: Crown Copyright. (Slide 10: Government Report)

[3] http://www.cqc.org.uk/sites/default/files/new_reports/AAAE8110.pdf (accessed August 2016, link to CQC's report published 24th March 2016)

[4] https://gp-patient.co.uk/practices/G81641 (accessed August 2016, link to GP – Patient Survey showing the performance of Priory Road Surgery)