

Meeting: Primary Care Commissioning Committee			
Meeting Date	23 February 2022	Action	Approve
Item No.	6	Confidential	No
Title	CQC – Uplands Medical Practice		
Presented By	Zoe Alderson, Head of Primary Care		
Author	Zoe Alderson, Head of Primary Care		
Clinical Lead	Dr Catherine Fines, Chair and Primary Care Clinical Lead		

Executive Summary

All providers who provide health care or adult social care services that are regulated activities under the Health and Social Care Act 2008, must be registered with the Care Quality Commission (CQC) who are an independent regulatory body

The CQCs role is to ensure that providers provide people with safe, effective, compassionate, high-quality care whilst providing insight as to ways in which care services can be improved

Historically, nearly all of the practices within Bury have been rated as ‘Good’ or ‘Outstanding’ across all domains.

The purpose of this paper is to inform PCCC of the latest inspection rating for The Uplands Medical Practice and note that the Primary Care Team continue to work with the practice through its Primary Care Quality Visit (PCQV) Programme to improve the service and care provided as quickly as possible where not already evidenced.

Recommendations

The Primary Care Commissioning Committee are asked to:

- Note the contents of this paper

Links to CCG Strategic Objectives

SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	<input type="checkbox"/>
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	<input type="checkbox"/>
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	<input type="checkbox"/>

Links to CCG Strategic Objectives	
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
Patient experience, complaints and safeguarding all form part of the practices improvement plan						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

Care Quality Commission – Uplands Medical Practice

1. Introduction

- 1.1 All providers who provide health care or adult social care services that are regulated activities under the Health and Social Care Act 2008, must be registered with the Care Quality Commission (CQC) who are an independent regulatory body.
- 1.2 The CQCs role is to ensure that providers provide people with safe, effective, compassionate, high-quality care whilst providing insight as to ways in which care services can be improved

2. Background

- 2.1 Historically, nearly all of the practices within Bury have been rated as 'Good' or 'Outstanding' across all domains.
- 2.2 The purpose of this paper is to inform PCCC of the latest inspection rating for The Uplands Medical Practice and note that the Primary Care Team continue to work with the practice through its Primary Care Quality Visit (PCQV) Programme to improve services and care provided as quickly as possible where not already evidenced.

3. The Uplands Medical Practice

- 3.1 During the pandemic the CQC adapted their regulatory approach regarding routine inspections, suspending visits in favor of remote methods of seeking assurance of safety and quality of care, in all but a small number of cases.
- 3.2 The Uplands Medical Practice received a full and comprehensive announced inspection by CQC on the 1st September 2021 including a site visit. The practice was given an overall rating of 'requires improvement' with the following key question rated as shown below:

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

- 3.3 A requirement notice was later issued for breaches of regulations 12 (safe care and treatment). A warning notice was also issued for a breach of regulation 17 (1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance).
- 3.4 A further follow up inspection took place on the 7th December 2021, with progress being evidenced in most areas of the warning notice, namely:

- Staff were trained in infection control to ensure patient safety.
- Patients' records held more information about their medical conditions and specific care needs, including decisions on Do Not Attempt Cardiopulmonary Resuscitation, so their care needs were met.
- Non-medical prescribing staff were provided with formal clinical supervision for support in their role.
- There were plans to improve patient access to the service.
- The management of prescriptions had improved to ensure patients received their medicines on time.
- Complaints were managed promptly to ensure patients' needs were met.

3.5 Both the CQC inspection report and evidence table are available in full on the CQCs website at <https://www.cqc.org.uk/location/1-6825194898>.

3.6 As is usual process following a 'requires improvement' or 'inadequate' CQC rating, NHS England triangulated the concerns raised by CQC with the correlating contractual obligations/requirements and the provider subsequently issued breach notices by the CCGs accountable officer under delegated authority in relation to:

3.6.1 Clause 8 of the General Medical Services agreement which states:

8.1 Essential Services

8.1.1. Subject to clause 8.1.8, the Contractor must provide the services described in Part 8 (namely essential services) at such times, within core hours, as are appropriate to meet the reasonable needs of its patients, and to have in place arrangements for its patients to access such services throughout the core hours in case of emergency.

8.1.2. The Contractor must provide:

(a) services required for the management of the Contractor's registered patients and temporary residents who are, or believe themselves to be:

(i) ill with conditions from which recovery is generally expected;

(ii) terminally ill; or

(iii) suffering from chronic disease, which are delivered in the manner determined by the Contractor's practice in discussion with the patient;

(b) appropriate ongoing treatment and care to all of the Contractor's registered patients and temporary residents taking account of their specific needs including:

(i) advice in connection with the patient's health and relevant health promotion advice;

(ii) the referral of a patient for other services under the 2006 Act;

(iii) primary medical services required in core hours for the immediately necessary treatment of any person to whom the Contractor has been requested to provide treatment owing to an accident or emergency at any place in the Contractor's practice area; and

(iv) contraceptive services

3.6.2 Clause 24 of the General Medical Services agreement which states:

24.1. Complaints procedure

24.1.1. The Contractor must establish and operate a complaints procedure to deal with any complaints made in relation to any matter reasonably connected with the provision of services under the Contract.

24.1.2. The complaints procedure must comply with the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

3.7 In response the provider has submitted a copy of their complaints policy along with a detailed action plan.

3.8 The CCG continues to work closely with the practice through its PCQV programme to highlight and monitor improvement through a range of assurance markers. An improvement plan is in place and visits scheduled to take place monthly, initially for the next 3 months. The plan has not been shared as part of the papers due to its sensitivity.

4. Recommendations

4.1 The Primary Care Commissioning Committee is asked to:

- Note the contents of this paper

Zoe Alderson
Head of Primary Care
February 2022