

Agenda item: 11

Paper no: 11

Title of Report:	Primary Care Commissioning Committee Care Quality Commission September 2019 Report	
Status:	TO NOTE	
Committee:	PCCC In Common Part One	Date: 13/09/2019
Venue:	Board Room, Third Floor, NHS G&W CCG, Dominion House, Woodbridge Road, Guildford, Surrey, GU1 4PU	

Presented by:	Helen Snelling, Head of Primary Care Contracting, NHS Surrey Heartlands CCG	
Executive Lead sign off:	Rachael Graham, Deputy Director of Contracts Non Acute and Primary Care, NHS Surrey Heartlands CCGs	Date: 02/09/2019
Author(s):	Glynis McDonald, Primary Care Contracts Support Officer, NHS Surrey Heartlands CCGs	

Governance

Conflict of Interest: The Author considers:	None identified	✓
Previous Reporting: (relevant committees/ forums this paper has previously been presented to)	N/A: Committee name: Meeting date: Outcome:	
Freedom of Information: The Author considers:	Open – No Exemption Applies. Part One Paper Suitable for Publication	✓

Executive Summary

The CQC report process is undergoing an internal process review with consultation from Quality and Medicines Management when required.

Summary of North West Surrey CCG GP Practice CQC Report changes:

The Yellow Practice – Inspection Report 15/05/2019 **Requires Improvement** to **Good**
Church Street Practice – Inspection Report 31/07/2019 **Good**

Summary of Guildford & Waverley CCG GP Practice CQC report changes:

No reports during this period.

Working together as the Surrey Heartlands Clinical Commissioning Groups

Guildford and Waverley CCG | North West Surrey CCG | Surrey Downs CCG

Summary of Surrey Downs CCG GP Practice CQC report changes:

Dorking Medical Practice – Inspection Report 11/07/2019 **Good**

The Molebridge Practice – Inspection Report 02/08/2019 **Good** to **Requires Improvement**

Implications

What is the health impact/ outcome and is this in line with the CCGs' strategic objectives ?	<ul style="list-style-type: none">• Objective 1: Continue to work towards achieving sustainable systems• Objective 2: Develop collaborative working and organisational change, at both place and scale• Objective 3: Support the development of integrated care• Objective 4: Support Primary Care Development in line with the NHS Long Term Plan• Objective 5: Safe, effective care providing the best possible health and care outcomes and patient experience
What is the financial/ resource required?	<ul style="list-style-type: none">• No implication
What legislation, policy or other guidance is relevant?	NHSE directive/Policy CCG Constitution Statutory duty
Is an Equality Analysis required?	N/A
Any Patient and Public Engagement/ consultation required?	N/A
Potential risk(s) ? (including reputational)	<ul style="list-style-type: none">• Potential reputational to the practice and CCG• Potential risk of Primary Care Services not being delivered

Recommendation(s)

(1) **TO NOTE**

Next Steps

(1) Primary Care Contracting team to continue reviewing CQC outcomes and following up with practices regarding their action plans recommended by CQC.

Provider	Practice Code	Overall Rating	Treating people with respect and involving them in their care	Providing care, treatment and support that meets people's needs	Caring for people safely and protecting them from harm	Staffing	Quality and suitability of management	Inspection Publication Date	Date of Inspection Visit	Action Plan recommended by CQC	Current Status	Historic CQC Overall Rating	Historical Inspection Report Date												
Austen Road Surgery	H81006	Good	Good	Good	Good	Good	Good	26/04/2019	04/03/2019	The area where the provider should make improvements are: • Review and improve how patients are recalled for annual reviews and monitoring of treatment. • Coordinate clinical audits and quality improvement activities so that there is oversight and shared learning. • Review exception reporting in relation to mental health indicators. • Improve how meeting minutes are recorded. • Continue to review the recording of staff vaccination in line with Public Health England guidance.	Email sent to practice requesting action plan sent 01/07/2019	Requires improvement	05 December 2018												
Witley Surgery	H81031	Good	Good	Good	Good	Good	Good	21/06/2019	15/05/2019	The area where the provider should make improvements are: • Review the medicines policy to ensure all medicines not appropriate for a nomad tray are listed. The practice have put together a standard operating procedure covering the printing, dispensing and storage of Nomad trays. All staff have assigned responsibilities and signed the procedure document	Email sent to practice requesting action plan sent 01/07/2019	Requires improvement	24/05/2018												
Fairlands Medical Practice	H81064	Good	Good	Good	Good	Good	Good	09/04/2019	13/03/2019	The area where the provider should make improvements are: • Review how the practice could provide information in accessible formats • Review other avenues of learning to support the dispensary staff with their development	Email sent to practice requesting action plan sent 01/07/2019	Good	21/03/2018 NHS England management prior to delegated commissioning (01/04/2018)												
Chiddingfold Surgery	H81022	Good	Good	Good	Good	Good	Good	14/02/2019	05/12/2018	The area where the provider should make improvements are: • Continue to work to improve the uptake of childhood immunisations • Ensure that near misses within the dispensary and the learning from them are recorded	Email sent to practice requesting action plan sent 02/07/2019	Requires improvement	22/12/2017 NHS England management prior to delegated commissioning (01/04/2018)												
Wonersh Surgery	H81043	Good	Good	Good	Good	Good	Good	02/07/2019	12/06/2019	The area where the provider should make improvements are: • Continue to review staff immunisation records.															
Woodbridge Hill Surgery	H81090	Good	Good	Good	Good	Good	Good	10/08/2017	05/07/2017																
Guildowns Group Practice Wodeland Surgery	H81010	Good	Good	Good	Good	Good	Good	05/07/2017	29/06/2017			Requires Improvement	24/02/2016												
New Inn Surgery	H81647	Good	Good	Good	Good	Good	Good	11/11/2016	14/10/2016																
Grayshott Surgery	H81076	Good	Good	Good	Good	Good	Good	21/10/2016	05/10/2016																
The Mill Medical Practice	H81021	Outstanding	Good	Outstanding	Good	Good	Outstanding	20/07/2016	12/04/2016																
St.Luke's Surgery	H81085	Good	Good	Good	Good	Good	Good	13/06/2016	23/03/2016																
Springfield Surgery	H81044	Good	Good	Good	Good	Good	Good	23/05/2016	17/03/2016																
Haslemere Health Centre	H81062	Good	Good	Good	Good	Good	Good	10/05/2016	09/03/2016																
Merrow Park Surgery	H81035	Good	Good	Good	Good	Good	Good	29/03/2016	09/02/2016																
Villages Medical Ctr	H81053	Good	Good	Good	Good	Good	Good	16/03/2016	26/01/2016																
Binscombe Medical Centre	H81026	Outstanding	Good	Good	Outstanding	Good	Outstanding	22/12/2017	05/01/2016																
Shere Surgery/Dispensary	H81077	Good	Good	Good	Good	Good	Good	10/12/2015	16/10/2015																
Guildford Rivers Practice	H81132	Good	Good	Good	Good	Good	Good	24/09/2015	13/08/2015																
The Horsley Medical Practice	H81084	Good	Good	Good	Good	Good	Good	17/09/2015	10/08/2015																
Wonersh Surgery	H81043	Good	Good	Good	Good	Good	Good	22/01/2015	14/10/2014																
Dapdune House Surgery	H81029	Good	Good	Good	Good	Good	Good	23/04/2015	07/10/2014																
Cranleigh Medical Practice	H81052	Good	Good	Good	Good	Outstanding	Good	24/12/2015	07/10/2014																
21 Practices																									
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<p>G&W CCG Practices - CQC Inspections</p> <ul style="list-style-type: none"> Good: 90% Requires Improvement: 0% Outstanding: 10% Inadequate: 0% 																									

North West Surrey Primary Care CQC Report September 2019

Provider	Practice Code	Overall Rating	Are services safe	Are services effective	Are services caring	Are services responsive	Are Services well lead	Inspection Report Date	Inspection Publication Date	Action Plan recommended by CQC	Current Status	Historic CQC Overall Rating	Historical Inspection Report Date
Church Street Practice	H81073	Good	Requires Improvement	Good	Good	Good	Good	31/07/2019	23/08/2019	<p>The areas where the provider must make improvements are:</p> <ul style="list-style-type: none"> Ensure care and treatment is provided in a safe way to patients Prescription stationery was not monitored once distributed - Only 30 prescriptions put in printers in consulting rooms to minimise fraud. Doors to consulting rooms closed when room is unoccupied Action not always taken or recorded when temperature of medicines fridge out of recommended range - Monitoring form amended to make clear action must be taken and recorded. Rechecked later in the day to assess length of time temperature what out of range. Further action in line with policy and national guidance if there is a risk to the efficiency of the vaccinations. Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties All staff reminded and monitored until all mandatory training has been completed, with protected time being allowed to complete this. Target for completing this is 3 months. On ongoing basis staff to be monitored more closely to ensure training remains current and include in appraisals, setting clear training targets. <p>The areas where the provider should make improvements are:</p> <ul style="list-style-type: none"> Review and improve how staff immunisation status is monitored in line with current Public Health England guidance. 	27/08/2019 Reply from practice in blue - under review 27/08/2019 Emailed practice requesting a copy of action plan	Good	23/08/2018
The Yellow practice	H81095	Good	Requires Improvement	Good	Good	Good	Good	15/05/2019	10/07/2019	<p>The areas where the provider must make improvements are:</p> <ul style="list-style-type: none"> Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please see the specific details on action required at the end of this report). Fire Risk Assessment and H&S Risk Assessment produced Management and control of prescription forms procedure produced and audited every 2 weeks Patient Group Directives reviewed and updated and will be checked against the expiry dates and within clinical notes New Patient Directions Protocol produced New vaccine refrigerator purchased New pedal bin for clinical waste purchased and an infection control audit put in place and audited every 2 months Two week spot checks on all staff to ensure complying to bare below the elbows policy <p>The areas where the provider should make improvements are:</p> <ul style="list-style-type: none"> Review confidentiality sharing agreements in place with co-located services. Agreement already in place with Red Practice - White Practice refuse to sign Review ways to improve childhood immunisations rates to be in line with World Health Organisation targets. Childhood immunisation rates are being closely monitored on a monthly basis. Letters, phone calls and text messaged being sent out Review and ensure systems for checking emergency equipment are embedded. Emergency equipment checks run alongside fire marshal checks every Monday Methotrexate patients are now being recalled for their blood tests on a monthly basis and the audit has been re-run - Quality and Medicines Management reviewing 	02/09/2019 Quality and Medicines Management reviewing Methotrexate patients 22/07/2019 Reply from Practice in blue - under review 17/07/2019 Emailed practice requesting action plan	Requires Improvement	03/05/2016
Staines & Thameside Medical	H81079	Good	Requires Improvement	Good	Good	Good	Good	29/03/2019	22/05/2019	<p>The areas where the provider must make improvements as they are in breach of regulations are (March 2019):</p> <ul style="list-style-type: none"> Ensure care and treatment is provided in a safe way <p>The areas where the provider must make improvements as they are in breach of regulations are (January 2019 visit):</p> <ul style="list-style-type: none"> Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. 	Practice is closing on 31 August 2019	Good	15/01/2019
Dr Samy Morcos (White practice)	H81131	Good	Requires Improvement	Good	Good	Good	Good					Good	24/08/2017
Shepperton Medical Practice	H81004	Good	Good	Good	Good	Good	Requires Improvement					Good	12/10/2017
The Grove Medical Centre	H81066	Good	Good	Good	Good	Good	Good					Good	16/04/2018
The Orchard Surgery	H81632	Good	Good	Good	Good	Good	Good					Good	02/02/2017
The Fort House Surgery	H81020	Good	Requires Improvement	Good	Good	Good	Good					Good	26/01/2016
Wey Family Practice	H81050	Good	Good	Good	Good	Good	Good					Good	24/02/2016
Sheerwater Health Centre	H81123	Good	Good	Good	Good	Good	Good					Good	02/02/2016
Fordbridge Medical Centre	H81057	Good	Good	Good	Good	Good	Good					Good	04/02/2016
Madeira Medical	H81034	Good	Good	Good	Good	Good	Good					Good	19/04/2016
Studholme Medical Centre	H81009	Good	Good	Good	Good	Good	Good					Good	14/04/2016
Stanwell Road Surgery	H81104	Good	Good	Good	Good	Good	Good					Good	28/04/2016
The Crouch Oak Practice	H81042	Good	Good	Good	Good	Good	Good					Good	18/05/2016
St David's Health Centre	H81087	Good	Good	Good	Good	Good	Good					Good	11/05/2016
Staines Health Group	H81134	Good	Good	Good	Good	Good	Good					Good	19/05/2016
The Hythe Medical Centre	H81122	Good	Good	Good	Good	Good	Good					Good	09/06/2016
Hillview Medical Practice	H81061	Good	Good	Good	Good	Good	Good					Good	19/01/2016
Southview Surgery	H81041	Good	Good	Good	Good	Outstanding	Good					Good	24/05/2016
Ottershaw Surgery	H81658	Good	Good	Good	Good	Good	Good					Good	21/06/2016

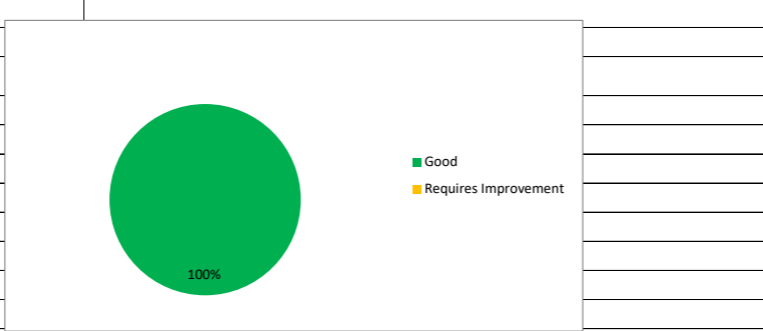
Provider	Practice Code	Overall Rating	Are services safe	Are services effective	Are services caring	Are services responsive	Are Services well lead	Inspection Report Date	Inspection Publication Date	Action Plan recommended by CQC	Current Status	Historic CQC Overall Rating	Historical Inspection Report Date
Packers	H81111	Good	Requires Improvement	Good	Good	Good	Good					Good	07/06/2016
Sunbury Health Centre Group Practice	H81003	Good	Good	Good	Good	Good	Good					Good	14/07/2016
Sunny Meed	H81019	Good	Good	Good	Good	Good	Good					Good	24/11/2016
Chobham & West End Medical Practice	H81015	Good	Good	Good	Good	Good	Good					Good	07/02/2017
Knowle Green Medical	H81002	Good	Good	Good	Good	Good	Good					Good	07/03/2017
Parishes Bridges Medical Practice	H81036	Good	Good	Good	Good	Good	Good					Good	05/07/2016
The Hersham Surgery	H81065	Good	Good	Good	Good	Good	Good					Good	20/09/2016
Upper Haliford Medical Centre	H81642	Good	Good	Good	Good	Good	Good					Good	06/07/2017
Pirbright Surgery	H81129	Good	Good	Good	Good	Good	Good					Good	06/10/2016
Rowan Tree Practice	H81007	Good	Good	Good	Good	Good	Good					Good	05/09/2018
Ashley Medical Practice	H81663	Good	Good	Good	Good	Good	Good					Good	29/01/2018
Goldsworth Medical Practice	H81024	Good	Good	Good	Good	Good	Good					Good	09/10/2018
Heathcot Medical Practice	H81032	Good	Good	Good	Good	Good	Good					Good	09/10/2018
Greenfields Surgery	H81664	Good	Good	Good	Good	Good	Good					Good	06/12/18
Dr J Sillick & Partners (Red Practice)	H81094	Good	Good	Good	Good	Good	Good					Good	28/07/2018
The Grove Medical Centre	H81066	Good	Good	Good	Good	Good	Good					Good	09/04/2019
St John's Health Centre The Family Practice	H81025	Good	Good	Good	Good	Good	Good					Good	21/03/2019
Chertsey Health Centre	H81033	Good	Requires Improvement	Good	Good	Good	Good					Good	07/03/2019
College Road Surgery	H81641	Good	Good	Good	Good	Good	Good					Good	14/11/2016
Maybury Surgery	H81643	Good	Good	Good	Good	Good	Good					Good	16/10/2018

Outstanding	
Good	
Requires Improvement	
Inadequate	

NWS CCG Practices - CQC Inspections

Good	40
Requires Improvement	0
Inadequate	0
Total	40

NWS CCG Practices - CQC Inspections



SURREY DOWNS Primary Care CQC Report September 2019

Provider	Practice Code	Overall Rating	Are services safe	Are services effective	Are services caring	Are services responsive to people's needs	Are services well-led	Inspection Publication Date	Date of Inspection Visit	Action Plan recommended by CQC	Current Status	Historic CQC Overall Rating	Historical Inspection Report Date
Dorking Medical Practice	H81028	Good	Good	Good	Good	Good	Good	11/07/2019	19/08/2019	The areas where the practice should make improvements are: • Continue to review and improve ways to increase uptake for cervical screening • Second reminder letter to be sent to patients not responding to invitation • Use Open Easter IT system to check screening status • Posters in waiting room to emphasise importance of screening • Screen prompts and alerts for clinicians to opportunistically raise awareness • Continue to implement changes required due to the merger and adopt where possible a single method • Copy of action plan including status regarding merger • Review the location of the emergency drugs at New House Surgery to ensure they would be readily available • Risk assessment with action plan received	02/09/2019 Action plan received - under review 27/08/2019 Email to practice asking for any action plan put together	Good	03/03/2016
The Molebridge Practice	H81618	Requires improvement	Requires improvement	Requires improvement	Good	Good	Requires improvement	02/08/2019	26/06/2019	The areas where the practice must make improvements are: • Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care • Clinical Audits to be carried out by new Lead GP • CDF searches to be completed monthly, searching via patient's birth month • Safety alerts have a new protocol and are managed when they come in by a member of staff. Logged and accessible to the whole practice • Ensure care and treatment is provided in a safe way to patients • Weekly stock checks implemented • Fridge monitors purchased and in fridges at both sites • Prescriptions locked away and key secure in key safe tin at both sites. A log in prescription book has been created • High shelves removed, clean desk policy implemented • Full recording of cleaning equipment • New protocols for H&S risk assessments • Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties • All relevant details from IMH with regards to personnel now received • New matrix implemented to ensure all necessary checks are complete • Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed and specified information is available regarding each person employed • Enlisting Bluesream for all staff training • The new clinical lead will oversee nursing staff The areas where the practice should make improvements are: • Review how records of staff immunisation status are recorded • Review clinician's registration to ensure this is up to date • Continue to review and improve ways to increase the number of carers • Continue to review and improve ways to increase uptake for cervical screening	02/09/2019 Action plan received under review 02/09/2019 Emailed practice asking if they have now prepared an action plan. 07/08/2019 Practice to send action plan when they have received notice from CQC 06/08/2019 Emailed practice requesting action plan within 14 days	Good	07/03/2019
Shadbolt Park House Surgery	H81656	Good	Good	Good	Good	Good	Good	13/05/2019	27/03/2019	Whilst we found no breaches of regulations, the provider should: • Review training for reception staff in relation to red flag symptoms • Consider ways to increase identification of patients who are registered with the practice as a carer and review information for carers within the waiting area • Continue to review and where possible improve exception reporting • Review if non-prescribing staff require additional consultation time (for example, to see the GP to sign off prescriptions) • Review and continue to monitor cervical smear screening to meet Public Health England screening targets • Review the detail of information recorded for significant events and complete reviews looking for trends	24/05/2019 emailed PM requesting copy of any action plan put together.	Requires improvement	10/08/2018
The Grove (formerly The Lantern Surgery)	H81672	Good	Good	Good	Good	Good	Good	28/02/2019	15/01/2019	Whilst we found no breaches of regulations, the provider should: • Review and continue to monitor cervical smear screening to meet Public Health England screening targets.	24/05/2019 follow-up email sent requesting a copy of action plan. Emailed PM on 10/04/2019 for a copy of any action plan put together.	Good	27/09/2017
Brockwood Medical Practice	H81068	Good	Good	Good	Good	Good	Good	25/10/2016	13/09/2016				
Loith Hill Practice	H81113	Good	Good	Good	Good	Good	Good	24/02/2017	01/02/2017				
Medwyn Surgery	H81072	Outstanding	Good	Good	Outstanding	Outstanding	Outstanding	10/03/2016	09/12/2015				
Capelfield Surgery	H81109	Good	Good	Good	Good	Good	Good	27/03/2017	10/03/2017				
Esher Green Surgery	H81099	Good	Good	Good	Good	Good	Good	14/10/2016	08/09/2016				
Glenlyn Medical Centre	H81078	Good	Good	Good	Good	Good	Good	10/01/2017	08/12/2016				
Thorkhill Surgery	H81086	Good	Good	Good	Good	Good	Good	08/02/2017	20/12/2016				
Ashlea Medical Practice	H81077	Good	Good	Good	Good	Good	Good	31/05/2018	25/04/2018				
Ashley Centre Surgery	H81071	Good	Requires improvement	Good	Good	Good	Good	15/01/2018	05/12/2017				
Cobham Health Centre	H81067	Good	Good	Good	Good	Good	Good	02/07/2018	06/06/2018				
Derby Medical Centre	H81051	Good	Good	Good	Good	Good	Good	26/06/2018	23/05/2018				
Eastwick Park Medical Practice	H81103	Good	Good	Good	Good	Good	Good	31/01/2017	13/12/2016				
Fairfield Medical Centre	H81016	Good	Good	Good	Good	Good	Good	28/06/2018	30/07/2018				
Fountain Practice	H81644	Good	Good	Good	Good	Good	Good	29/06/2016	25/05/2016				
Heathcote Medical Practice	H81070	Good	Good	Good	Good	Good	Good	22/02/2018	17/01/2018				
Integrated Care Partnership	H81133	Good	Good	Good	Good	Good	Good	19/08/2016	01/08/2016				
The Longcroft Clinic	H81080	Good	Good	Good	Good	Good	Good	12/11/2015	10/09/2015				
Nork Clinic	H81011	Good	Good	Good	Good	Good	Good	14/06/2016	05/04/2016				
Oxshott Medical Practice	H81107	Good	Good	Good	Good	Good	Good	09/06/2016	15/03/2016				
St Stephen's House Surgery	H81613	Good	Good	Good	Good	Good	Good	22/02/2018	06/02/2018				
Stoneleigh Surgery	H81074	Good	Good	Good	Good	Good	Good	17/0/2016	04/02/2016				
Tadworth Medical Centre	H81081	Good	Good	Good	Good	Good	Good	29/12/2016	03/11/2016				
Tattenham Health Centre	H81126	Good	Good	Good	Good	Good	Good	25/10/2016	21/09/2016				
Spring Street Surgery	H81091	Good	Requires improvement	Good	Good	Good	Good	12/06/2019	30/04/2019			Inadequate	18/07/2018
Littleton Surgery	H81038	Good	Good	Good	Good	Good	Good	27/02/2019	02/04/2019			Good	02/06/2017
The Vine Medical Centre	H81128	Good	Good	Good	Good	Good	Good	01/03/2019	06/02/2019			Good	13/04/2017

SURREY DOWNS CQC REPORT

30 Practices													
Outstanding													
Good													
Requires improvement													
Inadequate													

Surrey Downs CCG Practices - CQC Inspections	
Good	28
Outstanding	1
Inadequate	0
improvement	1
Total	30

