

Primary Care Commissioning Committee
Chair's Action
31 March 2020

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| Report Title | Deerbrook Surgery – Post-CQC Inspection Action |
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| Governing Body/Clinical Lead(s) | Dr Martin Godfrey - Governing Body Member & Primary Care / Clinical Network Lead |
| Management Lead(s) | Andrew Parker – Director of Primary Care Development |
| CCG Programme | Primary Care Development |
| Purpose of Report | For Chair's Action |
| Summary | <p><u>Summary</u></p> <p>The purpose of this report is to seek approval from the Primary Care Commissioning Committee for the recommendation that Deerbrook Practice be issued with an action plan following the inspection by the CQC on 22 October 2019. Also that this action plan is incorporated into the improvement plan of the business case for the addition of two new partners which is on the same agenda for this meeting.</p> <p>This recommendation is in line with the London Standard Operating Procedure (SOP) for practices rated as Requires Improvement and NHS England's Framework for responding to CQC inspections of GP practices.</p> <p>The Care Quality Commission (CQC) carried out a re-inspection of Deerbrook Practice on 22 October 2019. The CQC report was published on 23 December 2019; click here for a copy of the report: https://www.cqc.org.uk/location/1-506336798</p> <p>The single-handed contractor was rated 'Requires Improvement' in relation to 'Are services safe?', 'Are Services Effective?' and 'Are Services Well-Led?'; and was rated 'Good' in relation to 'Are Services Caring?' and 'Are Services Responsive?'. The contractor received an overall rating of 'Requires Improvement'.</p> <p>There are several issues that have been raised in the report published on 23 December 2019 which are:</p> <ul style="list-style-type: none"> • The practice did not have systems for the appropriate and safe use of medicines. • The practice's performance for cervical cancer screening was below the national target. • The practice's childhood immunisation rates were also below targets. |

- The practice's leadership governance and culture did not always support the delivery of high-quality person-centred care.
- There was a lack of oversight, audit or quality assurance processes being completed by the management team.
- The practice had a clear vision but it was not always supported by a credible strategy to provide high quality sustainable care.
- The practice culture didn't always effectively support high quality sustainable care.
- There was a lack of structured governance which would ensure continuation of set structures and/or systems.
- The practice had systems and processes for learning, continuous improvement and innovation but these were only partial.

Sequence of events

Historic CQC Notices and Contract Action

- Deerbrook Practice was first inspected by CQC on 26 November 2014. The CQC report was published on 23 April 2015 and, at that time the practice was rated 'Good' overall.
- The CQC carried out an announced comprehensive inspection of Deerbrook Surgery on 21 February 2019. As a result of the inspection, the CQC issued two Warning Notices to the contractor on 11 March 2019 where it had been found that the contractor was failing to comply with Regulation 12, Safe care and treatment and Regulation 17, Good governance of the Health and Social Care Act 2008
- Following the CQC issuing the Warning Notices to the contractor, officers from NHS Lambeth CCG and SELPCT met with the contractor on 21 March 2019 to seek assurances and discuss the issues outlined in the Warning Notices, including what steps the contractor had taken/was in the process of taking, to address the issues highlighted. The contractor was advised that he could access support from Lambeth CCG, LMC and GMC.
- The full CQC report that was subsequently issued as a result of the inspection on 21 February 2019 was published on 29 April 2019. The contractor was rated 'Inadequate' in relation to 'Are services safe?', 'Are Services Effective?' and 'Are Services Well-Led?'; the contractor was rated 'Good' in relation to 'Are Services Caring?' and the contractor was rated 'Requires Improvement' in relation to 'Are Services

Responsive?'. The contractor received an overall rating of 'Inadequate' and was placed into 'special measures'.

- The practice became compliant with the requirements in the Warning Notices within the required timescales on 12 June 2019 and was taken out of 'special measures'.

NHS Lambeth CCG and SELPCT visited the contractor again on 13 May 2019 in order to review the published 'Inadequate' report, to assess progress against its action plan and also to review any necessary evidence of contractual actions being undertaken. At the visit the contractor explained the measures he had put in place to address the issues identified by the CQC on 21 February 2019.

- The contractor was issued with a breach notice and a remedial notice on 11 July 2019 following the findings in the CQC inspection report.
- Following a review by subject matter experts (SME), the practice has complied with most of the requirements in the remedial notices however the recommendations from the SMEs were that the contractor needs to embed the high-risk medicines management policy. It was also recommended that the practice be supported by a clinical pharmacist. Officers have requested that the contractor include this recommendation in the action plan as part of the overall business case to request additional new partners. The contractor has agreed to this recommendation and is now considered compliant in relation to the remedial notice for the CQC Inadequate report published on 29 April 2019. A compliance letter has therefore been issued.

Current CQC Report – Published 23 December 2019

- The contractor was re-inspected by CQC on 22 October 2019 and the CQC report was published on 23 December 2019.
- The contractor was rated 'Requires Improvement' in relation to 'Are services safe?', 'Are Services Effective?' and 'Are Services Well-Led?'. These areas were previously rated as Inadequate. The contractor continues to be rated as 'Good' in relation to 'Are Services Caring?'. The contractor was rated as 'Requires Improvement for 'Are Services Responsive?' and was previously rated as 'Good' for this domain. The contractor received an overall rating of 'Requires Improvement', which is an upward movement from the previous rating of 'Inadequate'.
- In line with the Framework for responding to CQC reports and the London Standard Operating Procedure, the CCG and

SELPCT endeavoured to arrange a date to visit the contractor in January and February but the contractor was unable to accommodate this, mainly due to work pressures and staffing issues.

- The contractor has recently engaged with other GPs in Lambeth for support and advanced discussions are underway for two additional GP partners to join the practice. This has been welcomed by Commissioners and a business case, which includes an improvement plan in relation to the recommendations for the historic CQC report, the new CQC report and other wider service improvements, has been prepared by the practice and is included on the agenda for a committee decision.
- SEL Primary Care Team visited the contractor on 10 March 2020 in order to review the published 'Requires Improvement' report, to assess progress against its action plan and also to review any necessary evidence of contractual actions being undertaken. At the visit the contractor and two proposed additional GP partners were also present and they explained the measures they had put in place to address the issues identified by the CQC on 22 October 2019. The contractor reported that they had either put in place measures to address the issues raised or had an action plan in place to resolve the issues. Commissioners noted that the contractor and two additional GP partners were fully engaged in the process and some improvements had already been made. In order to reduce duplication of work by the practice. Officers agreed the reporting period for the actions relating to the CQC issues in the service improvement plan as part of the business case is 28 days, which is the usual period of time given to contractors to respond to an Action Plan.

Rationale for recommendation

The Lambeth Primary Care Joint Committee previously approved the London region Standard Operating Procedure (SOP) for Primary Medical contracts: A consistent approach to responding to Care Quality Commission 'Requires Improvement' ratings. The considerations within this SOP have been used to determine what formal contractual actions, if any, commissioners may recommend to the Lambeth PCCC / Working Group because Deerbrook Practice received a 'Requires Improvement' rating.

The considerations have included:

- **Should contractual action be considered?** When a contractor is in receipt of a CQC report indicating that they

are 'Requires Improvement', they have immediately breached their contract as 'The Contractor shall comply with all relevant legislation and have regard to all relevant guidance issued by the Board or the Secretary of State or Local Authorities in respect of the exercise of their functions under the 2006 Act.' It is therefore reasonable for commissioners to consider further contractual action.

- **Should a breach or remedial notice be issued based on CQC visit report evidence?** As the most recent CQC report lists matters of non-compliance, a breach and/or remedial notice can be considered. However, the Contractor is in advanced discussions with two established local GPs to form a new GP partnership, implement management changes and deliver an improvement plan. The Contractor has been working proactively with the support of the potential GP partners to address the issues highlighted in the CQC report and has demonstrated that progress has been made. Commissioners therefore conclude that contractual sanctions are not deemed reasonable on this occasion.
- **What is the Contractor's track record/contractual history?** Commissioners conclude that considering the full contractual history of this Contractor, which is set out above, discussions that the South East London Primary Care Team and CCG have held with the Contractor and assurances that the contractor and the potential partners have provided to address the remaining issues raised on the CQC, report contractual sanctions are not deemed reasonable.
- **Is it a proportionate response to issue a breach or remedial notice?** Commissioners conclude that considering the contractual history of the contractor, completion of some of the required actions and plan to complete the remaining actions under a new management and staffing structure, contractual action is not deemed proportionate on this occasion. If the PCCC approves the business case for the addition of two partners, any actions to be completed by the contractor will be included in the improvement plan that will be incorporated into the contract variation.

Links and Documents:

CQC Report: <https://www.cqc.org.uk/location/1-506336798>

NHS England Policy Book for Primary Medical Services – Chapter 7 – Contract Breaches and Termination:
<https://www.england.nhs.uk/medical>

NHS England Framework for responding to CQC inspection of GP practices:
<https://www.england.nhs.uk/publication/framework-for-responding-to-cqc-inspections-of-gp-practices/>

Recommendation(s)

The Chair of the Committee is asked to approve the following recommendations:

- that the Contractor be formally required to complete an action plan within 28 days which will be incorporated into a wider improvement plan. The contractor will be required to report on actions relating to the CQC report within 28 days of their business case to add additional partners being agreed.
- The contractor will provide within 28 days:
 - the relevant evidence, included in the service improvement plan, to address the remaining statutory and contractual issues/concerns identified in the CQC inspection on 22 October 2019; and
 - the relevant assurance that the recently updated high-risk medicines protocol has been implemented and that the practice will have the support of a clinical pharmacist in the near future.

Does this report provide assurance to support the vision for the CCG?

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| People centred <input checked="" type="checkbox"/> | Prevention focused <input checked="" type="checkbox"/> | Integrated <input checked="" type="checkbox"/> | Consistent <input checked="" type="checkbox"/> | Innovative <input checked="" type="checkbox"/> | Deliver best value <input checked="" type="checkbox"/> |
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Does this report provide assurance in relation to the following areas of responsibility for the CCG

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| Legal <input checked="" type="checkbox"/> | Engagement <input checked="" type="checkbox"/> | Risk <input checked="" type="checkbox"/> | Financial <input checked="" type="checkbox"/> | Inequalities <input checked="" type="checkbox"/> | |
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Please include relevant risk references here

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All legal, engagement, inequalities, financial and resource implications and any potential or actual risks are set out in detail in the body of this report.