

**PRIMARY CARE CO-COMMISSIONING COMMITTEE MEETING**

<b>Umar Medical Centre (P81683) Care Quality Commission Inspection Report</b>			
<b>Date of Meeting</b>	19 <sup>th</sup> July	<b>Agenda Item</b>	11.1

<b>CCG Corporate Objectives</b>	
Through better commissioning, improve local health outcomes by addressing poor outcomes and inequalities	✓
To work collaboratively to create safe, high quality health care services	✓
To maintain financial balance and improve efficiency and productivity	✓
To deliver a step change in the NHS preventing ill health and supporting people to live healthier lives	✓
To maintain and improve performance against core standards and statutory requirements	✓
To commission improved out of hospital care	
<b>CCG High Impact Changes</b>	
Delivering high quality Primary Care at scale and improving access	✓
Self-Care and Early Intervention	
Enhanced and Integrated Primary Care and Better Care Fund	✓
Access to Re-ablement and Intermediate Care	
Improved hospital discharge and reduced length of stay	
Community based ambulatory care for specific conditions	
Access to high quality Urgent and Emergency Care	
Scheduled Care	
Quality	✓

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**Decision Recommendations**

The Committee should consider all the points highlighted in this report and determined its position in relation to whether the contractor should be issued with the remedial notices in relation to the following areas if appropriate assurances are not gained from the contractor

<b>Clinical Lead:</b>	Dr Malcolm Ridgway
<b>Senior Lead Manager</b>	Mr Peter Sellars
<b>Finance Manager</b>	Mrs Linda Ring
<b>Equality Impact and Risk Assessment completed:</b>	n/a
<b>Patient and Public Engagement completed:</b>	n/a
<b>Financial Implications</b>	
<b>Risk Identified</b>	
<b>Report authorised by Senior Manager:</b>	

## PRIMARY CARE CO-COMMISSIONING COMMITTEE MEETING

## Umar Medical Centre (P81683) Care Quality Commission Inspection Report

## Fusion House

## Primary Care Co Commissioning Committee

**1.0 Background**

- 1.1. Umar Medical Centre (P81683) is a PMS practice with a list size of 8245 (March 2018 data).
- 1.2. The Care Quality Commission (CQC) carried out an announced comprehensive inspection at Umar Medical Centre 3 Lime Street Blackburn Lancashire BB1 7EP on 7 March 2018 in response to concerns raised by members of the public
- 1.3. The CQC has issued requirement notices to the practice due to shortfalls identified in care and treatment and governance of the practice that the practice did not meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Key findings are listed below in point 1.6.
- 1.4. At this inspection the CQC found the practice to be inadequate in the safe, well-led and effective domains and requires improvement for the caring domain.
- 1.5. Overall the practice was rated “inadequate”.
- 1.6. The key findings from the CQC inspection are listed below :

- The CQC found significant gaps in governance arrangements. There were gaps in practice policies and procedures to govern key activities.

- The practice was unable to evidence that and infection prevention and control audit had been completed.

- There was a lack of managerial oversight of training and staff training needs. Appraisals for staff had not been completed regularly.

- Information flow within the practice was largely informal. The practice lacked a meeting structure to formally document the dissemination of any changes to staff.

- The practice lacked a systematic approach to managing and responding to patient complaints.

- There was confusion and dysfunction in how the practice managed incoming post.

The areas where the provider **must** make improvements as they are in breach of regulations are:

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- Ensure care and treatment is provided in a safe way to patients.
  - Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
  - Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- 1.7. On the basis of the ratings given to the practice following the meeting on 7 October 2016 and the concerns identified, the CQC published their report on 19 January 2017 and placed the practice into special measures.
- 1.8. The practice will be placed in special measures for six months. The purpose of special measures is to:
- Ensure that providers found to be providing inadequate care do not continue to do so.
  - Provide a framework within which the CQC will use its enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
  - Provide a clear timeframe within which providers must improve the quality of care they provide or the CQC will seek to cancel their registration.
  - Special measures will give people who use the service the reassurance that the care they get should improve.
- 1.9. The CQC will inspect the practice again in six months to consider whether sufficient improvements have been made.
- 1.10. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, the CQC will take action in line with its enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.
- 1.11. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months and if there is not enough improvement the CQC will move to close the service by adopting the proposal to remove this location or cancel the provider's registration.

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1.12. When a practice is placed into special measures, commissioners should ensure that effective measures are put in place to ensure that patients are aware of the rating and the steps being taken by commissioners and the practice to address this. Support has, therefore, been provided to the practice by the NHS England and CCG communications teams to ensure that patients are kept adequately informed.

1.13. The practice is also obliged to display CQC ratings on the premises and on any practice website.

## 2.0 Policies/Regulations

2.1. The NHS England's Framework for responding to CQC inspections of GP practices outlines the responsibilities and expectation of organisations.

2.2. Where a practice has received a special measures rating, The NHS England Framework proposes that the CCG, NHS England, and the practice should co-develop an 'improvement plan which can be used by the practice to respond to the CQC on the actions being taken. This should also identify how the underlying root issues will be addressed, relevant sources of support and should aim for continual improvement.

2.3. Where the practice does not cooperate or does not share information in this way contractual action should be taken to secure engagement and information from the practice

2.4. In relation to monitoring any improvement plan the framework identifies the following principles:

- Include an early assessment of the extent to which the practice is an effective organisation and all relevant members of the practice team are engaging in the process of improvement and accept their responsibility. NHS England should consider performance issues of GPs that may be associated with the problems found during the inspection.
- Look for signs of any new issues emerging, or other evidence that plans may need to be amended. This is not uncommon during an improvement process, and often indicates that additional root cause analysis may be required.
- Agree at the outset whether, when and how the CCG and NHS England will review the preparedness of the practice prior to re-inspection by the CQC.
- Aim to minimise the burden of monitoring, to ensure the practice is able to concentrate on its improvement work.

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- 2.5. For most practices, matters will be resolved through the development and implementation of improvement plans. There will be occasions, where contractual action is needed to resolve matters either alongside the CQC regulatory arrangements or completely independently from them.
- 2.6. A right for commissioners to take contractual action cannot be established by CQC ratings alone. In the majority of cases where the CQC reports adverse findings commissioners will need to carry out their own review before considering taking any formal contractual action.
- 2.7. In addition, consideration needs to be given to whether any concerns identified raise concerns regarding professional performance of individual GPs (or other clinicians). Any performance concerns would be considered by the Performance Advisory Group convened by the local office of NHS England. This would be in parallel with any contractual action considered by the CCG or further action taken by the CQC.
- 2.8. The main policy and regulatory framework to be referenced in relation to any contractual action which need to be considered is the Primary Care Policy and Guidance Manual (PGM )Part C Section 1 (NHS England November 2017 )
- 2.9. This policy outlines the approach to be taken by NHS England when the General Medical Services (GMS) contract is considered to have been breached. Whilst it is likely that Personal Medical Services (PMS), Alternative Provider Medical Services (APMS) and Specialist Personal Medical Services (SPMS) processes would mirror, in the most part, the policy defined for GMS, there will be some key differences which are highlighted within the document.
- 2.10. This policy outlines the approach to be taken by commissioners when a contract is considered to have been breached. It does not cover the process of investigation, roles and responsibilities leading up to that decision.
- 2.11 The NHS contract regulations make a clear distinction between breaches that are capable of remedy and those which are not.
- 2.12 Breaches may occur as a result of:
- Actual failure to deliver the contract in relation to mandatory or locally agreed clauses
  - Behaviour that gives cause for concern, which may (or may not) lead to a failure to deliver a contract, and which might include

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professional misconduct, inappropriate clinical behaviour or fraud

- 2.13. Where a contractor has been found to have breached the contract and the breach is determined to be capable of remedy then the CCG as commissioner may issue a Remedial Breach notice to the contractor setting out the actions that must be taken to remedy the breach.
- 2.14 Contact should be made with the contractor to discuss the breach with them and outline the action that the CCG is entitled to take i.e. issue a remedial/breach notice
- 2.15 The contractor should be afforded the opportunity to explain the circumstances that lead to the breach. The CCG should then investigate the breach and if it is satisfied that the breach is capable of remedy then the CCG may issue a remedial notice. In this case, the CQC has given the practice a number of opportunities to address the concerns raised and take appropriate action.
- 2.16 Actions covered in points 2.14-2.15 should be completed as quickly as possible. Long delays between the breach occurring and the notice being issued may lead to further complications and in this particular case may have wider implications for patients
- 2.17 A remedial notice needs to specify:
- Details of the breach which lead to the remedial notice being issued
  - The steps the contractor must take in order to remedy the breach to the commissioner's satisfaction
  - The notice period during which steps must be taken
  - Any arrangements for reviewing the matter to ensure that the requirements
- 2.18 The notice period shall be 28 days unless the CCG is satisfied that a period is necessary to protect the safety of the contractors' patients or protect itself material financial loss. The letter should also set out the consequences of the contractor further breaching their agreement. If this results in either a remedial notice or a further breach this entitles the commissioner to serve notice on the contractor terminating the contract.

### 3.0. Current Position

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- 3.1. A review of all concerns highlighted by the CQC report has been undertaken with reference to the contractual requirements of the Personal Medical Services contract in place with the practice.
- 3.2. There are a number of concerns highlighted in the CQC report which cross reference directly to contractual requirements. These are listed below :
  - Infection prevention and control compliance
  - Fire safety and building safety (legionella risk assessment)
  - Complaints procedure
  - Policies and procedures
  - Safeguarding training
- 3.3. The practice has declared full compliance with these areas on the recent electronic declaration completed by the practice (December 2017) .This is not consistent with the findings of the CQC report .
- 3.4. In light of the self-declaration completed by the practice. It is proposed that further urgent assurances are sought in relation to contractual compliance and that contractual notices are issued if appropriate action has not been taken by the practice.
- 3.5. Contractual notices (remedial notices) will be in addition to any requirements stipulated by the CQC.
- 3.6. As discussed and agreed at previous Delegated Commissioning Committee, meetings, remedial notices will be sent to the contractor, based on the items listed in this report.

**4.0 Financial Implications**

- 4.1. There are no financial implications for the CCG identified at this stage.

**5.0 Risks/ Mitigations**

Risks	Mitigations
<p><b>If the practice does not meet the requirements stipulated by CQC this will result in the CQC registration for the practice being withdrawn. This will result in the loss of GP services for the</b></p>	<p>Continued monitoring by both the CCG and NHS England to ensure that the practice will meet CQC requirements.</p>

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<b>practice population.</b>	
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**6.0 Recommendations**

6.1 The Committee should consider all the points highlighted in this report and determined its position in relation to whether the contractor should be issued with the remedial notices in relation to the following areas if appropriate assurances are not gained from the contractor:

- Infection prevention and control compliance
- Fire safety and building safety (legionella risk assessment)
- Complaints procedure
- Policies and procedures
- Safeguarding training

As discussed and agreed at previous Delegated Commissioning Committee meetings, remedial notices will be sent to the contractor, based on the items listed in this report should appropriate assurances not be gained.

Sarah Danson  
Primary Care Manager  
NHS England, Lancashire