


Agenda Item 7

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of NHS Lincolnshire Integrated Care Board

Report to	Health Scrutiny Committee for Lincolnshire
Date:	12 October 2022
Subject:	Lakeside Medical Practice, Stamford – Update

Summary:

This report advises the Committee on Lakeside Stamford’s progress in addressing care quality and patient access issues.

Actions Requested:

The Committee is requested to review and consider the contents of this report.

1. Background

General Background for Lakeside Healthcare, Stamford.

Lakeside Healthcare General Practice at Stamford operates from two sites: Sheepmarket Surgery, Ryhall Road, Stamford and the branch surgery: St Mary’s Medical Centre, Wharf Road, Stamford. Patients can access services from either surgery. The service has an onsite dispensary situated at both sites.

The practice is situated within NHS Lincolnshire Integrated Care System and delivers General Medical Services (GMS) to a patient population of just under 31,000 patients. The Lakeside Healthcare Group has practices across Northamptonshire, Lincolnshire and Cambridgeshire. The organisation’s central support function is situated in Corby, Northamptonshire. The practice is part of Four Counties Primary Care Network (PCN) and the Practice is a Training Practice.

Public Health England report deprivation within the practice population group as nine on a scale of 1 to 10. Level one represents the highest levels of deprivation and level 10 the lowest. The average life expectancy of the practice population is higher than the national average for both males and females (81.4 years for males, compared to the national average of 79 years and 85.5 years for females compared to the national average of 83 years). The National General Practice Profile states that most registered patients are white with approximately 1.2% Asian and 1.5% other non-white ethnic groups. The age distribution of the practice population closely mirrors the local averages. There are slightly more female patients registered at the Practice compared to males.

Due to the enhanced infection prevention and control measures put in place with the pandemic and in line with the national guidance, most General Practitioner (GP) appointments are initially telephone consultations. If the GP or Advanced Nurse Practitioner (ANP) needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery. Other consultation methods such as video calls and advice via email are offered.

June 2021 CQC Inspection outcome.

The final Care Quality Commission (CQC) Inspection Report from the June 2021 inspection was published on the CQC website on the 2 August 2021. The Practice received an overall Inadequate rating, was rated inadequate in 5 out of 6 domains. The Practice was also rated Inadequate for all population groups.

Re-inspection - September 2021

The CQC re-inspected the Practice in early September 2021, the CQC confirmed that the required actions in relation to long-term condition reviews and structured medication reviews have been addressed. However, the CQC served a continued warning notice in September 2021 in relation to section 17, good governance. Specifically, this referenced short comings in clinical and management oversight of staffing, quality assurance and management of the dispensary.

Since the outcome of the initial inspection visit in June 2021, Senior CCG staff met regularly with the Practice throughout 2021 to support with the improvement actions required and receive assurance on progress with the improvement actions. Support visits were provided by the CCG Patient Safety, Safeguarding, Health Protection and Medicines Management Teams. The Lincolnshire Medical Committee (LMC) also provided support.

January 2022

Healthwatch Lincolnshire, on behalf of the CQC, ran a patient survey around Lakeside Healthcare in Stamford which closed at the end of January, receiving over 1,450 responses. There was a high rate of negative responses relating to access and responsiveness.

February 2022 Update

Further follow up meeting between CCG Deputy Director of Nursing and the Practice Manager in February 2022. Practice aware of follow up CQC inspection visit planned for 2 March 2022. Positive assurances provided on progress with outstanding actions, including recruitment position, locum coverage, new appointments, and improved ways of working.

March 2022

The CQC completed a full inspection visit to the Practice in early March 2022.

1 June 2022

The CQC published the March 2022 Inspection Report. Report available via the CQC website. [Lakeside Healthcare at Stamford - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications/2022-03-02-lakeside-healthcare-at-stamford)

Overall, the Practice is rated as **Requires Improvement**.

The ratings for each key question are: Safe – Inadequate; Effective – Requires Improvement; Caring – Requires Improvement; Responsive – Requires Improvement; Well-led – Requires Improvement.

The CQC noted the following:

- The Practice had carried out a significant amount of work to improve the service since the last inspection.
- The Practice still did not have all the effective systems in place for the appropriate and safe use of medicines, including medicines optimisation.
- We were not provided with assurance that sufficient systems and oversight were in place to ensure the dispensaries were adequately and safely managed.
- The process in place for medication reviews and the monitoring of long-term conditions was still not effective.
- Appropriate standards of cleanliness and hygiene were not always met.
- There were still gaps in systems to assess, monitor, and manage risks to patient safety.
- The Practice organised and delivered services to meet patients' needs, although work continued to improve patient experience.
- Leaders demonstrated that they had the capacity and skills, but further work was required to embed systems and processes in order for them to deliver high quality sustainable care.
- Most governance arrangements were now in place, but further work was required to embed these systems and to ensure they were managed effectively.
- Whilst improvements were seen at this inspection, there was still processes that needed embedding and strengthening so the Practice will remain in special measures for a further six months.

June 2022

Clinical Commissioning Group/Integrated Care Board (ICB) senior representatives had a further meeting with the Practice Team at the end of June 22 to ascertain the areas of additional support required by the Practice to ensure the improvements required. LMC are also supporting the Practice. The Practice were very receptive to further support and were disappointed with the outcome of the CQC inspection as they considered they had worked hard to address the improvements required. The Practice perceived their local community to be disenfranchised in part due to historical incidents which had affected that relationship. The Practice reported staff turnover as high, with continued recruitment challenges.

July/August 2022

The ICB offered to support the Practice with development of their PPG, ICB staff have joined PPG members at a drop-in session to speak with patients and get feedback on their experience of the Practice.

The ICB Clinical Lead has offered ongoing support to the GP Partners and clinical staff to enable them to debrief any concerns and to offer any practical advice and guidance.

Support visits from relevant ICB staff to provide direct support in the areas of improvement still required are continuing. An ICB Quality Review and Improvement Action Plan is being agreed with the Practice through a joint working group to define ways of working to ensure the improvements required over the next few months (see Appendix 1). The Practice also continue to submit progress on actions required to the CQC monthly.

Staffing numbers remain a challenge, particularly GP cover since recent GP retirements.

Further work underway to look at access concerns and Doctrin (online consultation platform).

The LMC continue to support the Practice and facilitate a more in - depth review of particular areas to support improvement.

September 2022

The ICB team met Lakeside Stamford on 2 September, and progress against CQC actions was noted alongside the withdrawal of the notice of proposal by the CQC, effectively moving the Practice out of special measures. Further support from the ICB in relation to the PPG, the Practice's dispensary and the ICB independent quality review were discussed.

An ICB pharmacist carried out a site visit on 22 September and reported that the dispensary is operating safely with no concerns raised.

Sarah-Jane Mills, ICB Director for Primary Care, Communities and Social Value, met with the incoming Chief Executive of Lakeside Health Care, Jessica Bawden, on 23 September to discuss the issues the practice faces, reiterate the ICB's support and agree future meetings.

2. Finance and Resource Implications

Any additional capacity required to support improvements will be considered by the ICB. To date support required has been from existing ICB teams e.g., Quality, Safeguarding, Health Protection, Medicines Optimisation Team etc. North West Anglia NHS Foundation Trust provided additional blood test collections to support the Practice's remedial work on patient reviews in 2021. The LMC are also supporting.

3. Legal Considerations and NHS Constitution

The ICB has a statutory duty to engage with patients and the public under section 13Q of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012). The section 13Q duty ensures that the ICB acts fairly in making plans, proposals, and decisions in relation to the health services it commissions and where there may be an impact on services.

The ICB also has a duty to secure the continuous improvement of services.

4. Outline Engagement – Clinical, Stakeholder and Public/patient

There has been communication via the Practice's website and local media to ensure patients and public are kept updated regarding improvement actions. The PPG has been leading on communication campaigns through local media channels e.g., providing information on the flu vaccination campaign. Further Listening Clinics will be facilitated by the ICB within the community.

5. Consultation

This is not a direct consultation item with the Committee. The Committee is being requested to consider the report for information.

6. Conclusion

Progress by Lakeside Stamford in addressing CQC actions is noted and ongoing, the ICB continues to support the practice and monitor activity.

7. Appendices

These are listed below and attached to the report.

Appendix A	Lakeside Stamford – Quality Review and Improvement ICB Action Plan
Appendix B	CQC timeline and ICB engagement up to CQC report Publication 1 June 2022

8. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by the following officers from NHS Lincolnshire Integrated Care Board, who may be contacted via the email addresses listed:

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Lakeside Stamford – Quality Review and Improvement ICB Action Plan

1. Introduction and background

This document sets out NHS Lincolnshire ICB's approach to supporting Lakeside Stamford on addressing quality issues to underpin safe and high-quality patient care and in complying with CQC requirements highlighted during recent inspections.

1.1 Overview

Quality and patient experience issues have been identified at Lakeside Stamford over the last two years, in summary:

- Patients have complained about poor access through the Practice's telephone system and with regards seeing a GP
- Patients have complained about the quality of the care they have received
- The Care Quality Commission have inspected the Practice twice (and reinspected once) in the last 12 Months:
 - Practice initially rated as Inadequate and placed in special measures (August 2021)
 - Practice rated as Requires Improvement more recently (June 2022) – progress noted but remaining in special measures

1.2 ICB engagement with Lakeside Stamford

NHS Lincolnshire Integrated Care Board (ICB) has offered and provided support to the Practice including:

- CQC action plan review and feedback
- Focused support from ICB Patient Safety, Safeguarding and Infection Prevention & Control Teams
- Site visit to provide advice and guidance ahead of the March 2022 CQC inspection
- Medicines Management and Optimisation (MMO) team support with regards addressing dispensary and medication review issues

For more detail on CQC inspections and initial engagement with the ICB please see Appendix A.

The ICB has met with the Practice following the publication of the most recent CQC report and agreed:

- The ICB Quality Team will strengthen their links with the Practice team and ensure that information flows are improved and will provide constructive feedback
- The ICB will arrange for the MMO team to support the Practice
- The South GP Clinical Lead will link with the Practice lead GP and provide some mentoring / coaching and personal support

- The ICB will link with the LMC and arrange for them to continue their support
- The ICB will develop an engagement and communications approach with patients
- The Director of Primary Care, Communities and Social Value will arrange to meet Lakeside's new CEO once they are in post.

The ICB's Quality Team visited the Practice on 7 July 2022 and attended a Practice Quality Meeting on 10 July, this highlighted several issues:

- Doctrin is a good system that would support access, it needs promoting to patients and within the Practice
- Management of non-clinical staff is fragmented
- The New Sheepmarket dispensary is small which impacts on the service
- Collection of blood forms from reception is the main reason people attend the Practice
- IPC compliance could be improved
- Health and Care Support Workers role could be expanded beyond simple tasks
- The PPG does not appear to be operating as a PPG would normally operate and seems to be focussed on monitoring Practice performance

It is worth noting that the recent visit to Lakeside Stamford did not flag any immediate patient safety concerns although the visit wasn't exhaustive. Ongoing work with the Practice will be undertaken to monitor and review patient safety.

1.3 Lakeside Stamford CQC Action Plan

Lakeside shared their most recent Action Plan to address issues identified by the CQC in their most recent inspection with the ICB on 8 July 2022. Development and submission of a plan is a requirement following the inspection and subsequent enforcement by CQC.

Ongoing review of the Action Plan is managed by the ICB Quality Team and is part of their regular site visits.

1.4 Data review

A review of the most recent available performance data for Lakeside has not indicated any significant issues in relation to patient care - overall performance is positive and has shown improvements from 2021/22 in most areas.


Staffing appears to be lower in some areas than other practices although workforce data accuracy in general is a known issue across the County. With regards Lakeside Stamford:


- There is some variation on GP and nurse numbers compared to national and Lincolnshire rates – further analysis is required but, overall, clinical capacity appears lower than other practices
- Dispenser numbers have halved since November from 8 FTE to 4 FTE
- Practice Manger FTE of 5.58 per 100,000 is a third the national rate of 16.79


Lakeside patients more frequently contact NHS 111 when compared to other practices although attendance at A&E is average, this suggests patients are contacting NHS 111 for issues that would normally be dealt with in primary care.


1.5 GP Patient Survey 2022


The most recent survey published on 14 July 2022 indicates that patient experience at Lakeside Stamford is less positive than the ICS and national averages. Respondents describing their experience at Lakeside Stamford as Good is 32% and the lowest in the ICB. Further work will be carried out to analyse the report but a summary is included below.


Where patient experience **is highest** compared with the ICS result 


 **94%** of respondents took the appointment they were offered
ICS result: 96% | National result: 96%


 **80%** of respondents felt their needs were met during their last general practice appointment
ICS result: 91% | National result: 91%

 **72%** of respondents find the receptionists at this GP practice helpful
ICS result: 85% | National result: 82%


Where patient experience **is lowest** compared with the ICS result 


 **14%** of respondents find it easy to get through to this GP practice by phone
ICS result: 54% | National result: 53%


 **32%** of respondents describe their overall experience of this GP practice as good
ICS result: 72% | National result: 72%

 **22%** of respondents are satisfied with the general practice appointment times available
ICS result: 57% | National result: 55%

Comparisons with the local ICS or national results are indicative only and may not be statistically significant.

 **276**
Surveys sent out

 **114**
Surveys sent back

 **41%**
Completion rate

ICB approach to supporting Lakeside Stamford and assuring improvement

2.1 Approach overview

The ICB will balance supporting Lakeside Stamford with ensuring the Practice is owning and addressing quality issues in a timely and effective manner. To support and manage this work the ICB has set up a core group comprising of representatives from:

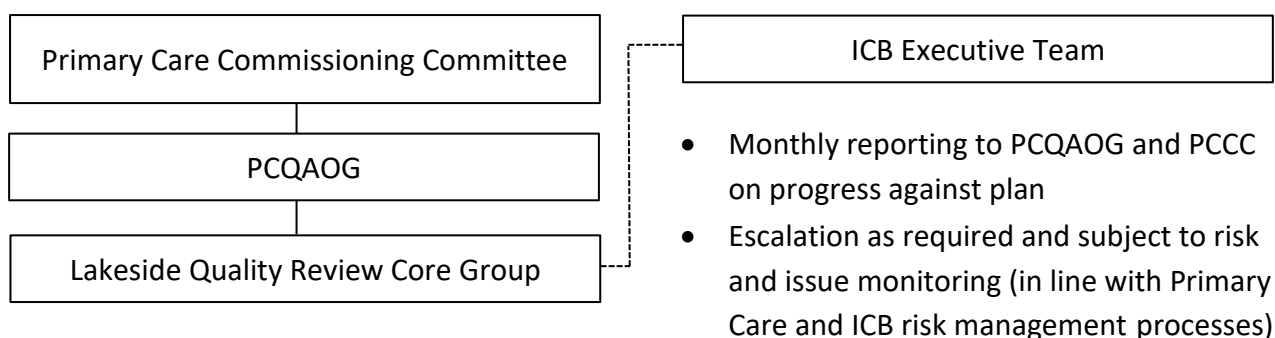
- Primary Care, Communities and Social Value directorate
 - Locality Team
 - Communications and Engagement team
- Quality and Nursing directorate
- Performance Management team
- Medicines Management and Optimisation team

The approach will be closely coordinated with the LMC and CQC.

In summary the approach from the ICB will focus on:

- Providing feedback to Lakeside on their CQC Action Plan
- Monitoring delivery and progress against the CQC Action Plan
- Developing and delivering a comprehensive Quality Review process that goes beyond issues identified by CQC and is informed by independent clinical review
- Supporting patient and public engagement and communications including PPG development

2.2 Governance



2.3 Quality review aims and outcomes

- Patient care, safety and experience are optimised
- Practice resilience and capacity is supported
- Patient-practice relationships are constructive and support positive outcomes

2.4 Scope

The scope of the ICB quality review includes:

- Identifying quality and service delivery issues to be addressed by the Practice
- Identifying any potential breach of contractual obligations
- Clearly articulating ICB expectations in relation care provision and required quality standards
- Providing guidance and advice on how issues could be addressed including opportunities to improve quality, patient experience, workforce resilience and service efficiency
- Reviewing progress against the CQC Action Plan
- Monitoring risk to patient care, contract delivery and potential CQC enforcement action
- Supporting the Practice to develop effective and constructive patient engagement

Out-of-scope:

- Addressing Lakeside Stamford estates issues that do not impact on quality and patient care
- Addressing Lakeside corporate issues / non-Stamford specific issues

2.5 Action plan and timeline

Action	Who	Due	Comments	Status
Review Lakeside CQC action plan	NB/KS	15.07.22		Complete
Attend PPG Drop-In at St Mary's	NB/KG	18.07.22		Complete
Provide feedback to Lakeside <ul style="list-style-type: none"> CQC action plan Quality team site visit 	NB	22.07.22	<ul style="list-style-type: none"> Flag planned ICB Quality Review approach Confirm requirement for timely updates on CQC Action Plan 	Complete
Quality Team site visit – follow up	CS	29.07.22	<ul style="list-style-type: none"> Ongoing dates/schedule agreed Focus on patient safety review 	Ongoing
Initial engagement with CQC and LMC	KS/NB	29.07.22	Engage on Quality Review approach	Complete
Follow up meeting with Lakeside management team	SJM/NB	08.09.22		
Identify Independent Clinical Lead	KS/NB	12.09.22	Support from LMC.	Complete
Confirm Quality Review Team resource	KS	26.09.22		Ongoing
Develop Quality Review approach	KS	14.10.22	Confirm with CQC and LMC	
Finalise Quality Review approach	KS/NB	21.10.22	Core Group approval	
Quality Review approach implemented	KS	28.10.22		
Initial Quality Review report	KS	18.11.22	<ul style="list-style-type: none"> Quality and process issues identified Decision point: contractual action required? 	
Quality Review with Lakeside Management team <ul style="list-style-type: none"> Confirm report outputs Agree on Quality Improvement actions Agree monitoring approach Confirm any formal contractual action 	SJM/NB	25.11.22		
Monthly monitoring review with Lakeside	KS/NB	Ongoing		

CQC timeline and ICB engagement up to CQC report Publication 1 June 2022

Process/timeline

CQC Timeline:

- Nov 2018 – CQC inspected and rated as Good
- Jun 2021 – CQC inspected and rated as Inadequate (all area apart from Caring – Requires Improvement), placed in special measures
 - Three breaches: safe care and treatment; effective governance systems and processes; effective support, training and supervision for staff
 - Other requirements: improve telephone system, develop website, improve links between central and local teams, provide stronger local management, improve staff and public engagement processes
- Sep 2021 – CQC reinspection, rating not reviewed, progress on breach issues noted
 - Ongoing breaches: effective governance systems and processes; effective support, training and supervision for staff
 - Ongoing requirements: develop website, improve links between and central and local teams, ensure appropriate local management in place, continue to develop staff ad public engagement
- Mar 2022 – CQC inspected, rating changed to Requires Improvement (Safe remains Inadequate), significant amount of work noted but ongoing issues (see below for more detail)
 - Two breaches: safe care and treatment; effective governance systems and processes
 - Practice remains in special measures for 6 months (enforcement action indicated if improvements not made – so registration varied or withdrawn)

Pre-report Publication Meeting with Lakeside – 17 May (Lakeside had received a draft report from CQC at this point)

- Lakeside putting in representations to CQC – felt they are being held to a standard beyond GMS requirements (re SMRs)
- Reviewed how Lakeside operates as an organisation
- Lakeside central resource to support with ongoing actions: Group Lead Nurse, Group Pharmacist
- Staff morale very low – patient criticism also impacting and affecting recruitment
- Agreed to coordinate comms across CCG and Lakeside
- New Chief Exec – Jessica Bawden joining from Cambs and Peterborough CCG in September

- Agreed half-day session following report publication to review action plan and look at developing a Population Plan for Stamford (clinical input from Dr Majid Akram)

Mar 2022 reinspection (Published 1 Jun 2022)

- Key points flagged by CQC:
 - Medication reviews still an issue as well as dispensary procedures and capacity, backlog in LTC reviews
 - Gaps in processes to assess, monitor and manage risks to patient safety – so issues with system to record incidents/near misses, learning from them and then sharing with staff
 - Governance systems in place but needed to be embedded (some issues with risk assessments and reviewing patients through clinical audits following updated guidance)
 - Leadership in place but further work needed to embed systems to enable high quality sustainable care

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