

# Agenda Item 9

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>9 November 2022</b>
Subject:	<b>Hawthorn Medical Practice Skegness – Care Quality Commission Report</b>

### Summary:

This report advises the Committee on Hawthorn Medical Practice in Skegness Care Quality Commission (CQC) Report, and the work Lincolnshire Integrated Care Board are doing to support the practice with their improvement plan to address the concerns identified.

### Actions Requested:

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

## 1. Background

### Practice Information

Hawthorn Medical Practice is situated in Skegness with a branch site in Burgh le Marsh. It is one of two providers in Skegness. The practice is situated within the Lincolnshire Integrated Care System and delivers General Medical Services (GMS) to a patient population of about 17,777. This is part of a contract held with NHS England, delegated to the NHS Lincolnshire Integrated Care Board (ICB). The practice list is weighted to 22,958 which reflects the healthcare needs of its patient population. The reason for weighting for patient demographics is that certain types of patients place a higher demand on practices than others. The adjustment for deprivation acknowledges that deprived populations have higher health needs than less deprived populations with a similar demographic profile.

The practice is part of a wider network of GP practices known as a First Coastal Primary Care Network.

The provider is a partnership of eight GPs and is registered with the Care Quality Commission to deliver the following regulated activities:

- diagnostic and screening procedures
- maternity and midwifery services
- family planning
- treatment of disease, disorder or injury
- surgical procedures.

These are delivered from both sites. The team of eight GP partners (6.9 WTE) provide cover at both surgeries. The practice has an advanced nurse practitioner (0.9 WTE), a nurse practitioner (1.0 WTE), four practice nurses (2.7 WTE) and one healthcare assistant (0.85 WTE). They are supported by a team of dispensers, reception, housekeeping and administration staff.

Hawthorn's practice population is strikingly different from the Lincolnshire and England averages. It has the higher numbers of patients aged 65 and over, a higher deprivation score, higher numbers of patients with a long-term condition and the lower numbers aged 18 and under.

Life expectancy for males (75.7) and for females (81.3) is below the England average of 79.5 for males and below the England average of 83.1 for females.

There is a large transient population due to the area being a significant holiday destination which can increase temporary registrations of short term and long-term visitors and workers who are attracted by the seasonal work. Various estimates are given of between 100% and 500% increase in population during the summer.

### Care Quality Commission Inspection

The Care Quality Commission (CQC) visited the practice on 23 August 2022. The inspection team was led by a CQC lead inspector and an additional CQC inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

The practice was rated *Inadequate* overall, with *Inadequate* in the Safety, Responsiveness and Well Led domains and *Requires Improvement* in Effectiveness and Caring. The last review took place in March 2020 when the practice retained its previous rating of *Good*. The CQC has therefore placed the practice in special measures.

The report is attached as Appendix A and the evidence table as Appendix B. Both documents were published on the 30 September 2022 and thus are in the public domain. The practice team did not challenge the report for factual accuracy.

Summary of the findings were as follows:

- The practice did not always provide care in a way that kept patients safe and protected them from avoidable harm.
- There was no effective oversight of dispensary services that provided assurance as to its safety.
- Patients did not always receive effective care and treatment that met their needs.
- The practice had not taken reasonable steps to protect patients and others from the risks posed by healthcare associated infections.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could not access care and treatment in a timely way.
- The provider did not have effective oversight of the systems and processes designed to deliver safe and effective care.
- Governance systems were ineffective.
- Staff did not always have the training, supervision or appraisal required.

### Progress

The Integrated Care Board (ICB) Team, including the Head of Transformation, the GP Clinical Lead and the Deputy Director of Nursing met the Partners and the Senior Leadership Team on 22 September 2022. Assurance was gained that the Team had taken the report seriously and before the team arrived, the whole practice team were being briefed by the Partners. There were some frank and honest discussions, and it was outlined to the team the additional support that could be provided. This included as follows:

- ICB Chief Pharmacist and LIMPS Team's support with the dispensary issues identified.
- Clinical Lead offered a visit to his practice to look at how appointments were managed and triaged.
- Support from a nearby coastal practice that had been through a similar CQC experience recently.
- Urgent support visit from the ICB Health Protection Team to advise on infection, prevention and control.
- Support from the Local Medical Committee Practice Support Team.
- Support from the ICB Primary Care Team.
- Support from the ICB Quality and Nursing Team.
- ICB to support with data analysis for telephone access.
- Access to the Accelerate Programme, which is an NHS England programme to support practices in relation to patient access

The practice has taken some immediate actions around the clinical oversight of the dispensary, recruitment for pharmacy manager and dispensary manager; and put plans in place to increase access to appointments, and infection prevention and control improvements. The ICB team will regular visit and meet with the practice to seek assurance with regards the impact of the practices action plans. Where progress has not been made the ICB team will ensure that further remedial actions are implemented.

The CQC is due to review a copy of the action plan by the end of October. The CQC is also seeking assurance that the practice has taken immediate and urgent action with the items outlined in its enforcement letter and the practice must provide evidence that it is compliant with Regulations 12, 17 and 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 1 December 2022. The practice will be reinspected by the CQC six months following the publication of the report which means the end of March 2023.

The ICB Health Protection visit took place on 5 October 2022 and the practice has identified some key actions that they need to take whilst awaiting the full report.

A progress meeting with the practice took place on 6 October 2022 and an update was given by the practice team on the progress made so far and enable them to identify other support they may need from the ICB and other partners.

On 13 October 2022 members of the ICB Primary Care Team and the ICB Quality Team carried out a site visit to offer continued support with their improvement plan.

On 20 October 2022, a meeting was held with the senior team, including non-clinical team and four of the eight partners. The ICB Clinical Lead and ICB Deputy Director of Nursing and Quality were on site and with other members of the team attended remotely. It was identified at this meeting that a number of key actions had not progressed as anticipated and the practice was advised to make these a key priority.

- One of the actions (visit to the Clinical Lead's own practice) was arranged during the meeting, providing assurance of progression.
- The practice had been advised to contact the Local Medical Committee Practice Support Team as a matter of urgency. As there was some confusion amongst the partners if contact if this had been done by one of the partners who was not present, the practice agreed to pursue further.
- An early draft of the improvement plan was shared and was felt to address the issues that had been identified with clear actions, timescales and accountability outlined. It was agreed that there was still further work to do on this document to pick up all of the actions and the need for more ownership and oversight by all partners was required.
- The team was advised that they needed to improve internal communication to provide certainty of assurance to the ICB and CQC in relation to status of the actions needed to address concerns.
- The practice was reminded that a draft of the improvement plan was expected by the CQC by the end of October.

It is planned that the ICB will hold a remote meeting with the practice senior management team to discuss progress fortnightly and that the Lead Quality Officer and Operational and Delivery Manager linked to the practice will be on site on the alternative weeks. An offer has also been made to the Practice Manager for other face to face or remote support meetings if needed in between the planned meetings as and when required.

## Reporting and Oversight

The ICB has embedded internal reporting structures in place for general practice. Progress will be reported into the monthly Locality Primary Care Quality Assurance and Operational Group and then upwards into the countywide Primary Care Quality and Performance Oversight Group and then into the Primary Care Commissioning Committee, who provide assurance to the ICB Board.

The monthly Primary Care Commissioning Committee will have oversight of delivery against the action plan and will determine if any contractual or other actions are required by Commissioners.

### **2. Consultation**

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

### **3. Key Strategy Documents**

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The National Health Service (General Medical Services Contracts) Regulations 2015
- Primary Medical Care Policy and Guidance Manual (PGM) (May 2022)
- The NHS Constitution for England
- The NHS Long Term Plan 2021

### **4. Conclusion**

The Committee is asked to note that the Hawthorn CQC report has now been published with an overall rating of *Inadequate* which places the provider in CQC special measures. The Committee is also asked to note the support being provided by the ICB and the availability of support from other stakeholders. Further progress reports can be provided to the Committee as requested.

### **5. Appendices**

These are listed below and attached at the back of the report	
Appendix A	Hawthorn CQC Report Published 30 September 2022
Appendix B	Hawthorn CQC Evidence Table Published 30 September 2022

### **6. 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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