# King Edward Street Patient News

#### King Edward Street Medical Practice

## Our CQC Inspection

The inspection found that care outcomes were higher than the national average and that we were performing above average on most clinical outcomes in terms of the national data. In the two key areas of caring and responsive their report rated us a 'good', and throughout the report there was much praise for what we do and how we do it.

For example it said:

- Patient feedback on the appointment system was highly positive
- There was a strong ethos of continuous improvement and learning
- Performance for mental health related indicators was 100% compared to the national average of 93%
- 95% of patients described the overall experience of the practice as good compared to the national average of 85%

Despite such good findings and in spite of the glowing feedback from patients, we were judged as 'requires improvement' in three key areas (safe, effective and well-led) and this determined the overall judgement.

CQC = Care Quality
Commission, the regulator
of health & social care

Whilst we are unhappy and disappointed by these ratings, especially as many of them are inherently related to the difficulties of operating from an old Victorian townhouse as opposed to a modern purpose-built health centre, we have taken all the points on board. We have a plan to address them that we are already in the process of implementing.

For example, we have sought professional input for our Fire Risk Assessment and our Disability Access Audit.

We are confident that when CQC return in six months we will be rated as "good" throughout.

To read the full report itself, click on the link below.



King Edward Street Medical Practice CQC overall rating

Requires improvement

21 December 2016

Feb 2017

Volume 4, Issue 1

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# Our plan for the re-inspection

To read more about what we are doing as a practice to address every single one of the areas identified for improvement by the Care Quality Commission, please turn to p.3.

## Breast cancer screening

CQC were unhappy that breast cancer screening rates amongst our eligible patients was below the national average.

We encourage all patients to accept any screening invitations they receive, and will write to those that don't to remind them.



A lump isn't the only sign of cancer. If you notice any changes in your breasts, tell your doctor straight away.

#### **Breast awareness**

Everyone's breast is different, and your breast can change with age and at different times of the month. It's important to get to know your breast normally look and feel so it will be easier to spot any unusual changes for you.

lt's good to get into the habit of doing this regularly-maybe when you're in the bath or shower, or while getting dressed in the morning.

Love your breast; no one knows your body better than you.



Lump - may not be seen, but might be felt



Skin texture e.g. dimpling / puckering



Appearance or direction of nipple



Nipple discharge



Rash or crusting

#### Touch

- Lump? Either in the breast, upper chest or armpit, does the skin feel lumpy?
- Or unusual thickening of the breast tissue that doesn't go away?
- Is there pain either in the breast or armpit?

#### Check

 Is anything unusual? If so, get it checked out by your doctor as soon as possible.

#### Look

- Change in shape, colour or texture for example one breast might be larger than another or lower doesn't necessary mean any abnormality.
- Nipple is it inverted {turned in} has discharge or points out.
- Rash or crusting nipple or around the area.

It's important that you get to know what your breasts look and feel like —doing so can help to deal with other problems too, that have nothing to do with cancer, such as mastitis, etc. According to Cancer Research UK, 9 out of 10 breast lumps are not cancer. If you'd like to know more visit:

http://www.nhs.uk/Conditions/Breast-lump/Pages/Causes.aspx

### What CQC asked for... and what we've done

CQC wanted bigger more visible chaperone notices.

We have displayed new and bigger chaperone signage.

CQC wanted us to consider purchasing a hearing loop.

We have bought a portable hearing loop.

CQC wanted us to get professional fire safety advice.

We have had Oxfordshire Fire & Rescue Service inspect the premises and we are producing a new Fire Risk Assessment based on their advice. New automatic door closers have been purchased and will soon be fitted.

CQC wanted us to flag patients' notes to highlight particular individual needs to staff. Rather than relying on the staff getting to know patients' particular individual needs — such as any mobility problems they may have — we are conducting an audit and will then programme the computer system to flag them up.

CQC wanted us to undertake a professional Disability Access Audit to identify what reasonable mitigation could be made to address issues such as the narrow and stepped front entry into the surgery from the street.

We have hired some professional consultants to undertake this assessment.

CQC wanted to see better monitoring of patient medication reviews.

We have improved the way these reviews are recorded on the computer system and at time of writing have completed 97% of reviews for patients on 4 or more medications and 76% of reviews for patients on at least 1 repeat medication.

CQC wanted us to demonstrate better planning in the care for patients with learning disabilities to ensure annual physical health checks were undertaken.

We have rectified the coding to more accurately reflect the fact that all four of our patients identified as having a learning disability have either had, or have chosen to decline to have, their annual physical health check.

CQC wanted us to identify a means of improving breast cancer screening rates. Since we told CQC that we already write to all of our patients that decline to accept invitations from the national screening programme, we are not sure what else we can do to improve uptake amongst our patients, many of whom are relatively transitory and do not stay in Oxford all that long. However, we will continue to promote and support national screening programmes.

CQC wanted us to rewrite our vaccine storage protocol to ensure the fridge in reception is never used to temporarily store vaccines when delivered to the practice before being transferred later that day to the dedicated vaccine fridges in the treatment room.

The vaccine storage protocol has been re-written.

CQC wanted us to instigate a prescription logging system to record the serial numbers od prescriptions when transferred into consulting rooms from storage.

We put a prescription logging system in place the day after their visit.

CQC wanted us to add medicine to treat hypoglycaemia to our emergency supplies. We purchased some hypoglycaemia medication the day after their visit.

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# King Edward Street Medical Practice

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We're on the web!

www.kingedwardstreet.

nhs.uk/ppg.aspx

The King Edward St Patient Participation
Group works to improve communication between the Practice and its patients, to ensure
the services on offer truly meet the needs of
all patients.

Anyone and everyone is welcome to join the group, as long as you are registered with the practice and interested in working together to make positive changes for the practice and its patients.

For further information about the group, please contact its Chair, Jack Mahoney (or the Practice Manager)

## Click and easy



Online services give patients the option to book appointments, request repeat prescriptions, see their test results and view their GP records, using their computer, tablet or smartphone rather than having to phone or visit the practice.

Just like online banking, using online services is the easiest and quickest way to view your test results or make an appointment, as there's no need to make a phone call or visit us. Computer, smartphone or tablet users can use these services anywhere in the world – 24 hours a day, seven days a week.

If you are not already registered for GP online services please speak to us about getting set up. All you need to do is complete a short form and show some ID.