

The Broomwood Road Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Are services responsive to people's needs?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the practice on 19 February 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice did not submit their action plan. However we were sent the action plan in June 2016 ahead of the focussed inspection. The practice wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation 17 (2)(a)(e) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this desk-based focussed inspection on 13 June 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements and also where additional improvements have been made following the initial inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Broomwood Road Surgery on our website at www.cqc.org.uk.

Overall the practice was rated as Good following the comprehensive inspection, however they were rated as requiring improvement for responsive services. They were also found to be requires improvement for working age people (including those recently retired and students). Specifically, following the focussed inspection we found the practice to remain as requires improvement for providing responsive services.

Our key findings across all the areas we inspected were as follows:

- Information about services was updated and available in the reception area in relation to appointments and online appointment access.
- The practice had promoted online access to appointments, promoted use of the local GP hub for appointments when the practice was closed and increased availability of pre-bookable appointments.
- However, data from the national GP patient survey indicated on-going difficulties with getting through to the practice by telephone and difficulty booking appointments.
- The practice had gathered feedback from complaints which indicated that there was some improvement in satisfaction with appointments.
- Systems to improve the quality of the services provided and the quality of the experience of service users in receiving those services were not fully in place. There had been no patient satisfaction surveys undertaken since the comprehensive inspection in conjunction with the Patient Participation Group (PPG).

Importantly, the provider must:

- Review systems to improve the quality of the services provided and the quality of the experience of service users by undertaking patient surveys and acting on concerns identified.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services as there was not enough evidence that improvements had been made. Systems to monitor and improve the quality of the service in response to patient feedback were not fully effective. There was evidence of changes to the appointment system since the previous inspection; however, the practice had not measured the impact of this on patient satisfaction. National GP patient survey data was below average for telephone access and getting appointments.

Requires improvement



The Broomwood Road Surgery

Detailed findings

Why we carried out this inspection

We undertook a desk-based focussed inspection of The Broomwood Road Surgery on 13 June 2016. This is because the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008. From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically, breaches of regulation 17 (2)(a)(e) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified.

During the comprehensive inspection carried out on 19 February 2015, we found that the practice did not have clear systems for responding to and acting on patient feedback. Although the practice had reviewed the needs of its local population, it had not put in place a robust plan to

improve the availability of appointments in the service. Feedback from patients reported that they found it difficult to get through to the practice to make appointments and that appointments were not readily available. The practice offered a periodic appointment release system so pre-bookable appointments were released a few days ahead. Same day appointments were not offered, however the practice did offer some urgent appointments which were triaged by the duty GP. Those of working-age found the registration process limiting. The practice was equipped to treat patients and meet their needs. Patients could get information about how to complain in a format they could understand. However, there was no evidence that the practice had made sufficient changes in response to complaints, particularly complaints relating to the availability of appointments in the service.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 19 February 2015 had been made. We inspected the practice against one of the five questions we ask about services: is the service responsive.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

During the comprehensive inspection we found that there was limited improvement in response to patient feedback. However, during the focussed inspection there was evidence that the practice had reviewed feedback from patients via analysing NHS Friends and Family Test (FFT) results and complaints received. NHS FFT results for January to March 2015 showed on average 71% would recommend the practice; compared with the same period for 2016, which showed on average 73% of patients would recommend the practice. Results between May 2015-July 2015 showed that on average 62% of patients would recommend the practice. There was limited evidence that significant improvements had been made with patient satisfaction according to the NHS FFT.

During the comprehensive inspection we found that the practice was equipped to treat patients and meet their needs, however they were constrained by the practice building as there was no lift access. We were shown evidence during the focussed inspection that the practice had secured funding to assist with improvements to the premises including full accessibility.

We found during the comprehensive inspection that up to date information was not always displayed in the waiting area. The practice sent us photographs and evidence of updated information including signage to promote the use of patient online access, signage to advertise the local Bromley Clinical Commissioning Group (CCG) alliance hub for evening appointments and the updated practice leaflet which promoted online services and use of the hub.

Access to the service

Those of working-age found the registration process limiting during the comprehensive inspection as the practice would only accept registration forms during working hours. We found during the focussed inspection from reviewing the website that the practice had made arrangements to accept registration forms outside of working hours.

During the comprehensive inspection, feedback from patients reported that they found it difficult to get through to the practice to make appointments and that appointments were not readily available. The practice

offered a periodic appointment release system so pre-bookable appointments were released a few days ahead. Same day appointments were not offered, however the practice did offer some emergency on the day appointments which were triaged by the duty GP.

During the focussed inspection we reviewed any changes that had been made to the appointment system and appointment availability. The practice told us they had changed the release of pre-bookable appointments so that they were available up to eight weeks in advance. Although the practice reported a reduction in difficulties booking appointments, they had not measured this via patient surveys or satisfaction feedback. The practice had also promoted the use of the extended access hub so that patients could access appointments between 4pm and 8pm and at weekends. They had also promoted the use of online appointment booking to reduce difficulties with booking appointments and getting through to the practice via telephone. The practice reported that they audited the appointment system on a monthly basis, however they were unable to provide evidence of this for the focussed inspection.

Although some small changes had been made to improve access to appointments, GP patient survey data published in January 2016 indicated that patient satisfaction was low. For example:

- 71% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 82% and a national average of 85%.
- 58% would recommend this surgery to someone new to the area compared with a CCG average of 75% and national average of 78%.
- 39% find it easy to get through to this surgery by phone compared with a CCG average of 70% and a national average of 73%.
- 53% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 75% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 86% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.

Are services responsive to people's needs?

(for example, to feedback?)

- 57% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 57% and a national average of 59%.
- 63% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 63% and a national average of 65%.

As the practice had not undertaken any practice surveys to review satisfaction with the appointment system, there was limited evidence to demonstrate that patient feedback had been taken into account with small changes that were implemented since the comprehensive inspection.

Complaints

During the comprehensive inspection we found that there was no evidence that the practice had made sufficient

changes to the quality of the service in response to complaints, particularly complaints relating to the availability of appointments. The practice reported they had received 32 complaints and six of these related to difficulties with appointments for 2014/15. Since the comprehensive inspection we were sent the practice's complaint log which totalled 13 complaints, three of which related to access to appointments and the telephone system. Although the number of complaints related to appointment access had reduced in the last 12 months, from reviewing the complaints log there was no evidence that any lessons were learnt and actions had been taken to try and improve the appointment system further.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not ensure that systems were in place to improve the quality of the services provided and the quality of the experience of service users in receiving those services); and did not act on feedback from relevant persons and other persons on the services provided.</p> <p>This was because the provider had not ensured improvements were made to the accessibility of the service in response to patient feedback.</p> <p>This is in breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>