Wells Park Practice

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

Overall rating for this service	Good
Are services effective?	Good
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 at Wells Park Practice on 17 March 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Wells Park Practice on our website at www.cqc.org.uk.

At our previous inspection on 17 March 2016, we rated the practice as requires improvement for providing responsive services as patient satisfaction with access to the service was below average.

This inspection was a desk-based review carried out on 11 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 17 March 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The provider has taken action on all of the areas we identified for improvement.
- When we inspected in March 2016, patient outcomes, as measured by the Quality and Outcomes Framework (QOF), were below average. Although the data is unverified, the 2016/17 QOF scores showed significant improvement, particularly for people with long-term conditions and poor mental health.
- Survey results published in July 2016 showed that patient satisfaction with access to the service remained below average, despite action from the practice.

Consequently, the practice is still rated as requires improvement for providing responsive services.

The provider should:

- Continue to monitor and take action to improve patient satisfaction with making appointments.

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 effective?

Good 

At our previous inspection on 17 March 2016, we rated the practice as requires improvement for providing effective services as patient outcomes, as measured by the Quality and Outcomes Framework (QOF), were below average.

Although the data is unverified, the 2016/17 QOF scores showed significant improvement when we undertook a follow up inspection on 11 April 2017, particularly for people with mental health or long-term conditions.

Are services responsive to people's needs?

Requires improvement 

At our previous inspection on 17 March 2016, we rated the practice as requires improvement for providing responsive services as survey results showed that patient satisfaction with access to the service was below average.

Survey results published in July 2016 showed that patient satisfaction remained below average. The practice therefore remains rated as requires improvement for providing responsive services.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people
When we inspected in 11 April 2017, the provider had improved its effectiveness and had taken action in relation to responsiveness. These changes affect everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People with long term conditions
When we inspected in11 April 2017, the provider had improved its effectiveness and had taken action in relation to responsiveness. These changes affect everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Families, children and young people
When we inspected in11 April 2017, the provider had improved its effectiveness and had taken action in relation to responsiveness. These changes affect everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Working age people (including those recently retired and students)
When we inspected in11 April 2017, the provider had improved its effectiveness and had taken action in relation to responsiveness. These changes affect everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People whose circumstances may make them vulnerable
When we inspected in11 April 2017, the provider had improved its effectiveness and had taken action in relation to responsiveness. These changes affect everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People experiencing poor mental health (including people with dementia)
When we inspected in11 April 2017, the provider had improved its effectiveness and had taken action in relation to responsiveness. These changes affect everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Wells Park Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector.

Background to Wells Park Practice

Wells Park Practice is an established GP practice in Sydenham, a suburban area of south-east London. The area is well-served by public transport, and there is parking available. The practice provides GP services under a Personal Medical Services contract. They are registered to carry out family planning, maternity and midwifery services, surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury.

There are four GP partners (three male and one female) and four salaried GPs (two male and two female). Some of the GPs work part-time. The working hours added together equate to just over seven full time roles (whole-time-equivalents). Full time doctors work eight sessions per week. The practice has 57 GP sessions per week.

The (all female) nursing team is made up of three practice nurses and two health care assistants. They all work part-time, with all of the nursing hours adding up to just less than two whole-time-equivalents.

The practice trains junior doctors as GPs, and takes nurse practitioners and nursing students for placements. The practice also train apprentices.

Reception is open from 8am to 6.30pm Monday to Friday, and offers extended hours (booked appointments only) on Mondays from 7am to 8am, on Tuesdays 6.30pm to 8.00pm and 8.30 am to 12.00pm on the 2nd Saturday of every month. Outside of these hours, patients are directed to call SELDOC, a co-operative that provides out-of-hours GP care.

The practice has approximately 11600 patients. Compared to other practices in England, the practice has more patients aged up to 14 and people aged 25 – 49. There is a smaller proportion of patients aged 15 – 25 and aged over 50 than at other practices in England. Life expectancy of patients is in line with the local and national averages. The practice population scores highly on national measures of deprivation: 3rd most deprived decile, high on measures of income deprivation affecting older people and children. Compared to the English average, more patients are unemployed and have a long-standing health condition.

Why we carried out this inspection

We undertook a comprehensive inspection of Wells Park Practice on 17 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 17 March 2016 can be found by selecting the 'all reports' link for Wells Park Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Wells Park Practice on 11 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

Detailed findings

How we carried out this inspection

We carried out a desk-based focused inspection of Wells Park Practice on 11 April 2017. This involved reviewing evidence of:

- Patient outcomes as measured by the Quality Outcomes Framework had improved.
- Patient .satisfaction as measured by the national GP patient survey.
- Action that the provider took on other recommendations we made following the inspection on 17 March 2016 .

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 17 March 2016, we rated the practice as requires improvement for providing effective services as patient outcomes, as measured by the Quality and Outcomes Framework (QOF), were below average, particularly for people with long-term conditions and poor mental health.

Although unverified, the 2016/17 QOF data provided by the practice showed significant improvement when we undertook a follow up inspection on 11 April 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

When we inspected in March 2016, the most recent published results (from 2014/15) were 83% of the total number of points available. This was lower than the local and national averages (93% and 95%).

- Performance for diabetes related indicators was below the national average. For example, the percentage of patients with diabetes whose cholesterol was well controlled was 70% compared to the national average of 81%. 70% of patients with diabetes received a flu vaccination, compared to the national average of 94%. The practice exception reporting for diabetes was below the national averages (5%, compared to 11%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.
- The percentage of patients with hypertension who blood pressure was well managed was below the national average (74% compared to 83%). The practice rate of exception reporting was lower than other practices (2% compared to 4% nationally).
- Performance for mental health related indicators was below the national average. For example, only 53% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, compared with a national average of 89%. The practice rate of exception reporting was considerably lower than national average (3%, compared to 11%).

The practice created and followed a structured action plan with the aim of improving patient outcomes as measured by QOF results.

At the time of this inspection in April 2017, the latest published results were those for 2015/16. These showed the practice performance overall had improved, to 88% of the total number of points available, although this was still lower than the local and national averages (94% and 95%).

- Performance for diabetes related indicators was still below than the national average. For example, the percentage of patients with diabetes whose cholesterol was well controlled was 62% compared to the national average of 80%. The practice exception reporting for diabetes was below the national averages (6%, compared to 12%).
- The percentage of patients with hypertension who blood pressure was well managed was below the national average (67% compared to 83%). The practice rate of exception reporting was lower than other practices (2% compared to 4% nationally).
- Performance for mental health related indicators was worse than the national average. For example, 69% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, compared with a national average of 89%. The practice rate of exception reporting was considerably lower than national average (2 patients, meaning 1%, compared to 13% nationally).

We asked the practice for the QOF results submitted at the start of April 2017, which cover the period 2016/17. These are not yet verified or published, but show considerable improvement, to in line with or above national averages for 2015/16.

According to data from the practice, the overall score was 99%. The local and national average scores in 2015/16 were 94% and 95%. Comparative scores for 2016/17 are not yet available.

- All of the 2016/17 practice scores for diabetes care had improved to in line with 2015/16 national averages, and

Good

Are services effective?

(for example, treatment is effective)

exception rates remained low (5% or lower). For example, 79% of patients with diabetes had their cholesterol well controlled (2015/16 national average 80%).

- Data from the practice for 2016/17, showed some indicators for diabetes were above the 2015/16 national average. For example, the practice told us that 85% of patients with diabetes had a last blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less. The national average in 2015/16 was 78%. Based on data from the practice, 99% of patients with diabetes received a flu jab (404 eligible patients, 24 exceptions) and 93% had a recorded foot examination and risk assessment (19 exceptions).
- Based on 2016/17 data from the practice, the percentage of patients with hypertension who blood pressure was well managed was in line with the national average at 86% (2015/16 national average was 83%). The practice rate of exception reporting remained low. 9 patients out of 1464 were excepted, a rate of under 1%.
- Based on 2016/17 data from the practice, performance for mental health related indicators had improved to in line with or better than the 2015/16 national averages. For example, 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented. The national average for 2015/16 was 89%. There was a similar improvement in dementia care planning, as 93% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months. The national average for 2015/16 was 84%.
- According to data from the practice, the rate of exception reporting for mental health indicators remained well below the national average, with zero patients excepted for most indicators. Seven out of 117 patients with schizophrenia, bipolar affective disorder and other psychoses were excepted from the care planning indicator (a rate of 6%). The national average exception rate for this indicator was 13% in 2015/16.

When we inspected in March 2016, we found that not all care plans were appropriately personalised to the individual patients' needs. The practice told us that they audited a sample of care plans, and created a written process for the management of care plans to ensure uniformity in the quality of care plans produced and to ensure they fully met patients' needs. The practice told us that in recent audit of patients on Avoiding Unplanned Admission care plans, all 24 plans reviewed were found to be fully and appropriately completed.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 17 March 2016, we rated the practice as requires improvement for providing responsive services as survey results showed that patient satisfaction with access to the service was considerably below average.

Survey results published in July 2016 showed that patient satisfaction remained considerably below average when we undertook a follow up inspection on 11 April 2017. The practice therefore remains rated as requires improvement for providing responsive services.

Access to the service

National GP patient survey results at the time of the last inspection (results published January 2016) showed that patient satisfaction with how they could access care and treatment was generally below local and national averages. Three hundred and seventy two survey forms were distributed and 111 were returned. This represented 1% of the practice's patient list.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 78%.
- 47% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).
- 13% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 59%).
- 69% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).

The practice took action in response to these concerns, including:

- installed a new phone system
- set up an email address
- changed the appointment system to make more appointments available the same day.
- appointed a Practice Coordinator with specific role to support staff and provide customer service training
- ongoing review of telephone and appointment systems
- introduction of a 'Call Back List', so that patients who didn't get an appointment got a telephone call from a GP.
- Promotion of online access to reduce the volume of calls. including the option to message the practice through the website.
- Proactive home visits for the housebound and patients aged 65 or more with long term conditions and poor mental health if they have not engaged with the practice for 12 months or more.

The practice told us that appointment numbers had increased from 5090 attended in February 2016 to 7546 attended in February 2017 (a 49% increase).

The practice Friends and Family Test results had improved. In February 2016, 65% of patients who responded (75/120) said that they would recommend the practice. In February 2017, 77% (110/143) said that they would.

The most recent national GP patient survey results were published in July 2016, from data collected from July-September 2015 and January-March 2016. Three hundred and thirty nine forms were distributed, and 94 were returned. This represented under 1% of the practice list.

Results showed that patient satisfaction with how they could access care and treatment remained below local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 43% of patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 29% patients said they usually get see or speak to the GP they prefer (CCG average 50%, national average 60%). Note: This is a different measure to the one reported in 2016.
- 60% were able to get an appointment to see or speak to someone the last time they tried (CCG average 71%, national average 76%).

Satisfaction had deteriorated, compared to the previous survey results. However, although the percentage of patients who were able to get an appointment the last time they tried had decreased, there was a similar decrease in the CCG and national figures.