

Albion Health Centre

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 responsive to people's needs?

Good



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 Albion Health Centre on 19 July 2016. The overall rating for the practice was good. The full comprehensive report on the 19 July 2016 inspection can be found by selecting the 'all reports' link for Albion Health Centre on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 5 May 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 19 July 2016. There were concerns that the practice was not responsive to patient feedback on access and waiting times, systems to identify carers needed reviewing, staff did not receive regular appraisals and policies needed to be kept up to date with current guidelines. 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:

- In response to the patient survey results on access to services the practice was trialling a new appointment booking system.

- The practice had changed their telephone system to an internet based system which meant that patients who called to make appointments would be held in a cue rather than getting the engaged tone.
- The practice increased the number of telephone consultations available.
- They had also introduced web based consultations and online appointment booking.
- The practice enquired about carer status in their NHS health checks and chronic diseases/integrated care reviews and then coded the relevant status when the information had been provided opportunistically. The practice had identified 29% of their patient list as a carer. They advise patients that are carers about local resources and the carer's website and also refer to their local network social prescriber who is attached to our practice one day a week.
- Appraisals had been completed for all staff in the last year, the practice were in the middle of this year's appraisals at the time of inspection.
- The child safeguarding policy was up to date.
- The infection control protocol and policy were both up to date.
- Blank prescription forms and pads were securely stored and there was a system in place to record their numbers to monitor their use.

Summary of findings

At this inspection we found that there had been improvements in patient's access to the services, the practice had taken on board patient's feedback and implemented changes such as web based consultations, increased telephone consultations and online booking. Consequently, the practice is rated as good for providing responsive services.

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?

Good



- Results from the national GP survey showed that patient's satisfaction with how they could access care and treatment was lower than some local and national averages. For example, 56% of patients said they could get through easily to the practice by phone compared to the CCG average for 67% and the national average of 73%. This is an improvement on the previous inspection. This percentage showed a two percent increase from the last inspection.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Practice staff reviewed the needs of its local population and implemented changes to improve patient access.
- The practice had changed their telephone system to an internet based system which meant that patients who called to make appointments would be held in a queue rather than getting the engaged tone.
- The practice had increased the number telephone consultations available.
- The practice had also introduced web based consultations and online appointment booking.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.
- 79% (previously 70%) of patients were satisfied with the practice's opening hours compared to the CCG average of 74% (previously 77%) and the national average of 76% (previously 78%).

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

The practice is rated as good for the care of older people. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



Albion Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Inspector.

Background to Albion Health Centre

Albion Health Centre is located in Tower Hamlets, east London. The practice is situated inside a grade two listed building owned by English Heritage, providing GP services to approximately 8,960 patients. Services are provided under a General Medical Services (GMS) contract with NHSE London and are part of the Tower Hamlets Clinical Commissioning Group (CCG). The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

The practice is staffed by four GP partners and one salaried GP. One of the GP partners was the chair of the Locality Commissioning Group. There are two male GPs and three female GPs. The GPs provide 40 sessions between Monday to Saturday. The practice employs one part time nurse independent prescriber, two part time practice nurses, two part time healthcare assistants and one phlebotomist. There are six reception staff, two administrative staff and one practice manager. The practice is an approved teaching practice, supporting undergraduate medical students, they currently have no students.

The practice was open between 8.00am and 6.30pm Monday to Friday, with the exception of Thursday when the practice is closed at 1.00pm. Appointments were from 9.00am to 12.00pm every morning and 3.00pm to 6.00pm

daily. Extended hours appointments were offered between 9.00am and 1.00pm every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The out of ours service was provided by the local Hub, which was available Monday to Friday nights from 6.30pm to 8.00am and on the weekends from 6.30pm on Friday till 8.00am on Monday. All the details were available on the practice website.

The practice has a higher than national average population of people aged 20 to 40 years and a lower than average population of people aged 45 to 85 years and over. Approximately 30% of the practice population is between the ages of 20 to 40 years. Approximately 60% of the practice population are of Bangladeshi origin. Life expectancy for males was 73 years, which is lower than the CCG average of 77 years and less than the national average of 79 years. The female life expectancy in the practice is 82 years, which is the same as the CCG average and one year lower than the national average of 83 years.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

Why we carried out this inspection

We undertook a comprehensive inspection of Albion Health Centre on 19 July 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 in responsive and good in safe, effective, caring and well-led, which gave

Detailed findings

an overall rating of good. The full comprehensive report following the inspection on 19 July 2016 can be found by selecting the 'all reports' link for Albion Health Centre on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Albion Health on 5 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of Albion Health Centre on 5 May 2017. This involved reviewing evidence 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 19 July 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 19 July 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of low survey scores for access and waiting times needed improving.

These arrangements had significantly improved when we undertook a follow up desk-based focused inspection on 5 May 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example; the practice had introduced a social prescribing session one day a week. Social Prescribing is a service that GPs and nurses referred patients to in order to provide patients with additional services and support to improve their health and well-being. The service offered one-to-one appointments where patients talked about their concerns and the factors that affect their health to a specialist who would identify and organise the best assistance, often through local voluntary services.

- The practice offered extended hours on Saturdays between 9.00am and 1.00pm, in particular for working patients who could not attend during weekdays.
- There was an extended hours hub which allowed patients to have access to a seven day service across four hubs from 6.00pm to 10.00pm Monday to Friday and 8.00am to 8.00pm on Saturday and Sunday. Patients could access appointments by calling the practice.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- The practice also offered web based consultations.
- Appointments and prescriptions could be booked and ordered online. The practice has an electronic prescription service (EPS).

- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There was a baby clinic every Wednesday between 1.00pm and 3.00pm. There was an antenatal clinic with the health visitor every Monday and Tuesday by appointment. A Bengali speaking advocate was available on Tuesdays.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday, with the exception of Thursday when the practice is closed at 1.00pm. Appointments were from 9.00am to 12.00pm every morning and 3.00pm to 6.00pm daily. Extended hours appointments were offered between 9.00am and 1.00pm every Saturday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. The practice also offered telephone consultations and web based appointments. The out of hours service was provided by the local Hub, which was available Monday till Friday nights 6.30pm to 8.00am and on the weekends from 6.30pm on Friday till 8.00am on Monday.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed and some were lower than the local and national averages.

The GP national patient survey shows;

- 79% (previously 70%) of patients were satisfied with the practice's opening hours compared to the CCG average of 74% (previously 77%) and the national average of 76% (previously 78%).
- 56% (previously 54%) of patients said they could get through easily to the practice by phone compared to the CCG average for 67% (no change) and the national average of 73% (no change).

Are services responsive to people's needs?

(for example, to feedback?)

- 47% (previously 60%) of patients said they always or almost always see or speak to the GP they preferred compared to the CCG average 51% (previously 70%) and the national average of 59%(previously 76%).
- 77% (previously 60%) of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79%(previously 70%) and the national average of 85%(previously 76).
- 82% (previously 81%) of patients said that the last appointment they got was convenient compared to the CCG average of 86 % (previously 88%) and the national average of 92% (no change).

The practice was aware of the results and whilst there were improvements they were working with the PPG to make further improvements. Since the last inspection the practice had adopted quality improvement procedures

with the assistance of the local CCG, they had prioritised patient access and waiting times and used the data collected from their internet based telephone system to better match the needs of their patient population. The practice restructured their appointments timetable, offered Advanced nurse practitioner appointments, web based consultations and on-line booking of appointments (in accordance to the findings of the patient survey) and offered only the same and next day appointments, the results of a recent Healthwatch survey indicated that their patients preferred this. Their quality improvement process and data analysis showed that the vast majority of patients not turning up for appointments (DNA) were for appointments booked for more than 48 hours in advance. Through adopting this approach the DNA's were reduced from 9% to 3% this meant that fewer appointments were missed and more patients seen.