

# Shifa Surgery

## Quality Report

Bangor Street Health and Community Centre  
Blackburn  
BB1 6DY  
Tel: Tel: 01254 617440  
Website: [www.shifasurgery.co.uk](http://www.shifasurgery.co.uk)

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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 

# Key findings

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## Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on Shifa Surgery on 20 July 2017. The overall rating for the practice was good, although the practice was rated as requires improvement for responsiveness. The full comprehensive report on the July 2017 inspection can be found by selecting the 'all reports' link for Shifa Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 28 March 2018 to confirm that the practice had carried out their plan to make improvements following the last inspection.

The practice is now rated as good for responsive services, and overall the practice is rated as good.

Our key findings were as follows:

- The practice had considered, discussed and taken action to improve patient access.
- At our previous inspection we recommended that comprehensive records of clinicians' professional

registration were kept. For this inspection, the practice sent us evidence of a screen shot of a computer system that had been introduced to monitor and record this.

- At our previous inspection we recommended that the practice carers list should be validated to ensure its correctness. The practice assured us this process continues through checks in clinical consultations and contact with administrative staff.

The areas where the provider should make improvements are:

- Continue work to record and action areas identified in the annual infection control audit in a timely manner.
- Review the latest GP Survey results, when available, to consider the efficacy of the action taken to improve access.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Shifa Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This review was led by a CQC lead inspector.

## Background to Shifa Surgery

Shifa Surgery (Bangor Street Health and Community Centre, Blackburn, BB1 6DY) is located in a purpose built, single story premises in a residential area of Blackburn, close to the town centre. The premises has ample parking spaces and ramped access to facilitate entry to the building for people experiencing difficulties with mobility. We did not visit the practice during this inspection but conducted a desk top review of evidence sent to us by the practice.

The practice delivers primary medical services to a patient population of approximately 5440 people via a general medical services (GMS) contract with NHS England. The practice is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG). The current single-handed GP provider assumed sole control of the practice when the previous senior GP partner left in March 2016.

The average life expectancy of the practice population is slightly below the national averages (77 years for males and 81 years for females, compared to 79 and 83 years respectively nationally).

The practice has a higher proportion of younger patients than the average practice both locally and nationally. For example, 31% of the practice population are aged under 18 years, compared to the local average of 27% and national

average of 21%. Conversely, the practice caters for a lower proportion of older patients; for example just 6% are aged over 65 compared to the local average of 14% and national average of 17%.

Information published by Public Health England estimates that 67% of the practice's patient cohort is of Asian ethnic background.

Information also published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice is staffed by the GP provider (male) along with a long term locum GP (male). In addition the practice employs two advanced nurse practitioners, a practice nurse and a health care assistant. Clinical staff are supported by a practice manager and a team of six administrative and reception staff.

The practice is a teaching and training practice, taking medical students as well as registrars.

The practice is open between 8am and 6.30pm each weekday apart from Monday, when extended hours appointments are offered until 7.30 in the evening.

Surgeries are offered between 8.30am and 12.00 each morning, and between 1.30pm and 4.30pm each afternoon apart from Friday, with Monday evening's extended hours' appointments running between 6.30pm and 7.30pm.

Outside normal surgery hours, patients are advised to contact the out of hour's service by dialling 111, offered locally by the provider East Lancashire Medical Services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **We rated the practice as good for providing responsive services.**

At our previous inspection on 20 July 2017, we rated the practice as requires improvement for providing responsive services as results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

These arrangements had improved when we undertook a desk top review of information submitted. The practice is now rated as good for providing responsive services.

### **Access to the service**

- At the inspection in July 2017, patient feedback results highlighted that improvements were needed in accessing patient care.

When we conducted a review of information sent to us in March 2018 we saw that the practice had taken further action to address and monitor this. The practice told us two staff members had attended a 'GP access: supply and demand course' to obtain new ways of working to be able to continue to address this issue. We saw minutes of a Patient Participation Group (PPG) meeting where issues had been raised and ideas of solutions discussed. For example, promotion of and training on patient online access to reduce the demand on telephone lines. Action already taken by the practice included; a clinical pharmacist employed, an extra member of staff available to take calls at busy times, and a clinical triage system introduced. The PPG was due to meet again in July 2018 to discuss access.