

Glenside Medical 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

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 inspection of Glenside Medical Practice on the 4 November 2016. This inspection was performed to check on the progress of actions taken following an inspection we made on 8 December 2015. During the December 2015 inspection we identified the practice needed to improve the availability of non-urgent appointments by improving telephone access, in line with patient feedback. Following that inspection the provider sent us an action plan which detailed the steps they would take to improve the patient experience. During our latest inspection on 4 November 2016 we found the provider had made the necessary improvements.

This report covers our findings in relation to the requirements and should be read in conjunction with the report published on 25 February 2016. This can be done by selecting the 'all reports' link for Glenside Medical Centre on our website at www.cqc.org.uk

Our key findings at this inspection were as follows:

- The practice had improved the availability of non-urgent appointments by improving telephone access in response to patient feedback.

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 good for providing responsive services.

At our previous inspection in December 2015 we rated the practice as requires improvement for providing responsive services. We found that patients were dissatisfied with the ease of getting through to the practice by telephone and making an appointment.

At our follow-up inspection on 4 November 2016 we looked at areas the practice needed to respond to. Records and information reviewed demonstrated improvements had been made.

Good



Glenside Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our review was undertaken by a CQC Inspector.

Background to Glenside Medical Centre

The practice is situated in the Devon town of Plympton which is approximately five miles from the city of Plymouth. The practice provides a general medical service to approximately 7000 patients of a diverse age group.

Information published by Public Health England rates the level of deprivation within the practice population group as nine on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Public health data showed that 1.6% of the patients are aged over 85 years old which is much lower than the local average (CCG) of 3.1% and the national average of 2.3%.

There are four GP partners who hold managerial and financial responsibility for running the practice, two female and two male. They are also two salaried GPs. They are supported by the practice manager, deputy practice manager, clinical manager, nurse prescriber, practice nurse, a health care assistant, a phlebotomist and additional administration staff. Patients also have access to community nurses, health visitors and midwives. The practice is a training practice for under graduates and post graduates.

The practice is routinely open from Monday to Friday from 8am to 6pm. There are two early morning appointment sessions for patients who work full-time, these are on

Monday and Friday starting at 7am. There are also evening appointments on Mondays and Tuesdays every week from 6.30pm to 7.30pm. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice has opted out of providing out-of-hours services to their own patients and refers them to an out of hour's provider via the NHS 111 service. This information is displayed on the outside of the practice, on their website, and in the patient information leaflet.

Why we carried out this inspection

We carried out this inspection at Glenside Medical Practice on 4 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We visited the practice and reviewed documentation to check on the progress of actions taken following the comprehensive inspection we completed on 8 December 2015.

We inspected the practice, in part, against one of the five questions we ask about services, is the service responsive? This is because the service had previously not met some regulatory requirements. At our previous inspection in December 2015 the safe, effective, caring and well led domains were rated as good. Therefore, these domains were not re inspected at this inspection. As all five domains were not inspected we were not able to rate the population groups at this visit.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice is rated as good for providing responsive services.

At our inspection in December 2015 we found that patients were dissatisfied with the ease of getting through to the practice by telephone and making an appointment. The practice was aware of the problems patients were experiencing, and their overall dissatisfaction when telephoning to make an appointment. They were actively trying to improve this and had received feedback from the patient participation group (PPG).

At this inspection we saw that improvements had been made. The practice had invested in additional telephone lines; they had six whereas previously there were four. Extra management and administrative staff had been made available to take calls during peak times, 8.30am until 10am and 2pm until 2.30pm every day.

An extensive refurbishment had taken place and two new workstations had been fitted in reception. This enabled more staff members to be able to answer phones and book appointments.

The message on the answering machine had been changed and improved. This gave patients more opportunity to obtain key information whilst they were waiting to speak to a staff member.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment had increased although were still lower than local and national averages.

- At the previous inspection 57.6% patients said they could get through easily to the surgery by phone (CCG average 84.4%, national average 73.3%). At this inspection 70% gave a positive answer.
- At the previous inspection 65% patients described their experience of making an appointment as good (CCG average 83%, national average 73% and at this inspection this had increased to 69%.

Overall the percentage of patients who said the last time they wanted to see or speak to a GP or nurse from their GP practice they were able to get an appointment was 81% which was slightly lower than the local (CCG) average of 84% and higher than the national average of 76%.

The practice met with the Patient Participation Group (PPG) in September to discuss the revised telephone facility and access to appointments. The group gave positive anecdotal feedback with regard to access via the telephone being improved. The PPG were going to undertake a survey of patient satisfaction regarding ease of making appointments and waiting times in the Spring of 2017.