

West Malling Group 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 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 West Malling Group Practice on 30 November 2016. The overall rating for the practice was good. The practice was rated as requires improvement for providing responsive services and rated as good for providing safe, effective, caring and well-led services. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for West Malling Group Practice on our website at www.cqc.org.uk.

This inspection was an announced focused desk based inspection conducted on 27 September 2017 to confirm that the practice had carried out their plan to address the

issues identified in our previous inspection on 30 November 2016. This report covers our findings in relation to those improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

 The practice had taken appropriate action to address areas where they should make improvements. They had continued with their action plan in order to help ensure national patient survey results improve.

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.

• Since our inspection in 2016, the practice had improved its systems and processes in order to ensure they continually monitored and reviewed national patient survey results.

Good





West Malling Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector.

Background to West Malling Group Practice

West Malling Group Practice provides primary care services for West Malling, Kent and the surrounding area from three sites in West Malling, Kings Hill and Leybourne. The practice has a patient population of approximately 19,440.

The practice is similar across the board to the national averages for each population group. For example, 47% of patients aged under 18 years compared to the CCG average of 40% and the national average of 38%. Scores were similar for patients aged 65, 75 and 85 years and over. The practice is in one of the least deprived areas of Kent.

The practice holds a General Medical Service contract and is led by six GP partners (five male and one female), who are supported by five salaried GPs (one male and four female), a business manager, a practice manager, an advanced nurse practitioner, five nurses (female), three healthcare assistants (female), a pharmacist, reception and administrative staff. There is a business manager and a practice manager.

West Malling Group Practice is a training practice and has two F2 doctors who are training to become GPs.

Patient areas on all sites are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is open between 8.15am and 6.30pm Monday to Friday at all sites. Appointments at all sites are from

8.30am to 10.30am, 11.30am to 1pm and 4pm to 6pm daily. Extended surgery hours are offered at all sites with GPs from 6.30pm to 8pm and with nurses from 7.30am to 8.30am on Mondays. GP appointments are also available every Saturday from 9.00am to 12pm at Leybourne. There is also a duty doctor available daily for urgent advice. There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

The practice is in the process of making changes to their registration in accordance with the CQC (Registration) Regulations 2009, in order to apply for a new registered manager.

Services are provided from:

- West Malling, Milverton, 116 High Street, West Malling ME19 6NE.
- Kings Hill, 37 Queen Street, Kings Hill, ME19 4JF.
- Leybourne, Avicenna Medical Centre, Oxley Shaw Lane, Leybourne, ME19 5PY.

Why we carried out this inspection

We undertook a focused inspection of West Malling Group Practice on 30 November 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 for providing responsive services. The full focused report following the inspection on November 2016 can be found by selecting the 'all reports' link for West Malling Group Practice on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up desk-based focused inspection of West Malling Group Practice on 27 September 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

How we carried out this inspection

We carried out a desk-based focused inspection of West Malling Group Practice on 27 September 2017. This involved reviewing evidence that:

• Showed how the practice had continued with their action plan in order to help ensure national patient survey results improved.

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 30 November 2016, we rated the practice as requires improvement for providing responsive services because:

- Patients said they did not find it easy to make an appointment with a GP, although the practice had taken steps to address this and urgent appointments were available the same day.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly below local and national averages.
- The practice had taken significant action to ensure they continually monitored and reviewed national patient survey results. However, as it was too early to test the outcome of the new systems embedded, patient survey results remained significantly lower than the local and national averages.

These arrangements had improved when we undertook a follow up desk based inspection on 27 September 2017. The practice is now rated as good for providing responsive services.

Access to the service

We saw that the practice had taken steps to address concerns raised by patients about their ability to telephone the practice and make an appointment. For example, the practice had employed a new business and finance manager who had revised systems and processes and had implemented new ways of working into the practice. For example, the practice were taking part in a pilot called Medical Assistance from October 2017 which in part, will focus on the management of telephone demand and new ways to triage and deal with telephone demand within the practice. Additionally, the practice had recruited three new staff to work as telephonists at times of peak calls into the practice.

The practice had conducted a survey to gather feedback from patients, in order to assess whether accessing an appointment and getting through the practice had improved. The survey had been distributed within the practice. One hundred and five responses were received;

patients were asked 'How do you find being able to get through on the phones recently' the responses showed that 14% gave a response of excellent, 44% responded good, 40% responded fair and 2% responded poor.

Published results from the national GP patient survey July 2017 showed that some improvements had been made. Two hundred and thirty three survey forms were distributed between July-September 2016 and January-March 2017; with 129 being returned (this represented 1% of the practice's patient list).

Results from the national GP patient survey July 2017 showed that patients' satisfaction with how they could access care and treatment remained lower than local and national averages.

- 65% of respondents were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 80%.
- 33% of respondents said they could get through easily to the practice by telephone (CCG average 74%, national average 71%).
- 58% of respondents said they always or almost always see or speak with the GP they prefer (CCG average 80%, national average 70%).

The published results showed that there had been a 3% decrease in the percentage for satisfaction with the practices' opening hours, a 2% increase for getting through to the practice by telephone and a 5% increase for seeing or speaking with a GP they prefer.

We saw from minutes of meetings that the patient participation group (PPG) also supported the practice, in relation to patients accessing the service. The PPG had conducted an analysis of Did Not Attend (DNA) appointments and this showed that the majority of DNAs had occurred when appointments had been booked up to three weeks in advance. As a consequence, the PPG were currently exploring the use of text messaging services in the future, in order to reduce the number of 'Did not attend' (DNA) appointments.

The PPG also had a strong online presence on a social media website. We saw comments and feedback that had been received by the practice and these were both positive and negative in relation to accessing the service and positive in relation to care and treatment received. Feedback from the PPG showed that some patients would



Are services responsive to people's needs?

(for example, to feedback?)

telephone the practice and hang up and call back. It was suggested by the PPG that the automatic answer, which informs a patient which number they are in the phone queue, should be changed in order to inform patients how long they would wait for their call to be answered. This is currently under consideration by the practice management

We looked at the practices results in relation to Friends and Family Test (FFT) results for the period of June to September 2017. During this period, 25 surveys were received by the practice. These showed mixed feedback from patients regarding accessing the practice by telephone, as well as appointment availability, with some saying these had improved and other saying they had not.

The practice had a system to routinely analyse all positive and negative feedback from its own surveys, FFT results. social media comments and NHS choices. We saw that they had implemented an access improvement plan. The plan detailed the practices aim to get call waiting times, including peak times, to five minutes. The improvement plan also detailed how the practice were trialling a system

to analyse appointments booked on the day against the number of calls received. The practice had a duty team who manage around 50-100 patients who call in on the day for immediate treatment. Data from the practices duty team analysis (for the period July to September 2017) showed that all these patients had been consulted, either by telephone or in person. The practice had reviewed its appointment booking system, which was shown to be working well and were monitoring and reviewing other aspects of access to services. For example, patient communication, sign posting to services, the number of call handlers, the distribution of book on the day appointments, as well as pre-bookable appointment availability.

We reviewed the NHS Choices reviews of all the practices within the group and found that since our last inspection of November 2016, eight reviews had been left. Of these, there were two negative and two positive comments in relation to accessing the service by telephone. We saw that all comments had been responded to by the practice.