

OHP – MGS Medical Practice

Inspection report

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www.mgsmedicalpractice.nhs.uk

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January 2020
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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at OHP-MGS Medical Practice on 13 December 2019 and 2 January 2020 as part of our inspection programme.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as good overall and good for the population groups of older people, long-term conditions, families, young people and children, people whose circumstances may make them vulnerable and people experiencing poor mental health (including people with dementia). We rated the population group for working age people (including those recently retired and students) as requires improvement.

We found that:

- The practice had systems to manage risks and had acted on identified risks.
- The cervical screening rates for the practice were significantly below the national minimum uptake and national target.
- The practice uptake for childhood immunisations were below the WHO minimum uptake in two of four immunisation indicators and below the WHO target in all four indicators.
- Staff had the skills knowledge and experience to deliver effective care, support and treatment and worked with other organisations to meet patient care needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.

- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- Staff told us that the management team were approachable and they felt valued and supported in their work.
- There was a good working relationship between the practice and the patient participation group.
- Although there was a focus on continuous learning and improvement at all levels of the organisation there were shortfalls to demonstrate learning and improvement from audits, significant events and complaints.

The areas where the provider **must** make improvements:

- Care and treatment must be provided in a safe way for service users.

The areas where the provider **should** make improvements:

- Continue to monitor and improve the uptake of childhood immunisations.
- Improve the process for recording the investigation, outcomes and learning when reviewing significant events and complaints.
- Improve the documentation of audits.
- Provide patients with information on how to escalate complaints if required.
- Document and analyse the outcome of fire drills.
- Develop competencies for health trainers that clearly define the skills to be assessed.
- Develop a business continuity/major disasters plan that demonstrates how risks to patients, staff and assets in the event of disruption to the service would be mitigated.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Requires improvement	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to OHP - MGS Medical Practice

OHP-MGS Medical Practice is part of the provider at scale organisation Our Health Partnership (OHP). Our Health Partnership (OHP) currently consists of 189 partners across 37 practices providing care and treatment to approximately 359,000 patients. The provider has a centralised team to provide support to member practices in terms of quality, finance, workforce, business planning, contracts and general management, whilst retaining autonomy for service delivery at individual practices. OHP also provides a mechanism by which practices can develop ideas to support the sustainability of primary medical services and provide a collective voice to influence change in the delivery of services locally and nationally. OHP-MGS Medical Practice was added as a location to the provider's Care Quality Commission (CQC) registration in October 2018.

OHP-MGS Medical Practice is the main practice and is based at 191 First Avenue, Wolverhampton, WV10 9SX. The practice has two branch sites known as Bradley Health Centre located at Wallace Road, Bradley, Wolverhampton WV14 8BW and Ruskin Road Surgery located at 30-32 Ruskin Road, Low Hill Wolverhampton WV10 8DJ.

The practice is registered with CQC to carry out the following regulated activities: diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

OHP-MGS Medical Practice is situated within the Wolverhampton Clinical Commissioning Group (CCG) and provides services to 7,700 patients of all ages under the terms of a General Medical Services (GMS) contract. This allows the practice to have a contract with the NHS to deliver general medical services to meet the needs of the local community. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice is part of a wider network of GP practices based in Wolverhampton

Staff working across the main location and two branch sites consist of:

- A GP partner, a salaried GP and three locum GPs who work a total of 26 sessions per week.
- A mental health practitioner, an advanced nurse practitioner and four clinical pharmacists work a total of 38 sessions (6.09 whole time equivalent) per week.

- Three practice nurses, two health care assistants, a phlebotomist and three health trainers. All work part time and provide the equivalent of 144 hours (3.87 whole time equivalent) per week.
- Clinical staff are supported by a business manager who is also a partner at the practice, an office manager and team leader all work full. Six receptionists, three administrators and a read coder also support the day to day operation of the practice.

There are higher than average number of patients under the age of 18 (45%) compared with the national average of 38%. There are fewer patients aged between 18 and 65 (22%) than the national average (34%). The National

General Practice Profile states that 77.8% of the practice population are from a white background and 21.6% of the population originating from Mixed race, Asian, Black ethnic groups. There is a very small percentage 0.6% identified as other race. Information published by Public Health England, rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Additional information about the practice is available on their website:

<https://www.mgsmedicalpractice.nhs.uk>

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met...</p> <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p> <ul style="list-style-type: none">The practice uptake for cervical screening was below the minimum uptake and significantly lower than the minimum target for the national screening programme.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	