Seaton Park Medical Group

Quality Report

Seaton Park Health Centre
Norham Road
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Northumberland
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Seaton Park Medical Group, on 21 October 2014. The overall rating for the practice was good. The practice was rated as good for all of the population groups and good in relation to the key questions of whether the service was safe, effective, caring and responsive. For the key question of whether the service was well-led, the practice was rated as outstanding.

The full comprehensive report on the October 2014 inspection can be found by selecting the 'all reports' link for Seaton Park Medical Group, on our website at www.cqc.org.uk.

We carried out this focussed inspection on 22 August 2017 because the findings of the most recent National GP Patient Survey for the practice, indicated there were lower levels of patient satisfaction with respect to access to appointments, when compared to the local clinical commissioning group and national averages.

Overall the practice is rated as good. Our key findings were as follows:

- Most of the patients we spoke to on the day of the inspection told us they had experienced difficulties getting through to the practice by telephone and obtaining suitable appointments. The practice had continued to receive complaints about access to appointments, although, over the last few months, these had significantly reduced.
- It was evident that, since the last inspection, the provider had made significant efforts to improve the appointments system and telephone access, and that they had a clear strategy to build on these improvements over the next 12 months.
- We found the practice had proactively managed access to care, taking into account patients' needs, including those patients needing same-day access.
- The provider was collaborating closely with the local clinical commissioning group and healthcare trust, as part of the Northumberland 'Vanguard' initiative, to further improve access to appointments.

However, there was an area of practice where the provider needs to make an improvement. The provider should:

- Review the effectiveness of the measures taken to improve the practice's telephone system and patient access to suitable appointments. This review should include an assessment of the impact of these measures on patient satisfaction levels.

Summary of findings

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

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Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Review the effectiveness of the measures taken to improve the practice's telephone system and patient access to suitable appointments. This review should include an assessment of the impact of these measures on patient satisfaction levels.

Seaton Park Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included an expert by experience, as well as a practice manager specialist adviser who provided remote advice before and after the inspection, but who did not visit the practice.

Background to Seaton Park Medical Group

Seaton Park Medical Group provides care and treatment to approximately 18,772 patients of all ages, based on a General Medical Services (GMS) contract. The practice is part of NHS Northumberland clinical commissioning group (CCG) and covers Ashington, Newbiggin, Choppington, Guidepost, Bedlington, Wansbeck, Pegswood, Ellington, Lynemouth, Widdrington Station, Ulgham and Longhirst. The practice has two locations:

- Seaton Park Medical Group, Norham Road, Ashington, Northumberland, NE63 0NG.
- The Newbiggin Branch, Buteland Terrace, Newbiggin by the Sea, Northumberland, NE64 6NS.

We visited the main practice site at Norham Road as part of the inspection.

Information taken from Public Health England placed the area in which the practice is located in the third most deprived decile. This shows the practice serves an area where deprivation is higher than the England average. In general, people living in more deprived areas tend to have a greater need for health services. The practice has fewer patients under 18 years of age, and more patients over 65 years of age, than the England averages. The percentage of people with a long-standing health condition and caring responsibilities is above the England average. National data shows that 1.1% of the population are from an Asian background.

Seaton Park Medical Group is located in purpose built premises which provides patients who have mobility needs with access to ground floor treatment and consultation rooms. The practice team consists of: seven GP partners (three male and four female); six salaried GPs (four female and two male); a senior practice pharmacist (female) and two part-time 'Vanguard' initiative funded pharmacists (also female); two advanced nurse practitioners (female); six senior prescribing practice nurses (female); three practice nurses (female); three healthcare assistants (female); two phlebotomists (female); an orthopaedic practitioner (male); a practice manager; a quality and human resources manager; a support services manager; a patient services manager; and a team of administrative and reception staff. The practice is a training practice and offers placements to GP trainees. There was a GP trainee on placement at the time of our visit.

The practice's core opening hours are:

The Norham Road main practice:

- Monday, Tuesday, Thursday and Friday, 7:30am to 6pm.
- Wednesday, 7:30am to 1pm and 2pm to 6pm. (On Wednesdays, the branch closes between 1pm and 2pm for staff training).
- The practice is also open on the first Saturday of every month, 8:30am to 11:30am.

The Newbiggin branch site:

- Monday, Tuesday, Thursday and Friday, 8:30am to 5:30pm. (The branch is closed between 1pm and 2pm for lunch).

Detailed findings

- Wednesday, 8:30am to 5:30pm.

The usual GP appointment times are as follows:

Norham Road main practice:

Monday to Friday between 7:30am and 12:30am and 2:10pm and 5:30pm.

First Saturday of every month between 8:30am to 11:20am.

The Newbiggin branch:

Monday to Friday between 8:30am and 12:30am and 2:10pm and 5:30pm.

When the practice is closed, a message on the telephone answering system redirects patients to out of hours or emergency services as appropriate. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare Limited, known locally as Northern Doctors Urgent Care.

Why we carried out this inspection

We undertook a focussed inspection of Seaton Park Medical Group on 22 August 2017 under Section 60 of the Head Social Care Act 2008 as part of our regulatory functions and, because the information we use to support our monitoring and decision-making indicated that there were lower levels of patient satisfaction with access to appointments.

How we carried out this inspection

During our visit we:

- Visited the main practice.
- Spoke with a range of staff including: the GP with lead responsibility for patient access, the Quality and HR manager; the practice manager; the patient services manager and the appointments and access officer. We also spoke with 12 patients who used the service.
- Observed how patients were being cared for in the reception area.
- Looked at data and information relating to appointment availability.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Access to the service

We carried out this focussed inspection on 22 August 2017 because the findings of the most recent National GP Patient Survey for the practice, indicated there were lower levels of patient satisfaction with access to appointments, when compared to the local clinical commissioning and national averages.

As part of our preparation for this focussed inspection, we looked at the results of the NHS National GP Patient Survey of the practice, published in July 2017. The survey showed lower levels of patient satisfaction with, for example, telephone access and access to appointments, when compared to the local clinical commissioning group (CCG) and national averages. Of the patients who responded to the survey:

- 40% found it easy to get through to the surgery by telephone, compared to the local CCG average of 76% and the national average of 71%.
- 72% said the last appointment they got was convenient, compared to the local CCG average of 83% and the national average of 81%.
- 73% were able to get an appointment to see or speak to someone the last time they tried, compared to the local CCG average of 86% and the national average of 84%.
- 51% described their experience of making an appointment as good, compared to the local CCG average of 74% and the national average of 73%.
- 60% were satisfied with the surgery's opening hours, compared to the local CCG average of 75% and the national average of 76%.

The feedback received from patients on the day of the inspection reflected the views of some of the patients who had responded to the latest National GP Patient Survey. Most patients told us they had experienced difficulties getting through to the practice by telephone. Some of these patients also said they had found it difficult to obtain a suitable appointment. On the day of the inspection staff told us that they had received a number of complaints from patients who had been unable to obtain the most appropriate clinical appointment that matched with their needs.

During this focussed inspection, we found the provider proactively managed access to care taking into account patients' needs, including those patients needing same-day access. The CCG told us the practice was taking part in the local healthcare trust 'Vanguard' access initiative to improve access to primary care. They said the practice had engaged constructively with their colleagues to find better ways of providing patients with access to suitable appointments.

Staff told us the practice had experienced considerable difficulties replacing clinical staff who had left their employment during 2015 and 2016, which in turn had impacted upon appointment availability. In response, the practice management team had developed a comprehensive access strategy during 2016, which set out how they intended to respond to the staffing challenges they faced, as well as increasing patient demand for appointments. The strategy included details of what staff hoped to achieve such as, for example, increasing skill mix, expanding the clinical team, developing social prescribing, increased use of technology, and optimising appointment usage. It clearly set out what work would need to be carried out to achieve the proposed improvements, who would do this and by when.

Our review of appointment related information and data, and interviews with staff, demonstrated there had been significant changes to how the practice provided access to appointments and responded to the needs of patients requesting same-day care. For example, since our last inspection in 2014, clinical staff had developed a 'Navigator' style appointment system, in which front-line reception staff actively signposted patients to the most appropriate type of appointment provided by the most suitable clinician. This system also helped to ensure that patients presenting with same-day, urgent care needs received a telephone consultation, with a doctor. During this consultation, the patients' needs are clinically assessed and prioritised and, where appropriate, a face-to-face appointment is provided.

Patients with minor ailments were also able to access appointments provided by the daily nurse-led 'X-press' clinic. Patients using this clinic were able to access same-day care and were also able to book appointments to three days in advance.

Other improvements included the appointment of additional clinical practitioners and supporting the

Good

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(for example, to feedback?)

development of existing nurses to expand their skill base. For example, since our previous inspection, a specialist orthopaedic practitioner had been employed, to help improve the care and treatment given to patients with musculoskeletal needs. In 2016, the practice appointed a senior prescribing pharmacist, as well as a 'Vanguard' pharmacist, to carry out medicine reviews, enhance medicine optimisation and improve prescribing quality. Additional advanced nurse practitioners had been appointed and some of the existing practice nurses were receiving support to complete training to enable them to carry out this role.

Administrative staff had also been re-trained to help them take on more specialist roles. With appropriate support, underpinned by streamlined systems and processes, these staff were processing and filtering incoming patient related clinical information, to ensure an appropriate response was made.

We found the practice had been proactive in responding to feedback from secondary care colleagues who had indicated that patients unable to obtain an appointment at the practice had inappropriately attended the local urgent care centre. We saw evidence which confirmed staff had taken appropriate action to address this. This included, for example, providing additional GP clinical hours to take account of increased demand for appointments, due to the closure of the local walk-in centre.

The practice had an effective system for managing patients who did not attend booked appointments. Information about the number of missed appointments was publicised in the patient waiting area. Also, a designated member of staff contacted each person who had missed more than two appointments, to explore the reasons for this and what could be done to help prevent this from happening again. Data supplied to us during the inspection showed a downward trend in the number of missed appointments, over the period April 2016 to March 2017, with the number decreasing from just under 98 in April 2016, to 62 in March 2017.

We were told the provider had arranged for a new telephone system to be installed in September 2017. Staff were very positive about this development as they said it would provide them with real-time management data about the demands being placed on the system. The practice manager told us this new data would enable them to monitor live information about patient demand and enable them to make more informed decisions about resource allocation.

We looked at the practice's appointments system in real-time on the afternoon of the inspection, to check the availability of the next routine appointment. We found that the next routine appointment with an advanced nurse practitioner, or a practice nurse, was available within four working days. The X-press nurse-led clinic had appointment slots available on the day following the inspection for patients with minor ailments. A routine appointment with a GP was available within four working days and consultation slots were available the day after our inspection.

Practice staff were clearly aware that some patients were frustrated at not being able to access an appropriate appointment when they needed one, despite having contacted the surgery on more than one occasion. To help address this, the practice had introduced a system to help ensure the needs of such patients were not overlooked. Staff using the 'Navigator' system now added an alert to the record of a patient each time they called the practice and were unable to obtain an appropriate appointment. On the third time of calling, staff were able to override a same day appointment slot for that day or the next day with a GP of their choice.

From the sample of complaints we viewed, it was evident that staff were keen to learn lessons and make improvements in light of those the practice had received. Data supplied to us showed that, in recent months, there had been a downward trend in the number of complaints received relating to appointment access.

The practice had effective arrangements in place for making sure that there were sufficient clinical staff on duty to cover planned clinical sessions. The clinical rotas were prepared well in advance, by a dedicated member of staff, so that arrangements could be made to provide any necessary additional cover. Clinical staff were expected to plan their leave 18 months in advance, and any unplanned leave was allocated, to help prevent any shortfalls in clinical sessions.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice had compared their performance regarding the number of face-to-face contacts per week they provided per 1,000 patients, with that of an average standardised practice. This had shown they provided a higher than average number of patient contacts.
- Data supplied by the practice also showed the number of full time equivalent (FTE) GPs provided per 1,000 patients was also higher than average practice.

During this inspection we found that some patients still had concerns about the availability of suitable appointments and telephone access to the practice. However, it was evident the provider had made significant efforts to improve the appointments system and telephone access and that they had a clear strategy to build on these improvements over the next 12 months.