

Wheal Northey

Quality Report

1 Wheal Northey
St Austell
Cornwall
PL25 3EF

Tel: 01726 75555

Website: www.staustellhealthcare.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



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 Wheal Northey on 25, 26 and 27 April 2017. The overall rating for the practice was good. The full comprehensive report published in July 2017 can be found by selecting the 'all reports' link for Wheal Northey on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 20 February 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection in April 2017. This report covers our findings in relation to the requirement and also additional improvements made since our last inspection.

Overall the practice is now rated as good for responsive.

Our key findings were as follows:

- Patient feedback was taken seriously and there were systems in place to ensure continuous engagement with people using the services. Several surveys had taken place to obtain patient feedback about the telephone system, satisfaction with nurses and Saturday extended hours opening. The surveys showed a trajectory of improvement in patient satisfaction in all of these areas.

- The appointment system was completely overhauled. Barriers highlighted by patients had been significantly reduced and appointments, numbers of available staff and improved pathways for patients to obtain help for routine matters had increased.
- All requests for routine appointments were now reviewed by the patient's named GP, providing continuity of care that was appropriate, timely and met their needs.
- The practice now had a register of elderly frail patients, which was closely monitored by the clinical team in collaboration with community health and social care workers supporting patients.
- GPs now had a much clearer overview of workflow and were effective in managing the needs of patients based on risk and clinical needs. The skill base of the team had extended with the creation of new roles and recruitment of staff with advanced qualifications to support patients. For example, a newly appointed integrated nurse specialist worked jointly with practice pharmacists reviewing all newly discharged patients to ensure they had appropriate medicines and support in place.
- The system for safety netting two week wait referrals had been reviewed with clear roles and responsibilities for staff in place to reduce any potential risks.

Summary of findings

- Security measures had been reviewed so that prescription paper remained secure at all times.
- Audit was embedded in practice, with many examples seen of completed audits being used proactively to make the necessary changes to improve patient access to appointments through continuous monitoring of capacity and patient demand.
- Succession planning and implementation of GP recruitment and retention was effective, within the context of the severe national shortage of GPs.
- Since the last inspection, new services were made available for patients reducing the need for them to attend secondary health services. For example, the practice now had a bladder scanner as a result of fundraising by the patient participation group, enabling patients to be screened and diagnosed on site.

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 appointment system was completely overhauled. Barriers highlighted by patients had been significantly reduced and appointments, numbers of available staff and improved pathways for patients to obtain help for routine matters had increased.

Good



Wheal Northey

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.
The team included a GP specialist adviser.

Background to Wheal Northey

There have been significant changes for the practice group in recent years including the takeover of an inadequate GP practice. Changes are still underway and improvements are in the process of being implemented. In 2014, the three GP practices in St Austell formed a consortium called St Austell Healthcare (SAHC) to assist with the management and care delivery of a failing practice. At the time, 8,300 patients re-registered with SAHC increasing the total overall register to approximately 31,200 patients. SAHC put systems in place immediately to manage any potential risks, including reviewing all patient records of the failing practice.

Since 2015 the consortium had streamlined its registration with CQC twice. The latest was in March 2017 when St Austell Healthcare was registered as one practice at Wheal Northey. The practice is located on the outskirts of St Austell at Wheal Northey, with about 3% of the people coming from minority ethnic groups. At the last census the practice area population identified themselves as predominantly White British. There are three branch surgeries two of which are located in St Austell and one at Foxhole:

- Wheal Northey, 1 Wheal Northey, St Austell, Cornwall, PL25 3EF (registered location)
- Carlyon Road Health Hub 14 Carlyon Road, St Austell, Cornwall, PL25 4EG (branch)

- Foxhole Surgery Carpalla Road, Foxhole, St Austell, Cornwall, PL26 7TZ (branch)

- Park 19 Bridge Road, St Austell, Cornwall, PL25 5HE (branch)

There were 31,200 patients registered with the practice when we inspected in February 2018. The following regulated activities are carried out at the practice; Treatment of disease, disorder or injury; Surgical procedures; Family planning; Diagnostic and screening procedures.

The practice population area is in the fifth decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. There is a practice age distribution of male and female patient's equivalent to national average figures. Average life expectancy for the area is higher than national figures with males living to an average age of 83 years and females to 86 years. The population of St Austell and Cornwall has a high incidence of chronic disease, economically inactive and unemployment.

The practice has reviewed the skill mix of staff and provides a multidisciplinary approach to care for patients. SAHC employs 94 staff working across four sites, including the main practice at Wheal Northey. There are 11 partners comprising of 10 GPs and a managing partner /executive manager who sit on the partnership board. There are three salaried GPs and two GP retainers. The GP retainer scheme enables GPs to maintain their skills and development with a view to returning to NHS GP practice in the future. The gender mix of GPs is nine males and five females. Together they provide 87 patients sessions per week (10.88 WTE staff).

The GPs are supported by a large team, including an executive manager, a finance and estates manager, operations manager, business support managers, administrative and reception staff. There is a large team of

Detailed findings

nurses led by a nurse consultant and two matrons. The team is organised into urgent and planned care with highly qualified and skilled nurses able to deliver all aspects of care and support for patients. In total, there are 14 qualified nurses and eight healthcare assistants. Six nurses and a clinical pharmacist hold the non-medical independent prescribers qualification and are able to treat patients with minor illnesses. The practice has recruited an emergency care practitioner who works alongside GPs in seeing patients at the practice and carrying out home visits each day to vulnerable patients with complex health needs. A dedicated prescribing team managed by a clinical pharmacist deals with all medicines queries, prescriptions and reviews for patients. This team has recently increased with the addition of a second clinical pharmacist.

Wheal Northey is a teaching and training practice with four approved GP trainers. The practice provides placements for GP registrars training to become GPs. GPs work with the university of Exeter Medical School providing placements for 3rd, 4th and 5th year medical students on the undergraduate programme. Placements are also provided for foundation doctors (FY1 or FY2 is a grade of medical practitioner in the United Kingdom undertaking the two year post graduate Foundation Programme). Wheal Northey is one of a small number of practices in Cornwall able to provide placements for student nurses on the undergraduate programme at Plymouth University.

Patients using the practice have access to community staff including district nurses, health visitors, midwives and mental health workers. The practice has contracts to run several clinics enabling patients to be seen on site. These include an ophthalmology service, where patients with macular degeneration and glaucoma are able to see a consultant ophthalmologist from the Royal Cornwall

Hospital Trust. Shared care arrangements for patients in recovery from substance misuse. The practice has a social prescribing team comprising of onsite Cornwall County Council health promotion officers working collaboratively with the practice own social prescribing co-ordinator to assess and signpost patients to activities and events to promote better health. All activities and events available have been mapped and work is on-going with third party providers to expand these for people living in the St Austell area.

Opening hours at Wheal Northey are currently under review as part of a pilot to improve access for patients. There is

one telephone number for patients to phone into, with options to choose from so that their call is diverted to the appropriate team. The appointment system has been completely overhauled since the last inspection in April 2017. Staff and appointments have been increased and access improved. Patients are able to telephone and request routine appointments any time between 8am and 7.30pm every weekday. Patients are placed on a waiting list for routine appointments and their named GP reviews this information throughout the day assessing and responding to patient needs and clinical risk. The practice is currently running a pilot until 31 March 2018, providing Saturday appointments for patients. Patients can book routine, blood test and cervical smear appointments up to eight weeks in advance via the website.

The branch surgeries are open as follows:

Carlyon Road Health Hub 14 Carlyon Road, St Austell, PL25 4EG (branch) open from 8am to 8pm Monday to Friday. At Carlyon Road Health Hub, patients are able to access urgent care by appointment. There is a duty GP and nursing staff to see patients who need same day appointments.

Park 19 Bridge Road, St Austell, PL25 5HE (branch) open from 8.30 am to 5.30 pm Monday to Friday

Foxhole Surgery Carpalla Road, Foxhole, St Austell, PL26 7TZ (branch) 8.30 to 1pm (Mon, Tue, Thur and Fri) and 8.30 am to 4.30 pm (Wed). There is a Nurse Led Clinic held each Wednesday with a Phlebotomy (blood tests) clinic on alternate Tuesday mornings.

During evenings and weekends, when the practice is closed, patients are directed to dial NHS 111 to talk to the Out of Hours service.

We inspected Wheal Northey and Carlyon Road Health Hub at this inspection.

Why we carried out this inspection

We undertook a comprehensive inspection of Wheal Northey on 25, 26 & 27 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. The full comprehensive report following the inspection published in July 2017 can be found by selecting the 'all reports' link for Wheal Northey on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of Wheal Northey on 20 February 2018. This inspection was carried

out to review in detail the actions taken by the practice to improve the quality of care in regard of access to appointments and to confirm that the practice was now meeting legal requirements.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 25, 26 and 27 April 2017, we rated the practice as requires improvement for providing responsive services as patient access to appointments needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 20 February 2018. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

At the time of the inspection in February 2018, there were 31, 000 patients registered with St Austell Healthcare at Wheal Northey.

Since the last inspection, the practice had carried out a number of changes and completed audits to help inform and monitor progress with improvements to patient appointment access. For example:

- Between September and December 2017 an audit reviewed how long patients were waiting for a call back from their named GP for non-urgent matters. This showed all patients were called back within five working days. The practice then looked in detail at why patients were being added to the routine waiting list for a telephone call. Data demonstrated GPs had improved continuity for patients and there were consistent trends when triaging patients. For example, approximately 10 patients each GP session had a face to face appointment arranged, rather than a telephone consultation, within a given timescale according to risk and clinical need.
- In January 2018 the practice carried out a retrospective audit of GP, nurse and healthcare assistant (HCA) routine appointments. There had been a 35% increase in GP appointments, 19% increase in nurse and HCA appointments available between April 2017 and January 2018.
- Telephone audits were carried out in August, October, November and December 2017. The practice benchmark to answer telephone calls from patients was five minutes. During this period a number of changes were implemented including, daily test calls being undertaken, adjustment of staffing levels, evaluation of content of call and having GP and senior management

presence in call answering areas. The telephone audit covering the first six weeks of 2018 occurred during the period of significant winter pressures on the NHS. Data showed the practice was receiving between 2177 and 3060 telephone calls from patients every week, some 10% of the total patient population registered at the practice. By 5 February 2018, the average wait time for patients was between two and 18 minutes. The majority of patient calls were answered within two minutes. The team had significantly reduced call waiting times for patients, which at the start of the year were between eight and 31 minutes. The practice were looking into ways of improving response times further.

The practice was taking part in a pilot to improve extended access for patients in Cornwall. Patients at the practice were able to access urgent, routine, review and out of hours service appointments at Wheal Northey between 9am and 4pm every Saturday. A patient survey was conducted every week to obtain feedback about the extended hours and results were positive.

We met a representative from the patient participation group (PPG). The PPG representative told us there continued to be some misinformation within the community about access to appointments. The PPG worked collaboratively with the practice meeting with patients to explain changes to the appointment system as well as helping to widely advertise this in the community. For example, during the flu clinics in the autumn 2017 PPG members were based in all the waiting areas giving them an opportunity to talk informally with patients and their carers to receive feedback and provide clarification where necessary.

Feedback was sought continuously from the community. For example, we saw correspondence between the practice and the local Member of Parliament (MP) demonstrating a close working relationship and desire to improve patient experience. In January 2018, the MP wrote to the practice to congratulate the team on their efforts with the community as there had been a significant reduction in complaints received from patients about accessing appointments and increase in positive feedback.

We shared unpublished information we were aware of with the practice about access to appointments. This

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information showed concerns from some patients as well as positive comments. Evidence provided by the practice demonstrated there was a continuous programme of improvement designed to address the concerns raised.

Comprehensive written information about the appointments and prescriptions systems and services was available for patients. Staff and the PPG representative told us the information was given to all new patients. The same information was on the practice website and hard copies placed throughout waiting rooms for patients to take. The information explained patients should expect to be asked questions at the point of contact and would be signposted to the appropriate team and staff so their needs could be met. Business cards now contained information about the choice of phone numbers to use to gain direct access for example to the prescriptions team.

Near patient testing had increased since the last inspection to meet patient needs. This included: access to onsite bladder screening with a newly purchased scanner. Patients normally had to travel to Truro for this procedure and having access onsite meant they avoided this, had more immediate diagnosis and onward referral in place sooner.

Friends and family test data for the 12 months between January 2017 and January 2018 showed a trajectory of improvement. By January 2018, 338 patients out of 374 (90%) were extremely likely or likely to recommend the practice to family or friends.

Timely access to the service

Opening hours at Wheal Northey were under review with the practice taking part in a pilot to improve primary medical access for patients across Kernow. Patients were able to access appointments by phone, online or in person at the practice. We observed these systems during the inspection and found any patients choosing to telephone, were given options to choose from so that their call was diverted to the appropriate team. The appointment system had been completely overhauled since the last inspection in April 2017. Staff and appointments had been increased and access improved. Patients were able to telephone and request routine appointments any time between 8am and 7.30pm every weekday.

Patients were placed on a waiting list for routine appointments with their named GP. GPs told us they reviewed this information throughout the day, assessing

and responding to patient need and clinical risk. Saturday appointments were available for patients who found it difficult to attend during the week. Patients were able to book routine appointments up to eight weeks in advance via the practice website.

We observed staff answering patient calls during the inspection. Staff obtained as much information as possible from patients about their needs to ensure their concerns were handled appropriately. There were two systems in place both triaged by GPs. Urgent patient concerns were reviewed by the duty GP and led to a same day appointment being offered where clinically appropriate. Routine matters were triaged by the patient's own GP who reviewed and decided what action was most appropriate for the patient. Sometimes, the action could be to delegate a task to a receptionist such as for administrative issues.

We saw several examples of incoming calls from patients which they said was a routine matter. We noted staff demonstrated they always followed prescribed pathways and took the safest option escalating concerns to be reviewed by the duty GP for assessment and rapid response. For example, a mother telephoned requesting a prescription change for her baby who was unable to take what had been prescribed. The member of staff was concerned the baby could be unwell and put the information on the duty GP list with a high priority flag for review. We saw this was reviewed within minutes and arrangements made for the mother and baby to be seen the same day.

If the patient request was not urgent, for example asking for a fitness to work note, staff informed the patient they would receive a response within 5 days. We saw staff asked every patient their preferred contact details and availability for a call back. Staff told us six attempts were made to contact the patient, either by their GP or staff tasked to do this on behalf of the GP to convey information. If staff were unable to get in touch with the patient, a letter was sent out advising them of this.

We interviewed two GPs who showed us the waiting list system in operation. They explained the system promoted better continuity as patient concerns and requests were being actioned by their named GP. The GPs explained they constantly reviewed and acted on patient information on their waiting list throughout the working day. We looked at records to determine the outcomes for eight vulnerable patients who could be at risk due to their condition, living

Are services responsive to people's needs?

(for example, to feedback?)

conditions or social isolation. We saw GPs were responsive, prioritising patients according to clinical need and risks. In some instances a patient had requested a telephone consultation, but their GP decided a face to face appointment was appropriate and arranged to take place before the patient expected a call back. We saw examples where GPs had delegated routine matters to other staff across the practice, these included: contacting a patient to inform them a fitness to work note certificate had been issued and was ready for collection.

All of the staff worked in teams and had appropriate training for their roles and responsibilities. For example,

call handling staff had received customer skills and information collection training. Calls were being monitored for training purposes and shared with staff as live examples of what went well and what could be improved to achieve higher levels of patient satisfaction. Nationally recognised active signposting training was planned for March 2018 for all call handling staff. The training aimed to provide receptionists with the necessary skills and experience to transition from basic reception duties to skilled in obtaining and identifying concerning information and appropriately signposting patients for support and advice.