

# St Luke's Primary Care Centre

## Inspection report

Timken Way South  
Duston  
Northampton  
Northamptonshire  
NN5 6FR

Date of inspection visit: 03/10/2018  
Date of publication: 27/11/2018

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

Are services responsive?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at St Luke's Primary Care Centre on 26 October 2017. The overall rating for the practice was good, however, the practice required improvement in relation to how responsive we found it to be. The full comprehensive report on the October 2017 inspection can be found by selecting the 'all reports' link for St Luke's Primary Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a focused follow up inspection which was completed as a desk-based review, carried out on 3 October 2018, to assess whether the practice had improved in the key area of 'Responsive' and made the recommended improvements following concerns that we identified during our previous inspection in October 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice overall rating remains as good.

## Our key findings were as follows:

- The practice had taken action to improve patient satisfaction in relation to access to appointments and had monitored this through surveys and audits.

- Feedback from patients and data reviewed showed some improvements were being achieved to the appointment system, waiting times and getting through to the practice by telephone.
- The practice had taken steps to employ more staff to better meet patient needs.
- Results from the August 2018 national GP patient survey showed that the practice scored below local and national averages in a number of areas. We saw some improvement since the last inspection, however, further improvement was needed in relation to patients' experience of accessing appointments at the practice. The practice provided evidence that this was an area they were continuing to work on.

## The area where the provider should make improvements are:

- Continue to improve levels of patient satisfaction in relation to access to appointments.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

Our inspection was undertaken by a CQC inspector.

## Background to St Luke's Primary Care Centre

St. Luke's Primary Care Centre which is situated at Timken Way, South Duston, Northampton is a GP practice which provides primary medical care for approximately 22,005 patients living in Duston and the surrounding areas. There is a registered manager at the practice.

The service is registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services
- Family planning
- Surgical procedures

St. Luke's Primary Care Centre provides primary care services to local communities under a Personal Medical Services (PMS) contract, which is a locally agreed contract used for providing medical services. The practice population is predominantly white British along with small minority ethnic populations of Asian and Eastern European origin.

The clinical team consists of five GP partners and five salaried GPs (two males and eight females). There are four advanced nurse practitioners and six practice nurses who are supported by two health care assistants. There is a phlebotomist and a clinical pharmacist who is shared with another practice nearby. There is a practice manager

who is supported by a deputy, an operations manager, a site manager and a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice operates out of a two storey building. Patient care is provided on both floors with lift access available to the upper floor. There is a car park outside the surgery with adequate disabled parking available.

The practice is open from 8am until 6.30pm Monday to Friday.

When the practice is closed services are provided by Integrated Care 24 Limited via the 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of St Luke's Primary Care Centre on 26 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall but was given a requires improvement rating for how responsive it was. The full comprehensive report following the inspection from October 2017 can be found by selecting the 'all reports' link for St Luke's Primary Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced desk-based focused inspection of St Luke's Primary Care Centre on 3 October

2018. This inspection was carried out to confirm that the practice had made the recommended improvements that we identified in our previous inspection on 26 October 2017.

# Are services responsive to people's needs?

At our previous inspection on 26 October 2017, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of patient access to appointments needed improvement.

These arrangements had improved when we undertook a follow up inspection on 3 October 2018. However, the practice needed to demonstrate the impact of these improvements to be rated as good for providing responsive services. The practice had implemented a number of changes to improve patient access to appointments, however the National GP Patient Survey remained below the CCG and national averages. The improvements are reflected in their most recent survey, carried out in June 2018.

## Timely access to care and treatment

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients did not consistently have timely access to initial assessment, test results, diagnosis and treatment.
- Improvements had been made to waiting times, delays and cancellations. However, these changes were still being embedded at the practice.
- Patients with the most urgent needs had their care and treatment prioritised.
- The GP patient survey results were below local and national averages for questions relating to access to care and treatment. The practice needed more time to embed the changes they had implemented in order to see the impact of these on patient access.

Since our last inspection in October 2017, the practice had made a number of changes to improve patients' access to appointments. For example, the practice had been working

closely with their Patient Participation Group (PPG) whose membership had increased by 300% since our last inspection, from eight members to 28. Two GPs now attended the PPG meetings and reported back to the staff group to ensure communication was improved and that any required changes were fully implemented. We saw evidence that the practice was implementing a number of positive changes as a result of enhanced engagement with the PPG.

The practice had employed an additional GP and an advanced nurse practitioner to increase capacity of appointments available at the practice. The practice had also employed a prescribing clinical pharmacist to directly help with prescription problems.

The reception team had been re-organised to ensure efficiency in how calls were handled and how quickly people were responded to. We saw evidence that this had been well received by patients through patient feedback collected by the practice. However, further changes were being considered in relation to the telephone system and there were on-going issues with how quickly people were able to access the practice by telephone.

The practice completed their own patient satisfaction questionnaire in June 2018 that looked at access and appointments. They had received 116 patient responses which equated to approximately 0.5% of the practice population. The questionnaire was designed to monitor and assess the improvements implemented at the practice. These provided positive responses and the practice reported high satisfaction levels when patients were asked about access to appointments.

**Please refer to the evidence tables for further information.**