

Springfield Medical 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 safe?

Good



Are services responsive to people's needs?

Requires improvement



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 Springfield Medical Practice on 26 July 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Springfield Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 18 July 2017 to confirm that the practice had carried out their plan to address the areas that were rated as requires improvement that we identified in our previous inspection on 26 July 2016. This report covers our findings in relation to those areas and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had introduced a new system to keep training records under review to ensure staff received refresher training at appropriate intervals. Training records and certificates indicated staff training was

up to date. This included training for basic life support (BLS), safeguarding for children and vulnerable adults, moving and handling and equality, diversity and human rights (EDHR).

- Shortly after our inspection on 26 July 2016, the practice had implemented systems for monitoring patients prescribed disease-modifying anti-rheumatic drugs and monitoring responses to safety alerts. We saw evidence the practice had continued to review these areas to ensure they were working effectively.
- The practice had started work to improve patient access to appointments by making changes to the appointment system. They had introduced an enhanced extended hours service by joining the service provided by the local GP federation. However, these improvements had not been reflected in the data gathered for the latest National GP Patient Survey published on 7 July 2017.
- The practice had taken action to identify and register carers so that they may be offered appropriate support. At the time of our inspection on 26 July

Summary of findings

2016, 0.6% of patients were registered as carers. During our follow-up inspection on 18 July 2017, we saw the practice had identified 2.6% of the patient list as carers.

- A new range of printed information was available for carers and had been given to all new and existing carers.
- The practice continued to review initiatives to reduce higher than average levels of exception reporting (particularly with mental health related indicators) and these levels had decreased to bring results closer to the local and national averages. For example, the most recently published results (for 2015/2016) demonstrated that exception reporting for mental health related indicators was 13% against a Clinical Commissioning Group (CCG) average of 9% and the national average of 11%. This had improved from 22% for 2014/2015.

However there was an area where the practice still needs to make improvements.

The provider should:

- Continue to take action to improve patient access to appointments.

At our previous inspection on 26 July 2016, we rated the practice as requires improvement for providing responsive services. Patients' satisfaction with how they could access care and treatment was significantly below local and national averages, although the practice had recognised this and had begun implementing measures to improve. At this inspection we found that patients' satisfaction in this area had deteriorated further over the subsequent 12 months in spite of the actions the practice had taken so far. The practice is still rated as requires improvement for providing responsive services.

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 safe?

The practice is rated as good for providing safe services.

Good



- The practice had an appropriate procedure in place to monitor patients who received high-risk medicines. These patients were regularly reviewed.
- There was a system for responding to safety alerts and we saw evidence that recent alerts had been actioned. There was a formal system to monitor whether alerts had been dealt with.
- Staff were fully up to date with safeguarding refresher training relevant to their role for children and vulnerable adults. All staff had also received training in basic life support.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

Requires improvement



- The practice had taken action to improve patient access to appointments by making changes to the appointment system and had introduced an enhanced extended hours service by joining the service provided by the local GP federation.
- Patients' satisfaction with how they could access care and treatment was still significantly below local and national averages, although the practice had recognised this and had begun implementing measures to improve. At this inspection we found that patients' satisfaction in this area had deteriorated further over the subsequent 12 months in spite of the actions the practice had taken so far. This was reflected in the National GP Patient Survey results which were published on 7 July 2017, although the results from the latest practice patient survey (July 2017) showed some improvement.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safety identified at our inspection on 26 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. Improvements are still needed in the responsiveness of the practice's services.

Good



People with long term conditions

The provider had resolved the concerns for safety identified at our inspection on 26 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. Improvements are still needed in the responsiveness of the practice's services.

Good



Families, children and young people

The provider had resolved the concerns for safety identified at our inspection on 26 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. Improvements are still needed in the responsiveness of the practice's services.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety identified at our inspection on 26 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. Improvements are still needed in the responsiveness of the practice's services.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety identified at our inspection on 26 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. Improvements are still needed in the responsiveness of the practice's services.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety identified at our inspection on 26 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. Improvements are still needed in the responsiveness of the practice's services.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to take action to improve patient access to appointments.

Springfield Medical Practice

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 Springfield Medical Practice

Springfield Medical Practice serves the Keresley area on the north west side of Coventry. It operates under a General Medical Services (GMS) contract with NHS England. A GMS contract is one type of contract between general practices and NHS England for delivering primary care services to local communities.

The practice was first established in the 1930s and is currently based within the Keresley Green Medical Centre constructed in 2006, where it shares modern purpose built facilities with another practice. The building has accessible facilities for patients with disabilities. Springfield Medical Practice has a patient list size of 7,170 including a small number of patients who live in three local care homes. Springfield Medical Practice is a training practice which has qualified junior doctors working under the supervision of the GPs.

The patient population demographics attending Springfield Medical Practice are broadly in line with national averages, with a below average number aged 20 to 40. Levels of social deprivation are average. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is

above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. For example, the practice offers minor surgery, remote care monitoring and unplanned admissions.

The clinical team includes five GP partners (two male and three female), two trainee GPs (one male and one female), three practice nurses, one healthcare assistant and one phlebotomist (a person who takes blood samples).

Springfield Medical Practice offers appointments from 8.30am to 6.30pm from Monday to Friday. From 8am to 8.30am the practice telephone system diverts any calls to the West Midlands Ambulance service. There are further arrangements in place to direct patients to out-of-hours services provided by NHS 111 when the practice is closed. Extended hours appointments are available through the local GP federation and these appointments are available at a number of local practices from 6.30pm to 9.30pm from Monday to Friday; from 9am to 2pm on Saturdays and from 9am to 1pm on Sundays.

In the 12 months before our inspection in July 2017, the practice had been through a very challenging time. This included the loss of long-established GP partners, long term sickness amongst the clinical staff and bereavement which had affected the performance of the practice. In the 12 months since this inspection, the practice has recruited two new GP partners.

Why we carried out this inspection

We undertook a comprehensive inspection of Springfield Medical Practice on 26 July 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.

Detailed findings

The full comprehensive report following the inspection in July 2016 can be found by selecting the 'all reports' link for Springfield Medical Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Springfield Medical Practice on 18 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our inspection we:

- Interviewed a number of staff who were present on the day including GPs and the practice manager.
- Reviewed information provided by the practice prior to the inspection.

Are services safe?

Our findings

At our previous inspection on 26 July 2016 we rated the practice as requires improvement for providing safe services. The arrangements regarding protecting patients were not adequate in terms of monitoring the following areas:

- Reviewing patients who received certain high risk medicines.
- Monitoring responses to patient safety alerts.
- Keeping training records under review to ensure staff received refresher training at appropriate intervals. Not all staff had received training for basic life support (BLS), safeguarding for children and vulnerable adults, moving and handling and equality, diversity and human rights (EDHR).

Overview of safety systems and processes

The follow up inspection showed that improvements had been made:

- The practice had a number of patients who were prescribed high risk medicines, such as warfarin (a

blood thinning medicine), and disease-modifying anti-rheumatic drugs (DMARDs). These are a group of medicines that decrease pain and inflammation. The practice had shared care agreements in place for these patients, who also received treatment from specialists in their particular illness. For example, patients prescribed warfarin were invited for a bi-monthly blood test at a local hospital to monitor their response to the medicine. To ensure that patients prescribed high risk medicines were being monitored appropriately, the practice carried out a search every two months to verify whether blood test results had been received. The practice had implemented a system to monitor patients prescribed DMARDs shortly after our inspection in July 2016.

- The practice had introduced an appropriate system for monitoring patient safety alerts and ensuring they had been appropriately actioned.
- All staff had received safeguarding training for children and vulnerable adults.

Arrangements to deal with emergencies and major incidents

- All staff had received training for basic life support (BLS).

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 26 July 2016 we rated the practice as requires improvement for providing responsive services. The practice needed to take action to improve patient access to appointments.

Access to the service

The follow up inspection showed that the practice had taken action to improve in this area:

- The practice had improved patient access to appointments by making changes to the appointment system. For example, additional on the day appointments had been made available and GP sessions had been re-distributed to meet peaks in demand during the week.
- Text message reminders for appointments were introduced to reduce the number of missed appointments.
- Routine appointments now lasted for 12.5 minutes instead of 10 minutes to reduce occurrences of appointments being delayed.
- The automated patient check-in system was replaced with a new more efficient system. This had reduced the time reception staff were taking to book-in patients and enabled them to be more efficient at answering telephone calls and dealing with other patient enquiries.
- Dedicated telephone appointments were introduced for GPs to book directly themselves to follow-up on test results to reduce the number of face-to-face appointments used for these.
- The practice introduced an enhanced extended hours service by joining the service provided by the local GP federation. These appointments were available at a number of local practices from 6.30pm to 9.30pm from Monday to Friday, from 9am to 2pm on Saturdays and from 9am to 1pm on Sundays.

The latest National GP Patient Survey published in July 2017 had 292 surveys sent out, 117 received back. This was a 40% completion rate and represented 1.6% of the practice population.

These results showed that the practice's performance in this area had deteriorated over the previous 12 months. For example:

- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 84%, compared with a practice rate of 71% at the time of our inspection in July 2016.
- 48% of patients said they could get through easily to the practice by phone compared to the CCG and national averages which were both 71%, compared with a practice rate of 55% at the time of our inspection in July 2016.
- 62% of patients said the last appointment they got was convenient compared to the CCG average of 79% and the national average of 81%.
- 48% of patients described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.
- 81% of patients described the receptionists at this surgery as helpful compared to the CCG average of 85% and the national average of 87%.

The practice had introduced measures to monitor actions taken to improve access. This included a practice patient survey carried out in July 2017. This demonstrated some improvement with 55% of patients reporting that they found it easy or fairly easy to get through on the telephone and 92% of patients were able to see or speak to a GP or nurse at the practice. The practice had issued approximately 85 questionnaires and 75 were returned, a response rate of 88% which represented 1% of the practice patient list. Further monitoring was planned to ensure that patient satisfaction continued to improve.