

Black Country Family 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 responsive to people's needs?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
Areas for improvement	5

Detailed findings from this inspection

Our inspection team	6
Background to Black Country Family Practice	6
Why we carried out this inspection	6
How we carried out this inspection	6

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Black Country Family Practice on 22 July 2016. The overall rating for the practice was Good. However, for providing responsive service the practice was rated as requires improvement. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Black Country Family Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 25 May 2017 to confirm that the practice had carried out their plan to improve in areas that we identified in our previous inspection. This report covers our findings in relation to those improvements made since our last inspection on 22 July 2016.

At our previous inspection on 22 July 2016, we rated the practice as requires improvement for providing responsive services. The national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly below local and national averages. The practice was able to demonstrate improvement in some of the areas identified. In other areas the practice had considered

options to improve and was planning to implement improvement strategies. We also saw one area where the practice had not explored any strategies to improve. This was in regards to improving telephone access.

- During our previous inspection in July 2016 we received mixed feedback on access to appointments. Some patients said they had difficulties obtaining an appointment. At this inspection we were told that one of the GP partners had recently retired and the practice was unable to recruit another GP. This posed further challenges to meet patient needs. After considering a number of options to improve, the practice planned to join a corporate provider which would enable the surgery to access further resources to help effectively meet patient needs.
- During our previous inspection we saw that the practice achievement on the GP national patient survey were particularly low for ease of getting through on the telephone. At this follow up inspection the practice was unable to demonstrate that they had explored any strategies to improve. The practice assured us that they intended to carry out a patient survey to understand problems around telephone access to better understand the issues so that informed decisions could be made.
- When we inspected the practice in July 2016, results from the national patient survey showed many

Summary of findings

patients waited longer to be seen for their appointment than the CCG average. To improve, one of the GP partners had piloted an approach by blocking off 15 minutes off in the morning and in the afternoon to help them catch up. Data we looked at showed improvements had been achieved and the practice was planning to implement this for other GPs.

- During our previous inspection we found information relating to making a complaint was not easily available as there were no notices or leaflets on display. At this inspection we saw posters displayed in different parts of the reception and waiting areas.

- During our previous inspection we saw that the practice had identified 111 patients as carers (0.8% of the practice list). At this follow up inspection we saw 132 (1% of the practice list) had been identified as carers.

In addition the provider should:

- Explore ways to improve telephone access.

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 practice is rated as requires improvement for providing responsive services.

At our previous inspection on 22 July 2016, we rated the practice as requires improvement for providing responsive services. The national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly below local and national averages. The practice was able to demonstrate improvement in some of the areas identified. In other areas the practice had considered options to improve and was planning to implement improvement strategies. As a result the full impact was yet to be seen. We also saw one area specifically around telephone access where the practice had not explored any strategies to improve. Therefore, the practice is still rated as requires improvement for responsive services.

- During our previous inspection in July 2016 we identified that access to appointment was an issue and asked the practice to improve. After considering various options, the practice took a decision to merge with a corporate provider as it would enable the surgery to access further resources to meet patient needs more effectively.
- During our previous inspection we saw that the scores on the GP national patient survey were particularly low for ease of getting through on the telephone. At this follow up inspection we did not see any evidence that the practice had explored any strategies to improve. The practice assured us that they intended to carry out a patient survey to understand problems around telephone access to better understand the issues so that informed decisions could be made.
- The practice had trialled a scheme to reduce patient waiting times for appointment. Data we looked at showed significant improvement to waiting times and the practice planned to formally implement this with other GPs in the practice.
- During our previous inspection we found information relating to making a complaint was not easy to be found as there were no notices or leaflets on display. During this follow up inspection we saw the practice had displayed posters in different parts of the reception waiting area to better inform patients on the process for making a complaint. Staff were provided with resources detailing the complaints response process.

Requires improvement



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to explore ways to improve telephone access.

Black Country Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our follow up inspection team was led by a CQC inspector.

Background to Black Country Family Practice

Black Country Family Practice is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice is registered with the Care Quality Commission to provide primary medical services. It has a general medical service (GMS) contract and under this contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care. The practice is located in an urban area of the West Midlands in purpose built premises. It has a list size of approximately 14,000 patients. The premises are owned by NHS property services and shared with the local hospital trust that provide phlebotomy and x-ray services on site and with district nurse and health visiting teams.

Based on data available from Public Health England, the area served by the practice has higher levels of deprivation than the national average and is within the most deprived 20% nationally.

The practice currently has three GP partners (one male and two female) and three salaried GPs (all female) as well as a team of locum GPs. There is a team of seven nurses

(including two nurse practitioners). Other practice staff includes two physician's assistants and a team of administrative staff which includes a practice manager who supports the daily running of the practice.

The practice is open from 8am to 6.30pm Monday to Friday. In addition the practice is open on a Monday and Wednesday morning between 7am and 8am and a Tuesday and Thursday evening between 6.30pm to 8pm for extended opening. When the practice is closed services are provided by an out of hours provider (Primecare).

Why we carried out this inspection

We undertook an announced focused inspection of Black Country Family Practice on 25 May 2017. This inspection was carried out to check that the provider had made improvements in line with the recommendations from our comprehensive inspection on 22 July 2016.

We inspected the practice against one of the five questions we ask about services: is the service responsive. This was because during our inspection in July 2016 we identified some areas where the provider should improve.

How we carried out this inspection

We carried out a focused inspection of Black Country Family Practice on 25 May 2017. This involved reviewing evidence that:

- Difficulties in access faced by patients had been considered.
- Information relating to making a complaint was made available to patients.

Detailed findings

- Waiting time for appointments had been improved.
- Telephone access had been reviewed and improved.
- The process for registering carers had been reviewed in view to increasing numbers.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 22 July 2016, we rated the practice as requires improvement for providing responsive services.

Access to the service

During our previous inspection in July 2016 we looked at the results from the national GP patient survey which showed that patient's satisfaction with how they could access care and treatment was significantly below local and national averages, particularly around access to appointments.

For example, 41% of patients said they usually wait 15 minutes or less after their appointment to be seen. This was below the CCG average of 54% and national average of 65%. During this follow up inspection, we were unable to compare results as new survey results had not been published.

The practice was aware that some GPs within the practice regularly ran late. To improve, one of the GP partners had trialled blocking off 15 minutes in the morning and in the afternoon to help them catch up. We looked at data which showed that the average waiting time delay in January 2016 was 15 minutes. However, this had reduced to 6 minutes in January 2017. We also compared waiting times for February, March, April and May 2016 to that from the same period in 2017 and saw waiting times had been consistently and significantly reduced. The practice was now formally looking to implement this with other GPs who tended to run late.

The national GP patient survey also highlighted that 26% patients could get through to the practice easily by phone compared to the CCG average of 60% and national average of 73%. However, the practice was unable to show a proactive approach to improve telephone access. The practice assured us that they intended to carry out a patient survey to understand the difficulties faced by patients around telephone access so that informed decisions could be made to improve system.

The practice acknowledged that meeting patient needs in regards to access was still an area the practice was trying to improve. Since our previous inspection one of the GP partners had retired and the practice was unable to recruit another GP. The practice was currently trying to meet patients' needs with locum GPs. A pharmacist prescriber had also been recruited to support GPs by carrying out tasks such as medication reviews thereby freeing up GP time to see more patients.

The practice was aware that this was not sustainable in the long term and various improvement strategies had been considered. This included the option to federate with other nearby practices to share resources. However, the practice manager told us that the best option for the practice was to merge with a corporate provider as that would enable the practice to access further resources to meet patient needs more effectively. We were told that this had been through a consultation process with staff and patients and contracts were due to be signed by end of May 2017.

We looked at feedback from the friends and family test (FFT) from October 2016 to March 2017 and they was generally positive. However, we also looked at some of the comments received through the FFT. Some of the comments related to issues around access to appointments and long waiting times to see the GP. This indicated that patients were yet to experience the anticipated positive impact as some of the improvement strategies had not been fully implemented.

Listening and learning from concerns and complaints

During our previous inspection we found information relating to making a complaint was not easy to be found as there were no notices or leaflets on display. At this inspection we saw posters displayed in different parts of the reception waiting area. The practice had also designed a flow chart on the complaints handling procedure which was in the reception area and all staff were given copies.