

# Stockton Heath Medical Centre

## 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.

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stockton Heath Medical Centre on 24 February 2016.

The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Stockton Heath Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Summary of findings

At our previous inspection in February 2016 we rated the practice as 'good' overall but as 'requires improvement' for the key question of responsiveness. This was because improvements were needed to the appointments system to ensure it was responsive to the needs of patients. We issued a requirement notice as this was a breach of regulation.

This inspection visit was carried out on 16 March 2017 to check if the provider had carried out their plan to meet the legal requirements in relation to the breaches. This report covers our findings in relation to that and additional improvements made since our last inspection.

The findings of this inspection were that the provider had taken a number of actions to meet the requirement notice issued and improve patient experience of accessing the service. The provider had taken action to review and make changes to the appointments system. These changes had resulted in some improvement in patient experience of access and making an appointment. However, we found these areas required further improvement. The service therefore continues to be rated as 'requires improvement' for our key question of responsive.

Importantly, the provider should:

- Take action to improve capacity for the provision of clinical appointments and improve patient experience of access to the service.

The provider had also made a number of improvements to the service in response to recommendations we made at our last inspection;

- A review of staff roles and capacity had been carried out. As a result each day the GPs were allocated to responding to acute or routine patient concerns. Access had also been improved by using locum GPs. The practice had also secured two pharmacists to support the team. Clinical pharmacists work as part of the general practice team to resolve day-to-day medicines issues and consult with patients directly.
- Improvements had been made to the system for recording the actions taken in response to significant events and safety alerts. Significant events were being reviewed as part of a rolling rota for clinical meetings and a shared database was being used to provide staff with access to the records of clinical meetings.
- The arrangements for ensuring regular clinical audits were carried out had improved. The practice shared three clinical audits with us that had been commenced in the past 12 months.
- A system had been introduced to improve the arrangements for accounting for and storing blank prescriptions.

**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 24 February 2016 we rated the practice as 'requires improvement' for responsiveness. This was as a result of patient experience with access to the practice and making an appointment.

At this inspection (March 2017) we found that action had been taken to make improvements to the responsiveness of the service. However, further improvement was needed and the practice therefore remains rated as requires improvement in this key question.

We found that although a review of staffing and roles had been carried out the practice had not reached sufficient capacity to meet appointment demand in correlation to the size of the practice population.

The appointment system was still not flexible enough to be fully responsive to patient needs. This was particularly the case for more vulnerable patients who may have additional difficulty navigating the system.

**Requires improvement**



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Take action to improve capacity for the provision of clinical appointments and improve patient experience of access to the service.

## Outstanding practice

# Stockton Heath Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was carried out by a lead Care Quality Commission inspector.

## Background to Stockton Heath Medical Centre

Stockton Heath Medical Centre is located on The Forge, London Road, Stockton Heath, Warrington, Cheshire. The practice provides a service to approximately 16,800 patients. The practice is situated in an area with low levels of deprivation when compared to other practices nationally and unemployment levels are lower than the national average. The percentage of patients aged 65 years and over is higher than the national average. The percentage of patients with long standing health conditions is higher than the national average.

The practice is run by four GP partners and there are an additional 5 salaried GPs (4 male, 5 female). There are seven practice nurses two of whom are nurse practitioners, four health care assistants, a practice manager, a clinical governance lead and team of reception and administration staff. The practice is a training practice.

The practice is open from 8am to 6.30pm Monday to Friday and appointments are available from 8.30am to 6pm mid-week except for Thursdays when the last appointment is 5pm. Early appointments with a GP are available one day per week.

Patients using this practice can also access a GP at a Health and Wellbeing Centre in the centre of Warrington from 6.30pm until 8pm Monday to Friday and between 8am to 8pm Saturdays. This is by pre-booked appointment. Outside of practice hours patients can access the Bridgewater Trust for primary medical services by calling NHS 111.

The practice has a Personal Medical Services (PMS) contract and offers a range of enhanced services for example; childhood immunisations and health checks for patients who have a learning disability.

## Why we carried out this inspection

We had carried out a comprehensive inspection of Stockton Heath Medical Centre under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions on 24 February 2016. We undertook this follow up focused inspection of the service on 16 March 2017 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

We carried out an announced visit on 16 March 2017. During our visit we:

- Spoke with patients

## Detailed findings

- Spoke with five members of the Practice Participation Group (PPG).
- Spoke with members of the management team.
- Looked at some of the systems in place for the running of the service.
- Looked how the provider managed the appointments system.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 24 February 2016 we rated the practice as 'good' overall but 'requires improvement' for responsiveness as we identified a breach of regulation. This was because improvements were needed to the appointments system to ensure it was responsive to the needs of patients. We issued a requirement notice in respect of these issues.

We found that arrangements had improved when we undertook this follow up inspection of the service on 16 March 2017. However, further improvements were required and the practice therefore continues to be rated as 'requires improvement' for being responsive.

Our findings were as follows:

### Access to the service

The practice was open from 8am to 6.30pm Monday to Friday and appointments were available from 8.30am to 6pm mid-week except for Thursdays when the last appointment was 5pm. Health care assistants could provide pre-booked early morning appointments five days per week and an early morning surgery for GP appointments was provided one morning per week. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. As a result patients could access a GP at the Health and Wellbeing Centre in Warrington town centre from 6.30pm until 8pm Monday to Friday and between 8am to 8pm Saturdays and Sundays. This was by pre-booked appointment.

At our last inspection we found that the appointment system was not always responsive to patients' needs. Patients could make pre-bookable appointments with practice nurses and health care assistants. However, all appointment requests for GPs (with the exception of a small number for follow ups) were 'book on the day' appointments. The system resulted in a high number of patients trying to get through to the practice by telephone early in the morning in an attempt to secure an appointment. At a point early in the day the majority of appointments had been allocated and only urgent appointments remained. If a patient had not been successful in getting a routine appointment for that day and they did not require an urgent appointment they had

to start the process of trying to get an appointment again the following day. Patients we spoke with during the last inspection told us they were dissatisfied with the appointment system.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment were lower than local and national averages. The patient survey contained aggregated data collected between July-September 2015 and January-March 2016. Results showed;

- The percentage of respondents to the GP patient survey who were 'very satisfied' or 'fairly satisfied' with their GP practice's opening hours was 49% compared to the Clinical Commissioning Group (CCG) average of 69% and a national average of 75%.
- 46% said that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 79%).
- 65% described their overall experience of this surgery as good (CCG average 82%, national average 84.8%).
- 19% with a preferred GP usually got to see or speak to that GP (CCG average 53%, national average 60.0).
- 23% gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' (CCG average 60%, national average 72%).
- 58% said the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (CCG average 70%, national average 75%).
- 76% said the last appointment they got was convenient (CCG average 90%, national average 91%).
- 41% described their experience of making an appointment as good (CCG average 68%, national average 73%).

The practice made changes to the appointments system in April 2016 so the results above may not fully reflect the current experience of patients. A number of the patients we spoke with during the course of the inspection told us they had seen improvements to their experiences of making an appointment and felt they had more success in obtaining an appointment on the day they made the request. However, five of the 14 patients we spoke with said they still

# Are services responsive to people's needs?

(for example, to feedback?)

found it difficult to get through to the practice by phone and were frustrated at having to start the process again the following day if they had not been successful in getting an appointment. All patients we spoke with told us they could obtain an appointment if their needs were urgent.

The PPG had carried out a patient survey in October 2016 in which 160 patients had been surveyed. The results showed that patients felt the telephone system was now more effective. However, only one third of patients were happy with their experience of making an appointment and over 50% of patients had not perceived any change or would like to see further improvement. Over 60% of patients surveyed were aware that they could make appointments on line but over 20% did not have access to the internet.

The provider had taken action to review the appointments system since our last inspection and changes to the appointments system had been introduced in April 2016. These changes were designed to improve patient experience of access and making an appointment. The improvements included;

- An increase in the capacity for GP appointments through the use of regular locum GPs and subsequent increase in the number of available GP appointments. A comparative analysis of data between 2015 and 2017 showed significant increases in the number of clinical appointments provided.
- The practice had introduced two designated teams of clinicians. One of these was an acute access duty team (for new problems that are urgent). The second team was a routine team for routine/on-going care.
- The practice was no longer providing all telephone first consultations and this has reduced duplication of work when patients were then also invited in to attend a face to face consultation.
- The practice had also secured two pharmacists to support the team. Clinical pharmacists work as part of the general practice team to resolve day-to-day medicines issues and consult with patients directly.
- The system for medicines reviews enabled patients to pre-book a routine appointment for this purpose.
- Three additional receptionist posts had been provided to increase staff capacity.

- The phone system had been reviewed and improved to assist with the volume of calls experienced.
- GPs had started to routinely booked patients in advance for return visits and could pre-book longer appointments for longer consultation if patients required this.
- Patients could book in advance for appointments with the practice nurses and a women's health clinic.
- Carers were able to book an appointment in advance.
- An increased number of appointments had been made available for patients to book an appointment on line. Patients who did not have on line access could ask a member of staff to book one of these designated appointments on their behalf. The practice had seen an increase in the uptake of patients registered for the on line service and at the time of the inspection approximately 1,400 patients were registered for this service.

Posters had been put up in the surgery explaining the changes and the PPG had carried out a survey in October 2016 in which 71% of the 160 patients surveyed said they were aware of the changes.

The practice had seen a reduction in complaints about access and the appointments system and had seen an increase in positive feedback. The supervisor for the reception team told us they felt this was as a result of an increase in capacity/number of GP appointments available. They told us this had led to a reduction in the number patients not being able to obtain an appointment on the day they first made a request.

We looked at complaints made to the practice since January 2017. We noted that there had been a decrease in the number of complaints relating to the appointments system since our last inspection and there had been no complaints specific to the appointments system for this period. However, we saw that issues around access had been cited in three complaints.

Whilst we found that the provider had made a number of improvements we also found areas that needed continued improvement. For example;

- A comparative analysis of data between 2015 and 2017 shared with us by the provider showed significant increases in the number of clinical appointments



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(for example, to feedback?)

provided over the past two years. However, the practice had calculated that they were running eleven GP sessions below what was required. The provider had tried to recruit to vacant GP posts but with no success. They had increased the use of locum GPs but this had not been sufficient to cover all the required sessions required proportionate to the number of patients registered. The provider was aware that additional GP vacancies were expected in the near future and that this would add further pressures to the current team and level of capacity.

- The provider monitored data on appointments provided. This showed us that over a four week period from 13 February 2017 to 10 March 2017 the practice provided 3,187 appointments with a GP or nurse practitioner. To determine the overall appointment availability requirements practices can calculate the number of appointments anticipated per number of registered patients per week. This provides a measure of demand that can then be used to ensure sufficient capacity. Using data based on average demand in England the practice was falling short on available appointments based on the size of the practice population of 16,800.
- We spoke to 14 patients during the course of the inspection visit. Five of whom were members of the Patient Participation Group. Most of the people we spoke with told us they had seen improvements to being able to obtain an appointment on the day of their

first attempt to secure an appointment. However, five of the fourteen patients we spoke with told us they continued to find getting through to the practice by phone and obtaining an appointment difficult. They also found having to start the process of trying to get an appointment again the following day (if they were unsuccessful the first day) frustrating. We also received six CQC patient comment cards, four of which sited improvements to the appointments system and one of which detailed continued difficulties with obtaining an appointment.

- The way in which the appointments system was managed meant that patients were not able to book any routine or non-urgent appointments with a GP in advance regardless of their circumstances, with the exceptions as described above (medicines reviews or if the patient was a carer). This inevitably impacted on the volume of patients contacting the practice early in the day and call management.

Patients we spoke with gave positive feedback about the responsiveness of the practice in all other areas. They felt they received a high quality service from clinical staff in response to their needs. We noted that the provider was monitoring access arrangements on a continual basis and was making some progress in attempting to address supply and demand for access and thus improve patient experience. This work needed to continue in order to ensure that a service that is more responsive to patient need is provided.