

Hurley Clinic

Quality Report

Ebenezer House
Kennington Lane
London
SE11 4HJ
Tel: 020 7735 7918
Website: www.hurleyclinic.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 of the practice on 19 November 2014. Breaches of legal requirements were found. After the comprehensive inspection, the practice did not submit their action plan. However we were sent the action plan in June 2016 ahead of the focussed inspection. The practice wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation 10 (1)(2)(b)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this desk-based focussed inspection on 16 June 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements and also where additional improvements have been made following the initial inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for the Hurley Clinic on our website at www.cqc.org.uk.

Overall the practice was rated as Good. Specifically, following the focussed inspection we found the practice to be good for providing responsive services.

Our key findings across all the areas we inspected were as follows:

- The practice had implemented some changes to the appointment system to improve access to appointments for patients.
- Data from the national GP patient survey indicated on-going difficulties with getting through to the practice by telephone and difficulty booking appointments.
- The practice had improved the communication system in the waiting area for patients.
- The practice had gathered feedback from patients via their annual survey and complaints which indicated that there was some improvement in satisfaction with appointments.
- The practice had systems in place to improve the quality of the services provided by gathering the views of service users. There had been evidence of engagement with the Patient Participation Group (PPG) and a patient satisfaction survey had been undertaken.

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 good for providing responsive services.

Systems to monitor and improve the quality of the service in response to patient feedback were more effective. There was evidence of some changes to the appointment system since the previous inspection and on-going monitoring of demand and capacity of appointments. Recent national GP patient survey data was below average for telephone access and getting appointments, however there were some improvements compared to the previous inspection. The practice had carried out a survey in conjunction with the Patient Participation Group (PPG) regarding access to the service.

Good



Summary of findings

The six population groups and what we found

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

Hurley Clinic

Detailed findings

Why we carried out this inspection

We undertook a desk-based focussed inspection of the Hurley Clinic on 13 June 2016. This is because the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008. Prior to April 2015, the legal requirements the provider needed to meet were the Essential Standards of Quality and Safety. Specifically, a breach of regulation 10(1)(2)(b)(i) Assessing and monitoring the quality of service providers of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were identified.

From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant that the new legal requirements the provider needed to meet were in relation to a breach of regulation 17(2)(a)(e) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the comprehensive inspection carried out on 19 November 2014, we found that the practice requires improvement for responsive services. They did not have clear systems in place for improving the quality of services experienced by patients and had not acted on patient

feedback and complaints in relation to the appointment system. The practice had received feedback from different sources, including the national GP patient survey, its own survey and complaints, indicating that the appointments system was not meeting people's needs. Common issues raised were with getting through to the practice on the phone to make appointments, and there being a shortage of available appointments. Sixteen of the complaints related to the appointments system for the previous 12 months. There was insufficient evidence of actions being taken in response to complaints.

During the comprehensive inspection, we found that the practice had trialed a number of changes to address the issues they had with the appointments system, including a doctor-led triage system, which had been in use in the practice since August 2013. Patients were also able to book an appointment up to a month ahead to see a GP with a non-urgent need.

The practice also used a public address (PA) system in the waiting area to indicate to patients where they needed to go for their appointment. Patient and PPG members' feedback was that the system was not audibly clear.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 19 November 2014 had been made. We inspected the practice against one of the five questions we ask about services: is the service responsive.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

During the comprehensive inspection we found that there was limited improvement in response to patient feedback. However, during the focussed inspection there was evidence that the practice had reviewed feedback from patients as they had carried out a satisfaction survey in conjunction with the Patient Participation Group (PPG) in September 2015. There was also evidence of discussion of the appointment system with the PPG from minutes of meetings we saw. The practice also submitted evidence that they actively monitored patient feedback on NHS choices and responded to patient comments.

During the comprehensive inspection we found that the tannoy system for communicating patient appointments in the waiting area was not effective. During the focussed inspection the practice demonstrated how they had discussed this with the PPG and a new communication system had recently been installed. The practice now provided three screens in the waiting area and a buzzer prompt system to alert patients of their appointment. The practice had conducted a survey in June 2016 after the installation of the new system to gather patient feedback, which had 38 responses. The majority of patients, 84%, felt that the new system was either good or very good.

Access to the service

During the comprehensive inspection, feedback from patients was that they found it difficult to get through to the practice via telephone to make appointments and that there were often long waits for appointments. The practice offered pre-bookable appointments a month in advance. Same day appointments were not offered, however the practice did offer some emergency on the day appointments which were triaged by the duty GP and then patients were offered appointments if required.

During the focussed inspection we reviewed any changes that had been made to the appointment system and appointment availability. Pre-bookable appointments continued to be released up to a month in advance. The practice reported they had changed the appointment system so that some same day routine appointments could be accommodated for vulnerable patients including palliative care patients, those at risk of admission to hospital and children at risk. Patients with same day urgent

needs were still triaged first by the duty GP before an emergency appointment was offered. The change in the appointment system was not widely communicated to patients as the same day appointments were reserved for those from vulnerable groups.

The practice provided a daily update of the next pre-bookable routine appointments to all staff using their instant message system. We were shown that for 15 June 2016, the next available appointment with a GP was 7 July 2016 which was just over a three week wait. Each day, once the next pre-bookable appointment slot had been established, the practice manager was able to authorise a release of embargoed appointments so that waiting time was reduced.

Appointments could also be offered more quickly with physician associates (PAs). Two PAs had been recruited since the comprehensive inspection. (PAs support doctors in the diagnosis and management of patients. They typically obtain medical histories, perform examinations and procedures, order treatments, diagnose diseases, prescribe medication, order and interpret diagnostic tests, refer patients to specialists as required under defined levels of supervision.)

The practice provided evidence that they had conducted demand and capacity audits to monitor the appointment system. We were shown an example of an audit for 10 days in March 2016 where the practice identified 317 appointment requests that could not be accommodated, which was 30%, however alternatives were offered at the practice so that 82% of patients asking for appointments were seen. Eighteen per cent of patients were not able to be seen so either did not have an appointment booked or were re-directed to other services such as the local GP hub. The practice were able to identify that their busiest days were Monday, Tuesday and Thursday so were able to adjust the appointment system to accommodate greater demand on these days.

Since the previous inspection, the local Lambeth GP federation had introduced a network of four hubs to provide additional appointments for Lambeth patients and each practice was given a specific quota of appointments. The practice were able to direct patients to the hub for same day, weekend and evening appointments if their needs could not be met by the practice appointment system. The practice provided evidence for two weeks in

Are services responsive to people's needs?

(for example, to feedback?)

January that they used on average 71% of their hub capacity. We saw that the practice had advertised the hub facilities on the practice website and in the Winter 2015 practice newsletter.

The practice had carried out a satisfaction survey in conjunction with the Patient Participation Group (PPG) in September 2015 which had 560 responses. Results showed similar levels of satisfaction with access to appointments compared with their 2014 survey. Patients reported concerns with long waits for appointments and lack of urgent care on the spot arrangements. There was however, a slight improvement in getting through by telephone (36% had difficulty in 2015 compared with 40% in 2014). The changes in the appointment system had taken place only one month prior to the survey. There was evidence that the practice had discussed appointment access difficulties and waiting times during their bi-monthly PPG meetings.

Although some small changes had been made to improve access to appointments, GP patient survey data published in January 2016 indicated that patient satisfaction was low. For example:

- 73% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 84% and a national average of 85%.
- 60% would recommend this surgery to someone new to the area compared with a CCG average of 78% and national average of 78%.
- 52% find it easy to get through to this surgery by phone compared with a CCG average of 77% and a national average of 73%.
- 73% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.

- 85% say the last appointment they got was convenient compared with a CCG average of 89% and a national average of 92%.
- 22% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 52% and a national average of 59%.

However there were some improvement in satisfaction indicated by the national GP patient survey results:

- 54% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 59% and a national average of 65%. This was in comparison with 46% during the previous inspection.
- 59% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%. This was in comparison with 50% during the previous inspection.

Complaints

During the comprehensive inspection we found that there was limited evidence that the practice had made sufficient changes to the quality of the service in response to complaints, particularly complaints relating to the availability of appointments. The practice had received 53 complaints between November 2013 and November 2014 and 16 of these related to difficulties with appointments.

Since the comprehensive inspection we were sent the practice's complaint log which totalled 37 complaints for April 2015 to March 2016, some of which related to delayed appointments but no complaints were made about the appointment system.