

Hillview Family Practice

Quality Report

Hartcliffe Health Centre
Hareclive Road
Bristol
BS13 0JP

Tel: 0117 3015420

Website: www.hillviewfamilypractice.nhs.uk

Date of inspection visit: 4 October 2016

Date of publication: 10/01/2017

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 effective?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Hillview Family Practice	4
Why we carried out this inspection	4
How we carried out this inspection	4

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hillview Healthcare on 3 December 2015. Following our comprehensive inspection the practice was rated as overall good with requires improvement for the effective domain. Following the inspection we issued a requirement notice. The notice was issued due to a breach of Regulation 17 of The Health and Social Care Act (Regulated Activity) Regulations 2014, Good governance.

The issue was:

- Regulation 17, the provider did not have a system in place for undertaking clinical audits which would demonstrate the quality of the service provision

A copy of the report detailing our findings can be found at www.cqc.org.uk.

We carried out an announced focused inspection at Hillview Family Practice on 4 October 2016 to follow up the requirement notice in order to assess if the practice had implemented the changes needed to ensure patients who used the service were cared for by an effective service.

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

- The provider had implemented a system for undertaking clinical audits and had demonstrated that they had used the information to check, and where necessary improve the quality of the service.

Following this inspection the practice was rated overall as good and good across all domains.

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 effective?

The area of effective is now rated as good. This is because:

- The provider had implemented a system for undertaking clinical audits and had demonstrated that they had used the information to check, and where necessary improve the quality of the service.

Good



Hillview Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Hillview Family Practice

Hillview Family Practice is located in a suburban area of Bristol where there is higher than average deprivation. They have approximately 6100 patients registered.

The practice operates from one location:

Hartcliffe Health Centre

Hareclive Rd,

Bristol

BS13 0JP

It is sited in a purpose built one storey building. The consulting and treatment rooms for the practice are situated off the main reception and waiting room area. The practice has five consulting rooms; there are two treatment rooms for use by the practice nurse and health care assistant. There is a second treatment room area and waiting area which is shared and managed by the Hartwood Health practice. The building is also shared with services provided through Bristol Community Health who manage the site. There is limited patient parking immediately outside the practice with spaces reserved for those with disabilities.

The practice is made up of four GP partners and one salaried GP and the practice manager, working alongside a

qualified nurse and a health care assistant. The practice is supported by an administrative team made of a business manager, medical secretaries, receptionists and administrators.

The practice was open for urgent and routine appointments between 8.30am – 12.30pm and 1.30 – 6.30pm. Urgent appointment requests will be seen the same day and routine appointments will be given at the first available time. They provide four hours per week of extended hours. This is split early mornings from 7.30 – 8.30am and evenings 6.30 – 7.30 pm. The service also offered ‘same day’ phlebotomy appointments.

The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access, facilitating timely diagnosis and support for patients with dementia, patient participation, immunisations and unplanned admission avoidance. The practice does not provide out of hour’s services to its patients, this is provided by BrisDoc. Contact information for this service is available in the practice and on the website.

Patient Age Distribution

% aged 0 to 4 years: 8.9% - higher than the national England average.

% aged 5 to 14 years: 13.9% - higher than the national England average.

% aged under 18 years: 18.1% - higher than the national England average.

% aged 65+ years: 11.8% - lower than the national England average.

% aged 75+ years: 5.9% - lower than the national England average.

Detailed findings

85+ years old: 1.4% - lower than the national England average.

Patient Gender Distribution

Male patients: 49.5 %

Female patients: 50.5 %

Other Population Demographics

% of Patients in a nursing Home: 0.56 %

% with health-related problems in daily life - the practice value 64.3% compared to the national average of 48.8%.

Disability allowance claimants (per 1000) - the practice value is 96 compared to the national average of 50.3.

Working status – Unemployed - the practice value is 12.6% compared to the national average of 6.2%.

The practice is in South Bristol which has the highest number of people with a long term health problem or disability in each age category in Bristol and the highest % of long term conditions.

Hillview Family Practice offers 45,690 appointments per year, a consultation rate of 7.7 per weighted patient. The national average is 5.5, 32,752 appointments for the weighted patient population (as last measured by the HSCIC QResearch report in 2009), therefore the practice delivers an excess of 12938 appointments above the national average. This is in part due to increased levels of prevalence and also due in part to deprivation and general increased demand on services.

Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 October 2016.

During our visit we:

- Spoke with a range of staff including lead GP and the business manager.
- Reviewed documents relating to clinical audits.

Are services effective?

(for example, treatment is effective)

Our findings

- At the last comprehensive inspection of Hillview Family Practice undertaken on 3 December 2015.

The concerns identified were:

Although the practice completed clinical audits at the instigation of the clinical commission group (CCG) in respect of medicines and prescribing, none of these audits were repeated to ensure that the changes that had taken place improved patient care. We had been told there had been a clinical audit instigated by a significant event; however, the practice had not been able to provide the evidence for this. We concluded there was no formal process of clinical auditing with which to demonstrate quality improvement at the practice.

At this announced focused inspection on 4 October 2016 we reviewed what steps the practice had taken in line with the information they had supplied in their action plan that was submitted following the inspection in December 2015.

We found:

The practice staff had implemented a system in place to conduct clinical audits to demonstrate quality improvement at the practice. They had carried out three clinical audits since our last inspection. Two were related to medicines and the other related to cervical smear testing.

We saw from all three audits that areas of practice were reviewed and where necessary new protocols were put in place. For example, how information was recorded on the patients records for recall for treatment was effective but the method of for prescribing for their treatment did not always work well and was reliant on patients to collect their prescriptions from a pharmacy which did not always happen. The practice had changed its procedures and ensured that these medicines were now kept as stock items at the practice so that patients did not have a delay in obtaining the treatment they needed. Another audit had identified the importance of appropriate coding for cervical smears was used so that patients were recalled for further tests should an inadequate smear test be taken or a result not received by the patient or practice within a certain timescale. Staff had identified that they need to be more vigilant and that an ongoing repeated cycle of audit needed to be in place.

The GPs and other clinicians had produced a plan for the year on how they were going to demonstrate the improvement in from clinical and other audits of the service that were carried out. We saw that there was a plan of repeated audits such as the call and recall system for patient's tests and health checks, minor surgery and uptake for the annual influenza immunisation campaign. The practice had instigated monthly clinical meetings where clinical audits were discussed, monitored and planned for.