

# The Park 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.

## Ratings

Overall rating for this service

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 previously inspected The Park Medical Centre on 12 October 2016. As a result of our inspection visit the practice was rated as good overall, with a good rating for providing safe, effective, caring and well-led services. Although no regulatory breaches were identified during our last inspection, we identified areas where the provider should make improvements to appointment access and improving patient satisfaction. Therefore the practice was rated as requires improvement for providing responsive services.

We carried out a focussed desk based inspection of The Park Medical Centre on 27 October 2017. This desk based inspection was conducted to see if improvements had been made following the previous inspection in 2016. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Park Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

- We found that the practice had made some changes to improve access however, the information and evidence provided as part of our desk top inspection did not demonstrate improved patient satisfaction in relation to all areas of access.
- Responses to the practices 2017 internal patient survey highlighted that most respondents felt that access to appointments was very good or good however, there were some (40%) that felt that appointment access was poor or very poor.
- The information provided for our desk top inspection highlighted that the practice had increased the number of same day appointments to meet demand during busy periods, however the information provided did not demonstrate if this was helping to improve satisfaction rates.
- We saw that 61% of the responses to the practices 2017 internal patient survey indicated that telephone access was good, however 37% of the responses highlighted that this was poor. The practice provided further information following the desk top inspection which outlined actions taken to improve telephone access. However, the evidence provided did not demonstrate improved satisfaction.
- During our last inspection we looked at exception reporting for the Quality and Outcomes Framework

# Summary of findings

(QOF) as part of our effective domain and we found that exception reporting was above average for mental health care. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Unverified data provided by the practice in October 2017, highlighted that exception rates had improved and mental health exception rates were now at 4%. This was an improvement from the 25% exception rate at the point of our last inspection.

- When we looked at the practices process for managing safety alerts as part of our safe domain during our last inspection, we found that the practice's record keeping

could be improved. A selection of meeting minutes were provided as part of our desk top inspection, these records showed that various alerts were received, disseminated and acted on in practice. We saw that record keeping was clear and demonstrated action taken in response to alerts.

There was an area of practice where the provider should make improvement:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

**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?**

At our previous inspection on 12 October 2016, we rated the practice as requires improvement for providing responsive services. Although we found that the practice had made some changes to improve access, the information and evidence provided as part of our desk top inspection did not demonstrate improved patient satisfaction in relation to all areas of access. The practice is still rated as requires improvement for providing responsive services.

- Responses to the practices 2017 internal patient survey highlighted that 60% of the respondents felt that access to appointments was very good or good whereas 40% felt that access to these appointments was poor or very poor. Information provided as part of our desk top inspection highlighted that the practice had implemented a DNA (or did not attend) policy (for missed appointments) to encourage patients to cancel their appointments if not able to attend. Additional evidence provided after our desktop inspection showed that the DNA policy resulted in a reduction in DNA rates to help with appointment access.
- The information provided for our desk top inspection highlighted that the practice had increased the number of same day appointments to meet demand during busy periods however the information provided did not demonstrate if this was helping to improve satisfaction rates.
- Although we saw that 61% of the responses to the practices 2017 internal patient survey indicated that telephone access was good, 37% of the responses highlighted that this was poor and no information or evidence was provided to demonstrate how they were working to improve this. The practice provided further information following the desk top inspection, this outlined actions taken to improve telephone access at the practice. However, the evidence provided did not demonstrate improved satisfaction.
- Results from the NHS Friends and Family Test between January 2016 and September 2017 showed that most respondents would recommend the practice to family and friends. We also saw that the practice had provided additional sessions during the 2016/17 winter pressure period and information provided highlighted that they were hoping to offer further appointments as part of a winter pressure scheme again for 2017/18.

**Requires improvement**



# Summary of findings

## Areas for improvement

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

# The Park Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

This desk top review inspection was carried out by a CQC Lead Inspector.

## Background to The Park Medical Centre

The Park Medical Centre is located in Birmingham, in the West Midlands. There are approximately 8,575 patients of various ages registered and cared for at the practice.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. 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.

The clinical team includes three male GP partners, three female salaried GP's, a female GP in training, a female practice nurse and a female health care assistant. The GP partners and practice manager form the management team and they are supported by a team of 14 support staff who cover reception, secretarial, administration and cleaning roles.

The practice is open for appointments between 8:30am and 6pm during weekdays, except for Thursdays when the practice is open until 1pm. On Thursdays there is a GP on call from 1pm until 6pm. There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed during the out-of-hours period; between 6pm through to 8:30am and on weekends, this service is covered by Badger out of hours.

## Why we carried out this inspection

We carried out a focussed desk based 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 had made improvements identified during the comprehensive inspection carried out in October 2016.

## How we carried out this inspection

We undertook a focussed desk based inspection on 27 October 2017. This involved a review of relevant documentation we had asked the practice to submit to ensure improvements were made.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 12 October 2016, we rated the practice as requires improvement for providing responsive services. This was because some results from the July 2016 publication of the national GP patient survey were below local and national averages; these were specific to practice opening hours, access to appointments and accessing the practice by telephone.

For example, the July 2016 survey results highlighted that:

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and a national average of 76%.
- 35% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and a national average of 73%.
- 75% 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 81% and the national average of 85%.

Although we found that the practice had made some changes to improve access, the information and evidence provided as part of our desk top inspection was weak in areas. As a whole, the evidence provided did not demonstrate improved satisfaction in this area and did not provide assurance with regards to future improvement plans. Therefore the practice is still rated as requires improvement for providing responsive services.

### What we found as part of our desk top inspection in October 2017

#### Access to the service

The practice is open for appointments between 8:30am and 6pm during weekdays, except for Thursdays when the practice is open until 1pm. On Thursdays there is a GP on call from 1pm until 6pm.

As part of our desk top inspection we accessed the national GP patient survey online for this practice in order to see if improvement had been made with regards to access under the July 2017 survey publication. However, the national GP patient survey website highlighted that data for the practice was unavailable; this was because a small number of surveys were returned.

As part of our inspection planning process we informed the practice that there was no national GP patient survey data available for 2017. Conversations with members of the management team indicated that they actively encouraged patients to complete internal and external surveys and the practice provided other survey evidence as part of our desk top inspection. This included a monthly breakdown of the results from the NHS Friends and Family Test from January 2016 to September 2017, an internal survey focussing on service delivery during the winter pressure period and a further internal patient survey which focussed on access to appointments for 2017 so far, for long term illness review appointments.

Results from the NHS Friends and Family Test showed that 679 surveys were completed between January 2016 and September 2017. Survey results showed that most respondents would recommend the practice to family and friends, for example:

- A total of 372 respondents (55%) noted that they were extremely likely or likely to recommend the practice to family and friends.
- A total of 213 respondents (31%) noted that they were unlikely or extremely unlikely to recommend the practice to family and friends.

The practice's 2017 internal appointment access survey showed that 50 surveys were completed with regards to long term illness review appointments. Overall responses to questions about ease and choice of same-day and routine appointments highlighted that 60% of the respondents felt that access to these appointments was very good or good whereas 40% felt that access to these appointments was poor or very poor.

Information provided as part of our desk top inspection highlighted that the practice had implemented a DNA (did not attend) policy (for missed appointments) to encourage patients to cancel their appointments if not able to attend. Although the information supplied outlined that this helped with appointment availability for those that needed appointments, no copy of the DNA policy or evidence of impact was provided in relation to this.

Following our desk top inspection the practice provided further information which highlighted that in the DNA policy was implemented in an attempt to identify further appointments for patients and to support improvements regarding appointment access. Evidence of the DNA policy

# Are services responsive to people's needs?

(for example, to feedback?)

was provided and reviewed following the desk top inspection as well as the practices audit on DNA rates. Records of the audit showed that there were more than 350 missed appointments on average each month, between January and June 2016. After implementing a new DNA policy the audit noted that missed appointments started to decline. The practice had continued to work on their DNA process and amended their computer policy also; the evidence provided highlighted that the practice was in the process of collecting further evidence to monitor impact following further policy changes.

The information provided for our desk top inspection highlighted that the practice had increased the number of same day appointments to meet demand during busy periods; such as Monday and Friday mornings. However the information provided did not demonstrate if this was helping to improve satisfaction rates.

Although we saw that the practice encouraged patient feedback based on the evidence provided, the evidence did not provide assurance that the practice was actively working to improve all areas of low satisfaction rates. For example, the practices 2017 internal appointment access survey showed that when asked questions about getting through over the phone, 61% of the responses indicated that telephone access was good and 37% of the responses highlighted that telephone access was poor. The practice had not provided information or evidence to demonstrate how they were working to improve this as part of our desk top inspection and no plan of action was provided to indicate if the practice had any plans to improve this in the future.

The practice provided further information following the desk top inspection, this outlined actions taken to improve telephone access at the practice. Actions included:

- Changing the practices telephone number to a local rate number
- Increasing the number of telephone lines at the practice and the number of staff to handle telephone calls

- Four members of staff were on duty during peak times, such as in the morning at 8:30am when lines were busy
- Use of online access for patients so that patients can make appointments online and order prescriptions through their smartphones

Eighty surveys were completed as part of the practices internal winter pressures survey. Survey respondents gave positive comments about the care and treatment they received. As part of the survey, patients were asked if they would change anything about the service; some responses indicated that patients would like shorter appointment waiting times and generally further appointments including evening appointments and all day Saturday appointments. To improve access in response to this, the practice provided additional sessions which included offering more weekday appointments and some Saturday appointments during the 2016/17 winter pressure period. Practice information highlighted that they were hoping to offer further appointments as part of a winter pressure scheme again for 2017/18.

Following our desk top inspection the practice provided evidence demonstrating that over time, they assessed patient satisfaction and acted on results to improve the service. For instance, the evidence highlighted that various actions had been taken in response to patient surveys from 2012 to 2015. Actions included increasing the number of online appointments and changes to the practices telephone system to show calls waiting.

In addition, the practice provided further actions outlining how they further aimed to improve access; this information was provided following our desk top inspection. Actions included:

- Conducting periodic surveys regarding access
- Ensuring that staff report patient access problems as part of the incident reporting process
- Working with staff from another practice to develop best practice in this area
- Ensure that access is discussed with staff and included as part of the practices meetings