

Leander 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?

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 Leander Family Practice on 3 May 2016. The overall rating for the practice was Good. No breaches of legal requirements were found, however the practice was rated as requires improvement for providing responsive services. This was due to its low patient satisfaction scores with accessing the service.

An announced focussed desk-based inspection was carried out on 12 May 2017. The practice was still rated as requires improvement for responsive services. Patient satisfaction with making appointments had improved since the previous inspection; however they remained lower than local and national averages. The full comprehensive report and desk-based focussed inspection report can be found by selecting the 'all reports' link for Leander Family Practice on our website at www.cqc.org.uk.

This inspection was an announced focused desk-based inspection carried out on 8 November 2017 to review the improvements made in addressing patient satisfaction with accessing appointments.

Overall the practice is rated as good. Specifically the practice was now found to be good for providing responsive services.

Our key findings were as follows:

- Data from the National GP Patient Survey in July 2017 showed improvements in most areas of patient satisfaction with access to appointments.
- The practice had improved access to appointments by recruiting additional clinical and reception staff.
- The organisation of the appointment system had been changed from September 2017 so that there was more availability for telephone consultations and emergency appointments.
- There was more choice for patients requiring extended hours appointments.
- The practice website had been improved and online appointments were promoted.
- The practice had not conducted their own patient satisfaction survey.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Monitor and evaluate patient feedback and satisfaction, considering telephone access and access to appointments.

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.

The practice had taken action to improve patient satisfaction with access to appointments by recruiting additional staff, improving extended hours access and altering the appointment system. Data from the National GP Patient Survey in July 2017 showed improvements in most areas of patient satisfaction with access to appointments. Telephone access was still rated below average but satisfaction had improved significantly compared with the previous survey results. The practice had not conducted their own survey to monitor satisfaction with access to appointments.

Good



Leander 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 Leander Family Practice

Leander Family Practice is a medium sized practice based in Croydon. The practice list size is 7500. The practice population is very diverse. The practice is in an area in London of medium deprivation. There is a higher than average percentage of younger patients (aged between 5-24) and also a higher than average number of single parents. The practice had a General Medical Services (GMS) contract.

The practice facilities include seven consulting rooms, one treatment room, one patient waiting room and one administration office. The premises are wheelchair accessible and there are facilities for wheelchair users including an accessible toilet and the practice has a hearing loop.

The staff team comprises two male GP partners, one female salaried GP and two locum GPs providing a total of 25 GP sessions per week. There are two female practice nurses, a female associate practitioner, a practice manager and an assistant practice manager. Other practice staff include a reception manager, five receptionists (four female and one male) and three administrators.

The practice is open between 8am and 6.30pm Monday to Friday for appointments and offers extended opening on Tuesday from 7am to 8am and Wednesday from 6.30pm to 7.30pm. When the practice is closed, patients are directed

(through a recorded message on the practice answer phone) to call NHS Direct on 111, or go to the nearby Croydon walk-in centre which is open 7 days a week from 8.00am to 8.00pm. This information is also available on their website.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of; treatment of disease, disorder and injury; diagnostic and screening procedures; family planning; maternity and midwifery services and surgical procedures. These regulated activities are provided at one location.

Why we carried out this inspection

We undertook a comprehensive inspection of Leander Family Practice on 3 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and they were rated as requires improvement for providing responsive services. No breaches of legal requirements were found.

We undertook a follow up desk-based focused inspection of Leander Family Practice on 12 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

The full comprehensive report following the inspection on 5 April 2016 and the report following the focussed inspection on 12 May 2017 can be found by selecting the 'all reports' link for Leander Family Practice on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Leander Family Practice on 8 November 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

Detailed findings

How we carried out this inspection

We carried out an announced desk-based focused inspection of Leander Family Practice on 8 November 2017.

This involved reviewing evidence that:

- The practice could demonstrate that they had addressed and responded to patient feedback regarding access to appointments.

Please note that when referring to information throughout this report, for example any reference to the National GP Patient Survey 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 3 May 2016, we rated the practice as requires improvement for providing responsive services. At the previous inspection on 3 May 2016 the practice was performing below local and national averages in relation to patient satisfaction with accessing the service and with opening hours at the practice, based on the 2014/15 GP patient survey. At the focussed inspection on 12 May 2017, results from the 2015/16 GP patient survey showed that patients' satisfaction with how they could access care and treatment had improved in some areas, decreased in one area and were overall lower than local and national averages. The provider had not conducted its own patient survey or analysis of patient satisfaction regarding access to appointments. As a result the practice was still rated as requires improvement for responsive services.

During the inspection on 8 November 2017, we found that access to appointments had improved and this was reflected in patient satisfaction with access to appointments in the latest National GP Patient Survey results. As a result, the practice is now rated as good for providing responsive services

Access to the service

The practice is open between 8.00am and 6.30pm Monday to Friday for appointments. It previously offered extended hours on Monday morning between 7am and 8am. Since the last inspection the practice had offered more choice for extended hours appointments by changing extended hours clinic times to Tuesdays from 7am to 8am and Wednesdays from 6.30pm to 7.30pm. Patients were able to pre-book to see a GP or a nurse during these extended hours sessions.

The organisation of the appointment system had been changed from September 2017 so that there was more availability for telephone consultations and emergency appointments via a duty clinician. Same day and pre-bookable appointments were also offered. The practice had also promoted online appointments on the practice website and the practice website had been improved so there was more information available for patients. They had commenced use of a text messaging system in February 2017 for appointment reminders, cancellations and promoting practice services.

The practice had improved access to appointments by recruiting additional clinical and reception staff. Since May

2017 there was an additional three GP sessions provided per week. A second assistant practitioner was recruited in September 2016, whose role was to assist the practice nurses with complex diabetic patient care. They provided an additional nine sessions per week. The practice had also recruited two additional reception staff in January and February 2017 to assist with the high demand for telephone and face to face queries.

At this desk-based inspection, results from the 2016/2017 GP patient survey, published in July 2017, showed that patients' satisfaction with how they could access care and treatment had improved significantly in two areas and were overall in line with local and national averages apart from ease of contacting the practice by telephone. Three hundred and eighty eight survey forms were distributed and 120 were returned. This represented a 31% response rate. The latest survey results were published very shortly after the practice had made changes

Results from the 2017 national GP patient survey showed:

- 50% of patients found it easy to get through to this practice by phone, compared to the Clinical Commissioning Group (CCG) average of 73% and the national average of 71%. This was a 1% increase on the survey results achieved at the time of the last inspection.
- 77% 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 84% and the national average of 84%. This was a 21% increase on the survey results achieved at the time of the previous inspection and an improvement of 32% since the comprehensive inspection in May 2016.
- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%. This was an 18% increase in the survey results achieved at the time of the previous inspection.
- 72% of patients described their experience of making an appointment as good compared to the CCG average of 73% and the national average of 73%.

NHS Friends and Family Test results from April to September 2017 showed that 85% of patients would recommend the practice. The provider had not conducted

Are services responsive to people's needs? (for example, to feedback?)

its own survey of patient satisfaction with appointments and telephone access to determine the effectiveness of the changes they had made and further areas for improvement.