

Victoria Road 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 effective?

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 at Victoria Road Medical Centre on 16 June 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Victoria Road Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 31 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection on the 16 June 2016.

Overall the practice is rated as Good.

Our key findings were as follows:

- During our previous inspection we saw that administrative staff processed letters received from other organisations such as hospitals and forwarded those requiring action to the GP. However, there was

no clinical oversight in place ensure that triage and actions were appropriate and safe. At this follow up inspection we saw this had been reviewed and a safer process introduced.

- When we inspected the practice in June 2016 we saw performance for mental health related indicators was lower compared to local and national averages. The practice reviewed this and the most current published data showed improved achievement for mental health indicators.
- When we inspected the practice in June 2016 results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower compared to local and national averages, particularly around telephone access. The practice had employed administration staff which resulted in 20 hours additional reception support during peak times. It also allowed the practice more flexibility as shifts could be changed to match demand.
- Plans were in place to install a new telephone system that will provide a live feedback of demand (the number of calls waiting and the number of dropped call) through an information board enabling the practice to better match resources to demand.

Summary of findings

In addition the provider should:

- Ensure ongoing quality improvement strategies can demonstrate positive impact on 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 effective?

The practice is rated as good for providing effective services.

At our previous inspection on 16 June 2016, we rated the practice as requires improvement for providing safe services.

- The practice had reviewed its systems for processing incoming clinical letters and discharge summaries. Following our previous inspection, processes were strengthened to ensure there was clinical oversight in place.
- The practice had improved its achievement for mental health indicators since our previous inspection. Published data we looked at showed that the practice achievement for mental health related indicators was 89%, the CCG average was 92% and the national average was 93%. We were told that improvements were primarily achieved through data cleansing exercise and appropriate re-coding on the practice patient record system.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

At our previous inspection on 16 June 2016, we rated the practice as requires improvement for providing responsive services.

- To improve patient's satisfaction with how they could access care and treatment especially around telephone access. The practice had responded by employing extra administration staff which provided an additional 20 hours per week reception cover.
- The practice planned to install a new telephone system recommended by the CCG. The new system could provide live feedback on the demand (show the number of calls waiting, and the number of dropped calls) enabling the practice to better match resources. The system was due to be implemented soon and this was confirmed by the CCG.

Good



Summary of findings

The six population groups and what we found

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

Older people

The provider had resolved concerns for effective and responsive identified at our inspection on 16 June 2016 which applied to everyone using this practice, including this population group. As a result, the population group has been rated as good.

Good



People with long term conditions

The provider had resolved concerns for effective and responsive identified at our inspection on 16 June 2016 which applied to everyone using this practice, including this population group. As a result, the population group has been rated as good.

Good



Families, children and young people

The provider had resolved concerns for effective and responsive identified at our inspection on 16 June 2016 which applied to everyone using this practice, including this population group. As a result, the population group has been rated as good.

Good



Working age people (including those recently retired and students)

The provider had resolved concerns for effective and responsive identified at our inspection on 16 June 2016 which applied to everyone using this practice, including this population group. As a result, the population group has been rated as good.

Good



People whose circumstances may make them vulnerable

The provider had resolved concerns for effective and responsive identified at our inspection on 16 June 2016 which applied to everyone using this practice, including this population group. As a result, the population group has been rated as good.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved concerns for effective and responsive identified at our inspection on 16 June 2016 which applied to everyone using this practice, including this population group. As a result, the population group has been rated as good.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure ongoing quality improvement strategies can demonstrate positive impact on access to appointments.

Victoria Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our follow up inspection team was led by a CQC inspector. The team included a GP specialist advisor.

Background to Victoria Road Medical Centre

Victoria Road Medical Centre provides medical services to approximately 4700 patients in the Aston area of Birmingham. It is an urban area with high levels of deprivation compared to other practices nationally.

The practice is a partnership between a GP (male) and a nurse. The GP partner held some clinical sessions but their main role involved clinical management of the practice. The nurse partner held some clinical sessions and supervised two other nurses and the Healthcare Assistant (HCA). There were three salaried GPs (1 female and two male) and a regular locum GP (male).

The non-clinical team consists of administrative staff and a practice manager.

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 practice is open between 8am and 6.30pm Mondays to Fridays and extended hours appointments are offered from

6.30pm to 7pm Mondays to Fridays. The practice has opted out of providing out-of-hours services to their own patients. This service is provided by an external out of hours service provider.

We reviewed the most recent data available to us from Public Health England. Data showed that the practice has a higher than the national average number of patients aged 0 to 45. The practice also has a lower than average practice population aged 45 years and over in comparison to other practices.

Why we carried out this inspection

We undertook an announced focused inspection of Victoria Road Medical Centre on 31 May 2017. This inspection was carried out to check that the provider had made improvements in line with the recommendations made as a result of our comprehensive inspection on 16 June 2016.

We inspected the practice against two of the five questions we ask about services: is the service effective and responsive. This was because during our inspection in June 2016, breaches of legal requirements were found and the practice was rated as requires improvements for providing effective and responsive service. This was because we identified some areas where the provider must make improvements and additional areas where the provider should improve.

How we carried out this inspection

We carried out a focused inspection of Victoria Road Medical Centre on 31 May 2017. This involved reviewing evidence that:

Detailed findings

- Incoming clinical letters and discharge summaries were appropriately triaged and actioned with clear clinical oversight.
- The system for recalling and reviewing patients experiencing poor mental health was effective.
- Areas of concern identified in the national GP patient survey including access to appointments and consultations were addressed.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 16 June 2016, we rated the practice as requires improvement for providing effective services. Arrangements to triage and action letters from external organisations such as hospitals did not have clear clinical oversight. The practice performance for mental health related indicators was lower compared to the local and national average.

These arrangements had improved when we undertook a follow up inspection on 31 May 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

When we inspected the practice in June 2016 we noted performance for mental health related indicators was lower compared to the local and national average. The practice achievement for mental health related indicators was 61%, the Clinical Commissioning Group (CCG) average was 89% and the national average was 96%. The practice told us that this was a coding issue and a data cleansing exercise of the electronic patient record system was carried out. The data cleansing exercise identified patients with mental

health disorder who had been diagnosed and prescribed appropriate medicine but had not been coded correctly. We were told that this had greatly improved mental health figures.

Published data we looked at as part of this inspection, showed that the practice achievement for mental health related indicators was 89%, the CCG average was 92% and the national average was 93%. This represented an improvement since our previous inspection.

Coordinating patient care and information sharing

At our previous inspection we noted that letters received from other organisations such as hospitals were processed based on those requiring actions and those that did not. Letters that required an action were forwarded to the GPs. However, we noted that the triage decisions were being made by administrative staff. Although the administration staff had been trained by the GP provider, there was no clinical oversight in place and there was no auditing of their work.

At this inspection we were told that all incoming clinical letters were received electronically and transmitted to a duty GP for processing. The practice had developed a flowchart for staff outlining the process. We saw evidence of random checks carried out by the practice manager to monitor if incoming letters were being processed appropriately.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 16 June 2016, we rated the practice as requires improvement for providing responsive services. The national GP patient survey published July 2016 showed that patient's satisfaction with how they could access care and treatment was below local and national averages particularly around telephone access.

The practice had made arrangements to improve when we undertook a follow up inspection on 31 May 2017. The practice is now rated as good for providing effective services.

Access to the service

During our previous inspection we saw that national GP patient survey scores were particularly low for ease of getting through on the telephone. For example, July 2016 GP national patient survey showed 37% of patients said they could get through easily to the practice by phone compared to the local CCG average of 60% and the national average of 73%. During this follow up inspection, we were unable to compare achievement as new survey results had not been published

To improve the practice had recruited an additional reception staff to provide 20 hours additional reception support. Staff we spoke with explained that this increased the number of personnel available to answer telephone calls during peak times. We were told that this also allowed the practice more flexibility as the extra staff member could work at times of higher demand.

The practice was also in the process of installing a new telephone system. The new system was recommended by the Clinical Commissioning Group (CCG) and would provide the practice with details of the number of calls waiting, the number of calls not answered (dropped call) through an information board. This would allow the practice to monitor its performance and match resource to demand. The system would also be able to provide analytics of any

trends in demand and peaks so that it would be easier for the practice to plan in advance. The CCG confirmed that the new system was due to be implemented across a number of practices and the provider of the system was due to confirm timescale for installation in July 2017.

The practice explained that the delay in installing the system was due to the CCG piloting the system to ensure it met intended needs. Following successful trial of the system, it was now being rolled out to a federation of 12 practices that were part of the CCG. The CCG were funding the installation and practice would be responsible for maintenance and upkeep of the system.

We looked at evidence which showed random check were carried out to determine waiting time on the telephone. We looked at a record of a call made to the practice on 9 February 2017 at 8.59am. Records indicated that it took six minutes for the call to be answered. The practice manager told us that anything above six minutes would be inappropriate. The practice manager planned further monitoring until the new system was implemented. Minutes of meeting we looked at from March 2017 showed that telephone access was discussed and staff were advised to answer calls promptly.

The practice manager also carried out checks to ensure staff were responding to patient queries on the telephone appropriately. Records we looked at showed that three calls were randomly sampled from March, April and May 2017. They did not identify any training issues as all calls had been handled appropriately.

The practice was currently conducting a patient survey and had received approximately 40 completed responses so far. They had not been analysed as the plan were to do this after 100 responses were received. The survey did not specifically request feedback in regards to telephone access. When the new system was in place a further survey was planned looking at telephone access, this was scheduled to take place in September 2017.