

The Leys Health Centre

Quality Report

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as part of this inspection.
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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

Are services effective?

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 a desk based review (an inspection where we do not need to visit a practice in order to review the evidence we need) in November 2016 at The Leys Health Centre. This was following an inspection in February 2016 where we identified improvements were required in providing responsive services. We issued a requirement notice under Regulation 17 Good Governance of the the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were also areas we advised the practice should make improvement and offered the provider the chance to inform us what action they had taken as a result. We have rated the responsive domain as good. This report should be read in conjunction with the previous comprehensive inspection report.

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

- Improvements to accessibility of appointments had been made through staff recruitment.
- Patient engagement including a survey was formulating improvement plans for the appointment system.
- Communication with patients was used to inform them how the appointment system worked.
- Staff had been provided with training on the legal requirements related to consent to care and treatment.
- Information on bowel cancer screening had been purchased and displayed for patients.

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 was rated good for this domain in February 2016 and this domain is not being rated as part of this inspection. At our last inspection in February 2016 we asked the provider to consider action regarding some areas where improvements should be made. These included:

- Ensure nurses were aware of the principles and requirements of the Mental Capacity Act 2005.
- Review means to increase in the uptake of learning disability health checks.
- Identify how to promote better awareness of bowel cancer screening to help increase uptake on the screening programme.

In November 2016 the practice informed us that in April 2016 nursing staff and GPs had attended in house Mental Capacity Act 2005 training. They were also informed how to obtain further information or advice if uncertain about an individual patient's capacity. The slides from the meeting were stored on a shared drive for staff to access. This training was cascaded to staff who did not attend the first meeting.

The practice implemented new invitation methods for health checks for patients with learning disabilities. Eleven patients who had not previously attended for check-ups have since attended.

The practice informed us they have obtained several different posters promoting bowel-screening.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

At our last inspection in February 2016 we found that patients found it difficult to make an appointment. The national GP survey showed very poor feedback regarding patient access to appointments. A new appointment system had been implemented in February 2015 but no comprehensive review of the system had taken place since to deduce how well it was working for patients and to identify any improvements which were required.

At this inspection we saw that a number of channels for communicating with patients had been utilised to improve two way communication. This enabled increased patient feedback and more information being provided to patients regarding the appointment system. Recruitment had been undertaken and we saw more routine appointments were available. There were also improved outcomes in the national GP survey in July 2016 compared to January 2016.

Good



The Leys Health Centre

Detailed findings

Background to The Leys Health Centre

The Leys Health Centre has a patient list of approximately 10700 patients. It is located in Blackbird Leys, Oxford. The patient list had a much higher proportion of young children than average and lower numbers of older patients. The local area was socially and economically deprived, ranked as in the third most deprived according national deprivation rankings (10 least deprived 1 most deprived). The practice is registered to provide services from: The Leys Health Centre, Dunnock Way, Oxford, Oxfordshire OX4 7EX.

There are seven GP partners at the practice and one salaried GP. There are seven female and 1 male GP. There are five female practice nurses and two healthcare assistants, plus phlebotomists. A number of administrative staff and a practice manager support the clinical team.

At the time of our last comprehensive inspection there were 6.1 whole time equivalent (WTE) GPs and three WTE nurses.

The practice was open between 8.30am and 6.00pm Monday to Friday and appointments were available during these times. During 8am to 8.30am and 6pm to 6.30pm an external provider covered the phones to provide patients with access to a clinician if required. However, this was not made clear on the practice website to inform patients of how they could access GP services during these times. Extended surgery hours were provided from 6.30pm to 8pm on Mondays and 8.30 to 10.30pm Saturday mornings. When the practice was closed patients could access out of hours GP services by calling 111. This was clearly displayed on the practice's website.

This is a training practice.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme in February 2016. As a result we identified areas of improvement and issued a requirement notice. The provider sent us an action plan detailing how they intended to improve the services provided and meet regulations.

We carried out a desk based review 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.

How we carried out this inspection

We requested information from the practice on how they had made improvements to the services provided.

To get to the heart of patients' experiences of care and treatment, we always ask the following key questions:

- Is it responsive to people's needs?

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 last inspection in February 2016 we asked the provider to consider action regarding some areas where improvements should be made. These included:

- Ensure nurses were aware of the principles and requirements of the Mental Capacity Act 2005:
- Review means to increase in the uptake of learning disability health checks.
- Identify how to promote better awareness of bowel cancer screening to help increase uptake on the screening programme.

Consent to care and treatment

In November 2016 the practice informed us that in April 2016 a clinical meeting, attended by nursing staff and GPs was held to discuss the Mental Capacity Act 2005, case studies, and ensure all clinicians had a working knowledge of the Act. They were also informed how to obtain further information or advice if uncertain about an individual patient's capacity.

The slides from the meeting were stored on a shared drive for staff to access. This training was cascaded to staff who did not attend the first meeting.

Supporting patients to live healthier lives

In November 2016 the practice informed us they had implemented new invitation methods for health checks for patients with learning disabilities. This included easy read letters and phone calls. Eleven patients who had not previously attended for check-ups have since attended. The practice is continuing to invite the eligible patients to increase uptake.

The practice informed us they had obtained several different posters promoting bowel-screening. These are displayed in both ground and first floor waiting areas. In addition the practice has also been part of the Leys Health & Wellbeing initiative, which seeks to address health inequalities in the local area. Improving screening uptake is one of its targets, although not specifically aimed at doing so.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Access to the service

At our last inspection in February 2016 we found that the GP national survey returned poor results for the practice in January 2016 regarding access to appointments. Patients we spoke with on the day reported it was very difficult to book appointments. The partners and manager recognised there were problems for patients in booking appointments and in February 2015 implemented a new appointment system. Following that they had considered options to try and relieve pressure on GP appointments by training nurses to deal with minor illnesses (which was in progress in February 2016), recruiting a prescriber (but this had been possible at that time) and had attempted but not been able to recruit another GP. The practice had not yet undertaken a survey on patients regarding the new system to identify improvement. The main practice phone lines were not open during 8am to 8.30am and 6pm to 6.30pm but alternative contact information was not provided on the website.

The national GP survey results reported in the last inspection were from surveys undertaken in September and October 2015. They may not have fully represented the changes made to appointments in February 2015.

In November 2016 we saw the July 2016 national survey results (undertaken in February and April 2016) the results showed improvements to patient satisfaction regarding appointments. For example:

- 79% 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 89% and national average of 85% (previously 70%).
- 61% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73% (previously 54%).
- 59% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 60% (previously 55%).

These results were not related to any further action taken following our last inspection in February 2016, but were likely to be related to the reconfiguration of the system in 2015.

In November 2016 we were sent evidence to show the practice had undertaken its own survey regarding the appointment system. There were positive and negative outcomes. Specifically patients were concerned with the length of time left waiting on the phone. A resulting action plan was being produced in conjunction with the patient participation group to improve patient experience in this regard. The action plan included shortening the phone message patients listened to, when calling the practice.

The practice informed us they had continued their recruitment drive for new GPs and nurses. Two additional GP sessions per week had been added. Other recruitment had been successful but had proved short term due to unforeseeable circumstances. They informed us that a new practice nurse was recruited in August 2016 to support the minor illness nurses, with routine nursing work. This had enabled the minor illness nurses to offer up to 16 minor illness appointments per day. These appointments could be allocated by the duty doctor for urgent care, enabling the GPs to offer additional routine appointments instead of carrying out all the urgent care work themselves.

We were sent information regarding the next bookable appointments for patients. This showed routine appointments were available within eight working days. At our previous inspection patients repeatedly reported that routine appointments could take between two to six weeks to book. These appointments were supported by same and urgent appointments.

The practice had implemented a policy for receptionists to update patient mobile phone numbers on patient records at each interaction or whenever possible. This enabled a greater amount of text reminders to try and reduce missed appointments.

Action had been taken to improve uptake of the friends and family test to provide a broader range of patient feedback. The number of patients highly likely to recommend the practice had increased from 48% in April 2016 to 62% in October 2016, with 77% of patients likely or very likely overall to recommend the practice.

The practice had implemented a range of communication methods to inform patients on how appointment system worked. For example, the practice advertised the appointment system via a full page in local newspaper

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

which was delivered free to local households in May 2016. This included information about the challenges in appointment capacity, the practice's plans and how to use the telephone triage system for urgent problems.

We check the provider's website and saw that information on how to contact the practice during 8am to 8.30am and 6pm to 6.30pm was available.