

Ilford Lane Surgery

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

The last inspection of this practice took place in December 2016. The overall rating for the practice at that time was good, with the exception of key question responsive which was rated as requires improvement. Our concerns at this time related to the insufficient numbers of suitably qualified, competent, skilled and experienced persons to meet patient demand as evidenced by the low patient satisfaction scores in the national GP patient survey. Following the December 2016 inspection, we issued the practice a regulation notice in respect of Regulation 18 of the Health and Social care Act (RA) Regulations 2014.

At this inspection we focused on the following key question which has been rated as:

Are services responsive? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced focused inspection at Ilford Lane Surgery on 11 December 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 on 21 December 2016. This report covers our findings in relation to those requirements and also any additional improvements made since our last inspection.

At this inspection we found:

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had recruited additional clinical staff to address patient demand for services provided at the practice.
- There was a focus on continuous improvement at all levels of the organisation in order to provide quality services for patients.

The areas where the provider **should** make improvements are:

- Consider the introduction of written care plans for patients diagnosed with Asthma. In addition, the obesity register should be kept relevant.
- Continue to monitor and address concerns highlighted by patients in the National GP Patient survey, with particular attention to scores relating to patient access to the practice.

Summary of findings

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?

Requires improvement



Ilford Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser

Background to Ilford Lane Surgery

Ilford Lane Surgery is located in a residential and commercial area of the London Borough of Redbridge. The practice is located on the first floor of a purpose built local NHS building, which is home to several other healthcare providers. The immediate roads around the practice are subject to permit-only parking, however parking is available on roads approximately 5-6 minutes walk from the practice. The practice has bays for parking for disabled patients at the side of the practice. The nearest bus stop is approximately one minute from the practice.

There are approximately 5850 patients registered at the practice. Statistics shows high income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is slightly higher than the national average for those aged between 25-39. Patients registered at the practice come from a variety of geographical and ethnic backgrounds including Asian, Western European, Eastern European and Afro Caribbean. Of the practice population, 41% have been identified as having a long-term health condition, compared with the CCG average of 48% and the national average of 54%.

Care and treatment is delivered by the lead GP (male), one regular salaried doctor (female) and one long-term locum doctor (female) who between them provide approximately 19 clinical sessions weekly. There is one Practice Nurse (female) at the surgery who provides five sessions weekly and two healthcare assistants (female) who provides three sessions per week. In addition, the practice employs a clinical pharmacist who provides two sessions per week. Seven administrative/reception staff work at the practice and are led by a part-time practice manager.

The practice is open from the following times:-

- 8am - 6:30pm (Monday, Tuesday, Wednesday, Thursday and Friday)

Extended hours surgery is held on the following days and times:-

- Monday (6:30pm - 7:30pm)
- Wednesday (6:30pm - 7:30pm)

Clinical sessions are run at the following times:-

- 8:30am - 12:30pm; 2:30pm - 7:30pm (Monday)
- 8:30am - 12:30pm; 2:00pm - 6:30pm (Tuesday)
- 9:00am - 2:00pm; 3:00pm - 7:30pm (Wednesday)
- 9:00am - 1:00pm; 2:30pm - 6:00pm (Thursday)
- 9:00am - 3:00pm; 4pm - 6:30pm (Friday)

Patients can book appointments in person, by telephone and online via the practice website.

The practice telephone lines close between 1pm and 2pm daily. Patients requiring a GP appointment outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a General Medical Services (GMS) contract and conducts the following regulated activities:-

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

Detailed findings

- Maternity and midwifery services
- Family Planning

Redbridge Clinical Commissioning Group (CCG) is the practice's commissioning body.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing responsive services across all population groups.

At the last inspection in December 2016, we rated the practice as requires improvement for responsive services as the results from the National Patient GP survey showed patient satisfaction with the practice was lower than local and national averages.

At this inspection we were provided evidence of significant action taken by the practice to improve the low GP patient satisfaction scores however these changes are not yet reflected in the patient survey.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. The practice offered extended opening hours three times a week, as well as offering online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The practice improved services where possible in response to unmet needs. Following our inspection in December 2016, the practice had recruited a permanent practice nurse, a prescribing pharmacist and an additional healthcare practitioner in an attempt to meet patient need for clinical services.
- The facilities and premises were appropriate for the services delivered. The practice was still in negotiation with the local Clinical Commissioning Group (CCG) regarding obtaining another clinical room at the location of the surgery. A room had been identified and the practice was in talks with the local CCG in order to obtain possession of the room at the earliest opportunity to be able to offer more appointments with the clinical team.
- The practice made reasonable adjustments when patients found it hard to access services. The practice

had access to interpreter services for patients whose first language was not English and several members of staff spoke a second language. The practice website had the facility to be translated into over 100 languages.

- The practice produced a regular newsletter for patients which contained the latest information regarding seasonal clinics, general health advice and news about local NHS services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Patients in this population group could request longer appointments with GPs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Not all patients diagnosed with asthma had a written care plan attached to their clinical record.
- The practice had devised a set of letters for patients who were on high risk medication to remind them that the medicine could not be prescribed unless timely blood tests had been undertaken.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.

Are services responsive to people's needs?

(for example, to feedback?)

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had devised an information sheet for newly-pregnant patients advising them of the clinics and services available for them at the practice.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered extended opening three times a week hours.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours
- The practice offered longer appointments for patients with a learning disability. All patients with learning disabilities had an annual clinical review.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record in the preceding 12 months, which is comparable to the CCG average and the national average of 90%.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and sixty surveys were sent out and 75 were returned. This represented about 1% of the practice population.

- 59% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 27% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 51% and the national average of 71%.
- 59% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG average of 76% and the national average of 84%.
- 41% of patients who responded said their last appointment was convenient compared to the CCG average of 68% and the national average of 81%.
- 42% of patients who responded described their experience of making an appointment as good compared to the CCG average of 58% and the national average of 73%.
- 42% of patients who responded said they don't normally have to wait too long to be seen compared to the CCG average of 43% and the national average of 58%.

We spoke to the practice of the day of inspection regarding the continuing low National GP patient survey results. They informed us that they were aware of these scores and were continuing to work towards improving the practice scores. The practice had added questions relating to patient access to their friends and families questionnaire so that

Are services responsive to people's needs?

(for example, to feedback?)

they could address concerns quickly following analysis of monthly results. They spoke to us about the addition to the clinical team of a permanent practice nurse, prescribing pharmacist and an additional healthcare practitioner, which has allowed the practice to be able to offer more appointments. As the introduction of new staff took place over a period of months during 2017, the practice was aware that any changes within the practice were likely not

to be reflected in the current patient survey scores. The practice also recognised that due to a high transient population and patients whose first language was not English within their patient list, some patient expectations would not always be achieved, however they would continue to engage with their patients through actioning feedback received and talking and working with the patient participation group (PPG).