

Belvoir Health Group

Quality Report

The Surgery, Fern Road, Cropwell Bishop,
Nottinghamshire NG12 3BU

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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 previously carried out a comprehensive inspection of Belvoir Health Group, The Surgery, Fern Road, Cropwell Bishop, Nottinghamshire on 12 February 2015. The overall rating was good.

This announced focused inspection of Belvoir Health Group was carried out on 8 August 2017 as the practice had not been inspected recently, and in response to some information we received. We reviewed the practice against one of the five questions we ask about services: is the service responsive. The overall rating was good.

Our key findings were as follows:

- Belvoir Health Group understood and responded to the needs of their patient population well.
- The practice had undergone considerable changes and adopted improved ways of working to ensure the services were responsive to people's needs. For example, a new long-term conditions (LTC) programme had been implemented, which provided a more responsive and organised way of managing people's conditions.
- The practice team were forward thinking and part of local pilot schemes to improve outcomes for patients.

- Feedback from patients about their care and treatment, and access to the service was consistently positive.
- The triage and appointment system was flexible and responsive to patients' needs. The staff team were continually reviewing and adapting the system to meet patients' needs.
- The nursing team had been upskilled to take on additional responsibilities to meet patients' needs. The skill mix and number of health care assistants and nursing staff had significantly increased to support the changes.
- To improve health outcomes for patients and to provide more effective management of long-term conditions, the provider had appointed two specialist nurses to work across its three surgeries.
- Concerns and complaints were listened to and acted on to ensure that appropriate learning and improvements had taken place.
- The practice implemented improvements and changed the way it delivered services in response to feedback from patients. The staff team had identified the need to provide more proactive feedback for patients with regards to changes made.

The provider should make the following improvement.

Summary of findings

- Explore ways to further engage with all patient groups to seek their views and provide proactive feedback for patients with regards to changes made.
- Make available the minutes of recent Patient Participation Group meetings on the provider's website and in the practice 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 responsive to people's needs?

Good



- Feedback from patients about their care and treatment, and access to the service was consistently positive.
- The practice provided a range of services to meet patients' needs and enable them to be treated locally.
- The practice had undergone considerable changes and adopted improved ways of working to ensure the services were responsive to people's needs.
- The practice team were forward thinking and part of local pilot schemes to improve outcomes for patients.
- The triage and appointment system was flexible and responsive to patients' needs. The staff team were continually reviewing and adapting the system to meet patients' needs.
- The nursing team had been upskilled to take on additional responsibilities to meet patients' needs. The skill mix and numbers of staff had significantly increased to support the changes.
- To further meet patients' needs the provider had appointed two specialist nurses to work across its three surgeries, to improve health outcomes for patients and to provide more effective management of their long-term conditions.
- Concerns and complaints were listened to and acted on to ensure that appropriate learning and improvements had taken place.
- The practice implemented improvements and changed the way it delivered services in response to feedback from patients.
- There was an active PPG which was consulted about various changes, although there was potential to further involve the group in the planning and delivery of services.

Summary of findings

What people who use the service say

We spoke with 21 patients during our inspection. Feedback from patients about their care and treatment and the way staff treated them was consistently positive. Patients felt that the staff were responsive to their needs.

Overall patients' experiences in obtaining an appointment or telephone consultation when needed and getting through to the practice on the phone were positive. Patients said that they could usually obtain an appointment or telephone consultation when needed in a timely way, and found the receptionists friendly and helpful.

Two patients at Cropwell Bishop Surgery said that it was harder to obtain an appointment than previously. Whilst two patients at Cotgrave Surgery said that it was easier to get an appointment since the introduction of the new appointment system. Patients told us that they didn't usually have to wait too long to be seen after their appointment time.

Patients who received prescribed medicines said that they generally had no problems in obtaining their medicines and repeat prescriptions. Several patients who obtained their medicines from the dispensary service at Cropwell Bishop Surgery said that the service generally worked very well, and they found the staff helpful and friendly.

Patients found the premises welcoming and accessible.

Not all patients were aware of the complaints procedure but they said that they felt able to raise any concerns with staff if they were unhappy with their care or treatment, as the staff were approachable.

We also spoke with one member of the patient participation group (PPG). They told us the PPG met regularly, were consulted about changes at the practice, and were involved in representing the views of patients and practice development. They acknowledged the support of staff but felt that the practice could be more involved with the group, in planning the services and bringing about improvements to benefit patients.

The NHS Friends and Family test results dated August 2016 to August 2017 showed that 92% of people would recommend the practice to friends and family if they needed similar care.

The national GP patient survey results were published in July 2017. Results relating to access to the service and meeting patients' needs showed that the practice was mostly performing in line with or above local and national averages. Patients' overall experience of the surgery showed a higher satisfaction level than local and national averages. A total of 225 survey forms were distributed and 118 were returned. This represented 0.5% of the practice's patient list.

- 85% patients said they found it easy to get through to the surgery by phone (CCG average 84%, national average 71 %).
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 90%, national average 84%).
- 88% of patients said the last appointment they got was convenient (CCG average 88%, national average 81%).
- 54% felt that they don't normally have to wait too long to be seen (CCG average 62%, national average 58%).
- 77% of patients said they were satisfied with the practice's opening hours (CCG average 79%, national average of 76%).
- 99% had confidence and trust in the last GP they saw or spoke to (CCG average 97%, national average 95%).
- 97% described their overall experience of this surgery as good (CCG average 92%, national 85%)

Belvoir Health Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector, and included a GP specialist adviser and an Expert by Experience.

Background to Belvoir Health Group

Belvoir Health Group is the registered name for a large GP practice comprising of three GP surgeries in south Nottinghamshire, which provides primary care to just over 24,000 patients. The provider has one patient list. Patients register at one of the three surgeries, and generally access appointments at the surgery they are registered with. Certain services including flu vaccinations, coil fittings and minor surgery are offered across the surgeries.

The three surgeries are located within a four mile radius at:

- Cropwell Bishop, The Surgery, Fern Road, Cropwell Bishop, Nottinghamshire NG12 3BU. The provider is registered with the Care Quality Commission in regards to this location, which includes the following two surgeries.
- Bingham Surgery, Newgate Street, Bingham, Nottinghamshire NG13 8FD.
- Cotgrave Surgery, The Health Centre, Candleby Lane, Cotgrave, Nottinghamshire NG12 3JG.

Cropwell Bishop Surgery dispenses medicines to virtually all registered patients (5,250), as there is no other pharmacy provision within the practice boundary. Bingham

Surgery also dispenses medicines to over 2,000 patients. Both dispensaries are open Monday to Friday from 8.30am to 6.30pm. We did not review the dispensary services as part of this inspection.

Belvoir Health Group is registered to provide the following regulated activities: Diagnostic and Screening Procedures, Treatment of Disease, Disorder or Injury, Surgical Procedures, Maternity and Midwifery and Family Planning. The practice provides primary care services via a General Medical Services (GMS) contract commissioned by NHS England and Rushcliffe Clinical Commissioning Group (CCG).

The practice population are predominantly of white British background. The practice list has a slightly higher percentage of older patients and a slightly lower percentage of younger patients than the national average. The level of deprivation within the practice population is generally low, although Cotgrave is an ex-mining town with areas of deprivation.

Belvoir Health Group is a partnership between twelve GP partners. The practice team includes a business manager, a financial administrator, nine practice nurses including a lead nurse, two specialist nurses, 7 health care assistants (HCAs) including a team leader, 1 phlebotomist, 9 dispensing staff, an operations manager, a HR and performance manager, reception and administrative staff including three team leaders, 12 GP partners (six male, six female) and four salaried GPs. This equates to 12.75 whole time equivalent (WTE) GPs and 7.43 WTE nurses working across the three practices.

The three surgeries have their own staff team, although administrative cover is provided between sites when required. The GPs and nurses are generally based and work at one practice, but provide cover at the other surgeries where needed.

Detailed findings

The surgeries are teaching practices for medical and nursing students.

The surgeries are open Monday to Friday from 8am to 6.30pm.

Planned GP and nursing appointments times are available at varying times of the day across the three practices.

The provider opted out of providing extended hours appointments, although they are signed up (along with all other practices in Rushcliffe CCG) to provide extended GP, nursing and HCA evening and weekend hours from a number of local hub locations.

The practice opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to NEMS Community Benefit Services Limited out-of-hours service via the 111 service.

Why we carried out this inspection

We undertook a focused inspection of Belvoir Health Group on 8 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out as the practice had not been inspected recently, and in response to some information we received. We reviewed the practice against one of the five questions we ask about services: is the service responsive.

How we carried out this inspection

Before visiting, we reviewed information we hold about the practice and asked other organisations to share what they knew. We carried out an announced focused visit on 8 August 2017.

During our inspection we:

- Visited Cropwell Bishop Surgery and Cotgrave Surgery.
- Spoke with various staff including the business manager, operations manager, the lead nurse, a practice nurse, the dispensary manager, the health care assistant team leader, a GP Partner, a salaried GP, reception and administrative staff.
- We also spoke with 21 patients who used the service, and a member of the patient participation group (PPG).
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Obtained feedback from two care homes the practices were aligned to.

Please note that when referring to information throughout this report, 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

Responding to and meeting people's needs

Patients we spoke with told us that the practice was responsive to their needs.

Patients' needs were central to the planning and delivery of services. The practice worked proactively with Rushcliffe Clinical Commissioning Group (CCG) and other local practices to meet people's needs. For example;

- The CCG had commissioned paramedic technician staff to respond to 999 calls. The technicians phoned the practice to speak with a GP on every attendance during surgery hours, to avoid admission to hospital, where appropriate. There were future plans to extend this initiative to all ambulance staff involved in non-urgent calls.
- Belvoir Health Group (BHG) understood and responded to the needs of their patient population well. The three surgeries had very different populations, and the services were adapted to meet patients' needs. For example, a variety of appointment systems were offered across the surgeries.
- In response to high demands for appointments, Cotgrave Surgery introduced a 'Doctor First' triage system in October 2016, where all patients initially speak to a GP on the phone on the day they call the surgery. Patients were assessed on a clinical priority basis, and an appointment was booked where required to see an appropriate clinician.
- The above system was evaluated three months after it was introduced. The survey showed that patients were generally very satisfied with the triage system. The practice continued to monitor and adapt it, in response to feedback from patients and demands on the service.
- The practice had adopted improved ways of working to ensure the services were responsive to peoples' needs. For example, the practice had implemented a new long-term conditions (LTC) programme, which provided a more responsive and organised way of managing people's conditions. Patients now received an annual review of their LTC and other needs, at a single appointment where possible around their birthday.
- Patients booked an appointment with a health care assistant (HCA) a week before their LTC review to have required blood tests and checks carried out. They attended their review a week later with a nurse, when their tests results and information was available. The GPs also provided support and carried out reviews for patients with complex needs. Patient reviews included education and strategies to enable them to manage their conditions effectively.
- The practice staff used standard templates when completing LTC reviews, which were used across GP surgeries in Rushcliffe CCG. This ensured that all patients received the same level of review.
- The practice adopted a pro-active approach to preventing patients from developing LTC such as diabetes. For example, the practice identified and referred suitable patients to the National Pre-Diabetes Prevention Programme, which provides advice and support to people identified at high risk of developing the condition.
- The practice had high numbers of patients with chronic obstructive pulmonary disease (COPD) and diabetes (1,248 patients had diabetes and 458 patients had COPD). To improve health outcomes for patients and to provide more effective management of their long-term conditions, the provider had appointed a specialist diabetes nurse in April 2017, and a specialist COPD nurse in January 2017 to work across the group's practices. Both nurses worked part-time.
- Policies set out the roles of the specialist nurses and how they worked within the clinical teams. The diabetes specialist nurse reviewed patients with more complex problems and initiated insulin. The COPD specialist nurse saw patients with more complex needs, carried out health reviews and spirometry (lung function testing).
- The practice nurses spent time shadowing the specialist nurses to gain further skills. The specialist nurses also provided training to increase the expertise across the nursing and GP team, which meant that patients had better access to appropriately skilled clinicians. The specialist nurses had been in post a short time, and it was too soon to evaluate their impact on patients care.
- The nursing team had received specific training and had been upskilled to undertake additional skills and responsibilities to further meet patients' needs, including the management of patients' with LTC. One

Are services responsive to people's needs?

(for example, to feedback?)

nurse had completed the Warwick course in diabetes, which enabled them to initiate insulin. The nurses and GPs had attended diabetes sessions led by the diabetic specialist nurse.

- All nurses had also attended training on COPD delivered by the specialist nurse, and one nurse was commencing specific COPD mentoring with the community COPD team. In addition, three senior nurses had attended external asthma and COPD study days, and one nurse has started a degree in LTC. All new nurses who were not an experienced practice nurse undertook a year-long course, Practice Nursing BSc, which covers LTC conditions.
- Where patients were unable to visit the practice, a HCA visited them in their home to carry out blood tests, health checks and flu and pneumonia immunisations, and the nurses carried out health reviews to ensure that patients' needs were being met.
- The expansion of the nursing team had improved access for patients and had freed up more time for GPs to spend with patients with complex needs, and to further develop the services.

The practice team were forward thinking and part of local pilot schemes to improve outcomes for patients. For example, they were part of an integrated nursing pilot, where Rushcliffe CCG had employed four nurses to work in primary care and community nursing teams.

The practice was successful in their bid to host one of the above nurses. From September 2017 the practice will employ a nurse who will spend two days a week working in BHG surgeries as a practice nurse. The nurse will also work two days a week in the community with the specialist nursing teams and a day studying.

The aim of the above pilot was to help develop practice and district nurses with a broad skill base, and appreciation of the work that the different teams do. As part of the pilot, an experienced nurse from BHG will spend time mentoring the nurse, and will also spend time themselves with a speciality team within the community. This will enable existing practice nurses to gain additional specialist skills.

- BHG provided a range of services to meet patients' needs and enable them to be treated locally. This

included in-house phlebotomy, spirometry (lung function testing), ECGs, wound dressings and an anticoagulation service to monitor patient's blood to determine the correct dose of their medicine.

- Clinical staff carried out near patient INR testing (finger-prick blood test) to determine a patient's correct anticoagulant dose. The international normalised ratio (INR) is a measure of how long it takes a person's blood to clot. This method of testing enabled patients to receive their blood results within minutes, and a GP was then able to advise them on their anticoagulant dosage.
- Patients who were prescribed medicines said that they usually had no problems in obtaining their medicines and repeat prescriptions. Several patients, who obtained their medicines from the dispensary service at Cropwell Bishop Surgery, said that the service generally worked very well and they found the staff friendly and helpful.
- We saw that the dispensary service promptly dealt with a patient who had run out of their medicines to obtain a further supply.
- The dispensary service provided dosette boxes to remind patients to take their medicines where required. They also provided a home delivery service to vulnerable and housebound patients, to enable them to access their medicines.
- The surgeries were aligned to four care homes where 185 patients were registered. Each care home had a named GP who carried out weekly structured visits, which was above the contract agreement to provide a monthly ward round.
- We obtained feedback from senior staff at two of care homes. Staff spoke highly of the support they received from the surgeries. They told us that the surgeries were very responsive to patients' needs, including requests for urgent visits. The active involvement and support of the named GP ensured effective communication, continuity of care and that patients were regularly reviewed.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We found that the practice

Are services responsive to people's needs?

(for example, to feedback?)

implemented improvements and changed the way it delivered services in response to feedback from patients. Although, the practice did not always provide proactive feedback for patients with regards to changes made.

There was an active PPG. We spoke with a member of the group. They told us the PPG met regularly, were consulted about changes at the practice, and were involved in representing the views of patients and practice development. For example, the group was involved in the review of the appointment system at Cotgrave Surgery.

The PPG acknowledged the support of staff but felt that the practice could be more involved with the group, in planning the services and bringing about improvements to benefit patients. Senior staff told us they worked to support the PPG and promoted their role as a voice for patients, and a critical friend of the practice.

Access to the service

- To meet patients' needs the surgeries were open Monday to Friday from 8am to 6.30pm. The dispensary services at Cropwell Bishop and Bingham Surgery were also open Monday to Friday from 8.30am to 6.30pm.
- Planned GP and nursing appointments times were available at varying times of the day across the three surgeries.
- We found that the appointment system was flexible to meet patients' needs. Longer appointments were available where required, including people with complex needs, who were vulnerable or elderly.
- Home visits were available for patients who required these.
- Patients told us they could usually obtain an urgent appointment or telephone consultation when needed. They had to wait longer to obtain a non-urgent routine appointment, or to see their preferred GP. On checking the appointment system we found that this was the case.
- Staff told us that the electronic check in service at all three sites was well used.
- We found that the triage and appointment systems were flexible and responsive to patients' needs. For example, a young patient needed to be urgently seen at Cotgrave Surgery and was offered a later appointment to accommodate their needs.

- The number of patients registered with BHG had remained relatively stable, although the demand for appointments had increased. We found that the practice was continually reviewing and adapting the appointment systems to meet patients' needs. For example, more telephone consultations were undertaken at Cropwell and Bingham Surgeries on certain days where the demands for access were higher than usual.
- The three surgeries have their own staff team to aid communication and continuity of care. However, the clinical staff worked flexibly to provide cover across the other practices where needed. All GPs had been involved in the 'Doctor First' triage system, to enable them to understand the system and to provide cover at Cotgrave Surgery if needed.
- Fortnightly resource meetings were held where the managers and a GP from the three surgeries met to look at forthcoming staffing cover to ensure sufficient staff were available.
- The provider had opted out of providing extended hours appointments, although they are signed up along with all other practices in Rushcliffe CCG, to provide extended GP and nursing evening and weekend hours from a local hub location. Six GPs, two nurses and a HCA from BHG covered some shifts at the hub.
- The premises were accessible to patients and included disabled parking, a hearing loop, and baby changing facilities. The service was adapted to meet patient's needs. For example, one of the branch surgeries provided a separate direct telephone number to a patient who was deaf and had difficulty accessing the automated phone service.
- The GP partners had identified that that the premises at Cotgrave Surgery were no longer fit for purpose. A nearby new site had been acquired and a new build was due to commence in September 2017. The PPG were involved in the changes. The partners will own the building but will sub-lease rooms to other local services.
- Translation services were available for patients whose first language was not English.

The national GP patient survey results were published in July 2017. The results relating to access to the service and meeting patients' needs showed that the practice was

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mostly performing in line with or above local and national averages. A total of 225 survey forms were distributed and 118 were returned. This represented 0.5% of the practice's patient list.

- 85% patients said they found it easy to get through to the surgery by phone (CCG average 84%, national average 71 %).
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- 77% of patients said they were satisfied with the practice's opening hours (CCG average 79%, national average of 76%).
- 99% had confidence and trust in the last GP they saw or spoke to (CCG average 97%, national average 95%).
- 97% described their overall experience of this surgery as good (CCG average 92%, national 85%)

Listening and learning from concerns and complaints

The practice had an effective system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled complaints in the three surgeries.
- We saw that information was available to help patients understand the complaints system, including a summary leaflet for comments, concerns and

complaints. However, the information available on the provider's website did not provide up-to-date information as to the complaints manager, and did not state that patients could direct their complaint to NHS England rather than the practice, in addition to their right to approach the Parliamentary Health Service Ombudsman. Senior managers agreed to update this.

- Records showed that the three surgeries had received a total of 12 complaints in the last 12 months. Complaints we reviewed had been acknowledged, investigated and responded to, in a timely and transparent way in line with the practice's policy. Concerns and complaints were listened to. An apology was provided where appropriate.
- Lessons were learnt from complaints and shared with staff, and action was taken as a result to improve the quality of care. For example, in response to a complaint involving a dispensary error the practice introduced a new procedure for dispensing medicines to prevent further recurrence.
- An annual review of all complaints for the period of 2016-17 had taken place to review any themes that had occurred and to provide assurances that the required improvements had been made.
- Complaints and significant events (SEA) were currently recorded on separate central logs. Senior managers were looking to combine the information under one register to oversee these. They were also looking to establish separate meetings to review complaints and SEAs to allow more time to discuss these.
- Staff told us that the practice was open and transparent when things went wrong. Where possible, concerns were dealt with on an informal basis and promptly resolved. The practice was refining their approach to recording and handling of verbal complaints.