Coalpool 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 effective?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Coalpool Surgery on 18 April 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Coalpool Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 14 February 2017 to confirm that the practice had carried out their plan to meet the required improvements in relation to the breaches in regulations that we identified in our previous inspection on 18 April 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall, the practice is now rated as good.

Our key findings were as follows:

- Since our comprehensive inspection, which took place in April 2016 the practice, systems have been implemented to monitor Quality and Outcomes Framework (QOF) performance, the uptake of childhood immunisations and national screening programmes. As a result, the practice has increased the number of under two year olds receiving a vaccination and performance is now higher than the local and national averages.
- However, when we carried out our follow up inspection we saw that national screening programs such as breast cancer remained below local and national averages.
- Previously staff we spoke with were unable to provide documentation to evidence that fire drills had been carried out. During the follow up inspection, we saw documents which showed that fire drills had taken place.
- When we first inspected the practice, some staff we spoke with were not following national guidance when acting as a chaperone. Staff we spoke with as part of the follow up inspection were able to explain how they carried out chaperoning duties. We also saw training records which showed that staff had completed training to enable them to carry out this role within national guidance.
- When we carried out the comprehensive inspection the practice identified 17 patients as carers, this was 0.41% of the practice list. Since the inspection, the

Summary of findings

practice had reviewed their carers list. Staff we spoke with during the follow up inspection explained that the practice had identified issues regarding information contained in patients care records. Staff were proactive in asking patients whether they were carers during appointments and when booking appointments. The practice had established a carers' lead and developed a comprehensive carers' pack. As a result, the practice had identified 65 patients as carers (4.5% of the practice list).

- During the comprehensive inspection, data provided by the practice showed that 53% of patients with a learning disability (LD) had their annual health checks in a face-to-face appointments in 2015/16. Since the comprehensive inspection the practice implemented an LD lead, all identified patients had either been sent a letter or contacted via the phone. Despite these efforts, data provided during the follow up inspection showed a 29% uptake rate in 2016/17. Staff we spoke with explained that they were aware of the slow uptake and were planning to offer dedicated Saturday clinic and were exploring ways of targeting patients during school holidays.
- Since the comprehensive inspection, the practice reviewedareas of their governance arrangements which required improvement. As a result, during the focused inspection we saw that the practice managerial team operated effective systems which enabled them to monitor training needs, staffing levels and communicate clinical audit plans and outcomes. We also saw systems in place, which supported staff to monitor prescription collection.

At our previous inspection on 18 April 2016, we rated the practice as requires improvement for providing effective and well-led services as data provided by the practice showed the uptake of medicine reviews in 2015/16 for patients diagnosed with a learning disability was 53% and the uptake of some national screening programmes were below local and national averages. At this inspection, we found that systems had been established to increase uptake; however, data provided by the practice showed uptake rates remained low. Consequently, there were areas of practice where the provider still should make further improvements.

The provider should:

- Continue exploring and implementing effective processes aimed at increasing the uptake of annual health checks in a face-to-face reviews for patients with a learning disability.
- Continue establishing effective measures to encourage patients to engage with national screening programmes.

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?

Good

At our previous inspection on 18 April 2016, we rated the practice as requires improvement for providing effective services as some arrangements to enable the practice to provide effective care needed improving. These arrangements had significantly improved when we undertook a follow up inspection on 14 February 2017. For example:

- Previously the practice exception reporting rate (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects), was above the CCG and local averages. As part of the follow up inspection, data we saw showed that the practice exception reporting was comparable to CCG and national averages.
- The practice was part of a corporate provider and staff we spoke with during the follow up inspection explained that the provider was able to offer extra support such as national leads who monitored QOF performance. There were also systems in place which alerted GP leads of any performance related concerns.
- When we first inspected the practice, some staff were able to demonstrate quality improvement through the completion of clinical audits. However, these audits and learning were not shared throughout the practice management team. Since the inspection staff explained that audit plans and outcomes were being presented during clinical meetings and electronically available via the practice shared drive.
- During our first inspection, not all staff we spoke with were able to evidence that they had received appropriate training to enable them to carry out their duties effectively. Staff also explained that staffing levels were not always sufficient. During our follow up inspection, we saw evidence of completed training, the practice had recruited additional members to the nursing team, and systems were in place to monitor and respond to staffing levels.
- Previously the practice uptake for childhood immunisations and national screening programmes such as breast and bowel cancer was below local and national averages. Since the inspection, the practice had made changes such as more proactive recall systems and ensured clinics were more accessible. As a result 2015/16, immunisations for under two year olds were above national averages. However, NHS wide national screenings such as breast cancer remained below local and national averages.

Are services well-led?

Good

During the comprehensive inspection in April 2016, we rated the practice as requires improvement for well-led as some governance arrangements needed improving. These arrangements had significantly improved when we undertook a follow up inspection on 14 February 2017. For example:

- When we first inspected the practice, we saw that some systems and processes had not been established or operated effectively. During our follow up inspection staff explained that the practice had reviewed their policies and procedures. As a result, we saw effective systems in place to monitor and manage uncollected prescriptions.

Summary of findings

- We saw systems in place which enabled members of the management team to monitor training needs. We also saw effective monitoring of staffing levels; and members of the management team were able to explain actions taken to respond to staffing needs.
- We spoke with members of the management team who explained that communication systems had been improved since the comprehensive inspection. For example, staff explained that clinical audits were discussed during clinical meetings, and staff were able to access completed audits via the practice shared drive.
- Staff we spoke with also explained that lead roles had been clearly defined and communicated within the practice.

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	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

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Continue exploring and implementing effective processes aimed at increasing the uptake of annual health checks in a face-to-face reviews for patients with a learning disability.
- Continue establishing effective measures to encourage patients to engage with national screening programmes.

Coalpool Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC), Lead Inspector**.** The team included a GP specialist adviser.

Background to Coalpool Surgery

Coalpool Surgery is located in Walsall West Midlands situated in a multipurpose modern built NHS building, providing NHS services to the local community. Coalpool Surgery is part of Phoenix Primary Care, which is a general medical service provider comprising of 12 GP practices operating in the Midlands, Bedfordshire and Herefordshire. Since the April 2016 inspection, Phoenix Primary Care merged with The Practice Group in May 2016.

Based on data available from Public Health England, the levels of depravation in the area served by Coalpool Surgery are below the national average, ranked at one out of 10, with 10 being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. Based on Public Health England data the estimated ethnicity of the practice patient population are 3% mixed, 7% Asian, 3% black.

The patient list is approximately 4,150 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a nationally agreed contract between general practices and the CCG for delivering primary care services to local communities.

The practice has expanded its contracted obligations to provide enhanced services to patients such as childhood vaccination and immunisation, extended hours access, facilitating timely diagnosis and support for people with dementia. 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 situated on the ground floor of a multipurpose building with two other practices. There is car parking available along with facilities for cyclists and patients who display a disabled blue badge. The practice has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing comprises of one male and two female salaried GPs, one advanced nurse practitioner, two practice nurses; one being an independent prescriber and two health care assistants. One practice manager and a team of eight staff members who cover administration, secretarial and reception duties. The practice is a training practice which facilitates GP Registrar's (GPs in training) to gain experience and knowledge in general practice.

The practice is open between 7am to 6:30pm on Mondays and Thursdays, 8:00am to 6:30pm on Tuesday and Friday, 8:00am to 1pm on Wednesday and 9am to 12pm Saturday.

GP consulting hours are from 7am to 6:30pm on Mondays and Thursdays, 8am to 6:30pm on Tuesday and Friday, 8am to 1pm on Wednesday. Extended consulting hours are offered on Saturday from 9:30am to 10:30am for pre booked appointments; however, the telephone line is not accessible during this time. The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by NHS 111.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Coalpool Surgery on 18 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. This was because the provider did not operate an effective communication system to ensure the results from reviews about the quality and safety of the service and actions taken were shared. For example, proposed audits and those which have been carried out by clinicians had been made common knowledge throughout the practice management team. Staff were not always following the practice's policy and procedure when managing uncollected prescriptions.

The full comprehensive report following the inspection on 18 April 2016 can be found by selecting the 'all reports' link for Coalpool Surgery on our website at www.cqc.org.uk.

How we carried out this inspection

We carried out a focused inspection of Coalpool Surgery on 14 February 2017. During our visit we:

- Spoke with a range of staff such as GPs, members of the nursing team, practice manager and administrators.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 18 April 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of sharing the completion and outcome of clinical audits; arrangements for ensuring staff received appropriate training and ensuring sufficient staffing levels needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 14 February 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

Data from the 2014/15 Quality and Outcomes Framework (QOF is a system intended to improve the quality of general practice and reward good practice) showed that some exception reporting domains were significantly higher than Clinical Commissioning Group (CCG) and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). For example, exception reporting for mental health related indicators was 36% for patients diagnosed with depression, compared to the CCG average of 26% and national average of 25%. The exception rate for patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) was 26%, compared to the CCG and national average of 12%. There was an 11% exception reporting rate for patients diagnosed with heart failure, which had been confirmed by a specific test or specialist assessment, compared to the CCG average of 4% and national average of 5%.

Staff we spoke with as part of the follow up inspection explained that since Phoenix Primary Care Limited merged with The Practice Group in May 2016; staff were following new policies and procedures. National leads were monitoring QOF performance and they contacted locality clinical leads whenever performance related concerns were identified. For example, staff explained that national leads had identified a coding issue and contacted the practice regarding required actions. Lead GPs were monitoring exception reporting and made decisions regarding when to exception report. We were told that rather than just sending three invitation letters, staff were now required to discuss non-compliant patients with GPs. We were told that staff contacted patients via phone where possible as a final attempt to engage with them.

Data from 2015/16 QOF showed that some exception reporting clinical domains were comparable to CCG and national averages. For example:

- The exception reporting rate for patients diagnosed with depression was 23%, compared to CCG averages of 20% and national average of 22%.
- 27% of patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) were exception reported compared to the CCG and national average of 13%. However, staff we spoke with explained that they were actively engaging patients and exception reporting was below local and national averages. Data provided by the practice during the follow up inspection showed a 4% exception reporting rate.
- 13% of patients diagnosed with heart failure which had been confirmed by a specific test or specialist assessment, were exception reported, compared to the CCG and national average of 9%.

Clinicians were aware of practice performance and explained that clinicians received monthly reports from national clinical leads. Staff explained that the practice maintained a chronic disease register and used this to actively engage with patients diagnosed with a long-term condition. Members of the nursing team carried out lead roles and engaged with community health care workers. Staff also explained that the practice was in the process of introducing a dedicated COPD clinic.

Management, monitoring and improving outcomes for people

During the previous inspection, the practice were able to demonstrate quality improvement by carrying out clinical audits. However, these audits were not shared throughout the practice management team. As part of our follow up inspection, staff we spoke with explained that audits and guideline updates were discussed during clinical meetings, and we saw minutes, which demonstrated that these discussions were taking place. For example, the practice carried out an audit to check whether patients diagnosed with an irregular heartbeat were in receipt of appropriate medicine. The audit identified that 85% of patients were

Good

Are services effective?

(for example, treatment is effective)

receiving the most appropriate course of medicine. The practice identified the need to ensure patient records reflected the reasons behind why patients were not in receipt of appropriate medicine and we saw evidence of actions taken to contact identified patients. Audit results and required actions were discussed during clinical meetings. Staff also explained that this information was uploaded to a shared drive which staff had access to. We saw documentation which showed that the practice planned to carry out a re-audit to identify whether improvements had been made.

Effective staffing

Not all staff we spoke with during the April 2016 inspection were able to evidence that they had received appropriate training to enable them to carry out their duties effectively. For example, staff had not completed information governance, health & safety and infection prevention & control training. During this inspection we saw evidence of completed training and members of the management team explained that they were in the process of uploading the information onto the practice training matrix.

When we first inspected the practice, staff we spoke with explained that staffing levels were not sufficient. At the time, we were told that this was due to a number of staff leaving which had an impact on workload and there were no plans in place to recruit further staff. Since the April 2016 inspection, the practice recruited an advance nurse practitioner. We were told that The Practice Group maintained a staffing matrix, which highlighted the number of staff required for the practice to operate effectively. Members of the management team explained that this had helped to ensure sufficient staffing levels were maintained. We were told that staff were drafted in form other locations to cover when required.

Supporting patients to live healthier lives

Although during the first inspection staff were able to explain actions taken to encourage patients to attend national screening programmes for bowel and breast cancer screening; we saw that the uptake was below local and national averages. Staff we spoke with as part of the follow up inspection were aware of the practice performance. They described the impact missed appointments were having on their ability to engage with patents and able to explain actions to increase uptake. For example, staff used a clinical system reporting tool which showed that 14% of patients between the ages of 50 to over 60s had missed their appointment. As a result, an allocated staff member contacted patients including those who previously failed to attend in an attempt to engage patients in the national screening programme. Staff explained that they received notifications regarding patients who had not returned their blood testing kits for bowel cancer and where possible these patients were contacted via phone and sent letters. The practice also highlighted dates when the next breast screening campaign were being carried out within the area and we were told that patients who missed their first appointment were being offered a second screening appointment with the screening team. Data from 2016/16 showed:

- 63% of females aged 50-70 were screened for breast cancer in last 36 months (3 year coverage compared to the CCG and national average of 72%.
- 29% of females aged 50-70 were screened for breast cancer in last 6 months of invitation compared to the CCG average of 75% and national average of 74%.
- 44% of patients aged 60-69 were screened for bowel cancer in last 30 months (2.5 year coverage) , compared to the CCG average of 52% and national average of 58%.
- 40% of patients aged 60-69 were screened for bowel cancer within 6 months of invitation compared to the CCG average of 50% and national average of 56%.

Childhood immunisation rates for vaccinations given to under two year olds were below the CCG average when we carried out the first inspection. Since then data from 2015/16 showed that the practice was above national averages. For example, 98% of children under two years old received their vaccinations compared to national target of 90%. Members of the nursing team explained that patients who failed to attend vaccinations were initially sent a letter and this was then followed up by a phone call. Staff also explained that they no longer operated a set clinic system as this was causing patients some difficulties in regards to access. As a result, patients were able to book immunisation appointments at any time during the week. Members of the management team actively monitored the immunisation cue list (patients who require their immunisations) and nurses were responsible for ensuring identified patients were targeted. We were told that alerts were placed on hard to reach patients' records and data provided by the practice showed that 86% of patients on the cue list had received their immunisations.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 18 April 2016, we rated the practice as requires improvement for providing well-led services, as there were gaps in the overarching governance structure.

We issued a requirement notice in respect of these, and found arrangements had significantly improved when we undertook a follow up inspection of the service on 14 February 2017. The practice is now rated as good for being well-led.

Governance arrangements

During the April 2016 comprehensive inspection, we saw that some systems and processes had not been established or were not operated effectively. For example, staff were not always following practice procedure in order to effectively monitor the collection of prescriptions within the practice. As a result, during the inspection we saw uncollected prescriptions which had not been followed up in line with the practice policy and procedures. During the follow up inspection, members of the management team explained that policies had been reviewed and discussed with staff. As a result, we were told that communication between clinicians and non-clinical staff had been improved; for example, discussions were being held following clinics to discuss actions required. The practice had developed a new system, which enabled staff to monitor uncollected prescriptions and raise any uncollected prescriptions with GPs, who then took appropriate actions such as contacting the patients and booking patient in for a review.

When we carried out the first inspected the practice staff were unable to demonstrate an effective system to ensure the plans, outcomes and actions from clinical audits were communicated throughout the practice. During our follow up inspection, members of the management team provided documentation which showed that audits were being discussed at clinical meetings as a standing agenda item. We were also told that staff were able to access copies of clinical audits via the practice-shared drive.

Previously the practice did not operate an effective system which enabled members of the management team to monitor staff training and staffing levels. As a result, we saw that some staff had not completed training such as information governance, health & safety and infection prevention & control, and staff felt that staffing levels were insufficient which led to workload pressures. Following the first inspection, the practice advised us that they were using a training matrix. During the follow up inspection members of the management team we spoke with explained that they were using the matrix to not only monitor training needs but to also monitor staffing levels. Management also explained that they were now receiving more Human Resources (HR) related support from the corporate provider, who also monitored staffing levels and managed recruitment. Non clinical and clinical staff we spoke with during the focussed inspection explained that although a number of staff had left; management had either recruited or drafted support from other group practices. As a result, staff felt there were sufficient staffing levels and felt supported to carry out their role effectively.

Leadership and culture

During our comprehensive inspection, there was a leadership structure in place and staff we spoke with felt supported by management. However, some lead roles had not been clearly explained which led to confusion over who to go to about safeguarding concerns or infection control & prevention issues. Staff we spoke with during the follow up inspection were able to demonstrate their awareness of safeguarding and infection control & prevention leads. We also saw staffing structure posters located in clinic rooms and within the reception office.