

# West Bar Surgery

## Quality Report

West Bar Surgery  
South Bar House  
6 Oxford Road  
Banbury  
Oxfordshire  
OX16 9AD

Tel: 01494 526006

Website: [www.westbarsurgery.co.uk](http://www.westbarsurgery.co.uk)

Date of inspection visit: 24 February 2017

Date of publication: 07/03/2017

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 caring?

Good



Are services responsive to people's needs?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5

### Detailed findings from this inspection

Our inspection team	6
Background to West Bar Surgery	6
Why we carried out this inspection	6
How we carried out this inspection	6

## Overall summary

### Letter from the Chief Inspector of General Practice

Our previous comprehensive inspection at West Bar Surgery in Banbury, Oxfordshire on 27 July 2016 found breaches of regulations relating to the provision of caring and responsive services. The overall rating for the practice was requires improvement. Specifically, we found the practice to require improvement for the provision of caring and responsive services. The practice was rated good for providing safe, effective and well-led services. The concerns which led to these ratings applied to everyone using the practice and we rated all population groups as requires improvement. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for West Bar Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced follow up inspection carried out on 24 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations (Regulation 17: Good Governance) that we identified in our previous inspection on 27 July 2016. This report covers our findings in relation to those requirements and improvements made since our last inspection.

We found the practice had made improvements since our last inspection. At our inspection on the 24 February 2017

we found the practice was meeting the regulations that had previously been breached. We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services. Overall the practice is now rated as good. All six population groups have also been re-rated following these improvements and are also rated as good.

Specifically the practice had:

- Effectively assessed, monitored and improved the quality of the services provided. Patient feedback from various sources showed significant improvement in terms of the quality of care received and access to care.
- Implemented an action plan with 26 specific, measurable and timely actions with a view to improve patient satisfaction. Actions included a review of 'demand and capacity' resulting in additional employment and deployment of staff members.
- Completed an in-house patient satisfaction survey, which saw significant improvement in terms of patient satisfaction.

**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 caring?

The practice had taken appropriate action and is now rated as good for the provision of caring services.

Our last inspection in July 2016 identified concerns relating to patient feedback in terms of the quality of care which was below local and national averages.

During the inspection in February 2017, we saw the concerns had been addressed:

- West Bar Surgery implemented an action plan with a view to improve patient satisfaction regarding care received.
- Reception and patient services teams had completed customer service training, one of the completed training modules was titled 'delivering a positive experience for the patient'. Feedback from staff that completed this training advised it was constructive, helpful and learning these new skills equipped the reception team to support the practice in a caring and compassionate manner.
- Members of the nursing team had completed higher level training for chronic disease management. This training enabled nurses to be better placed to involve patients in complex decisions.
- Recent patient feedback, including the in-house patient survey, showed satisfaction with West Bar Surgery had improved and more patients would recommend the practice to friends or family if they needed similar care or treatment. For example, West Bar Surgery achieved a 100% satisfaction rate in the NHS Friends and Family Test in February 2017 and 92% in January 2017.

Good



### Are services responsive to people's needs?

The practice had taken appropriate action and is now rated as good for the provision of responsive services.

Our last inspection in July 2016 identified concerns relating to patient feedback in terms of access to the service. Patients who contributed their views to the inspection perceived difficulty in accessing GP appointments.

During the inspection in February 2017, we saw the concerns had been addressed:

- West Bar Surgery implemented an action plan with a view to improve patient access.
- To improve access, the number of telephone lines had increased and there were additional opening hours. Furthermore, enhanced training had been completed to increase availability for patients presenting with minor illness and the practice pharmacist had increased availability and was now working full time (previously this was two days per week) which enabled practice patients to receive comprehensive medicines advice.

Good



## Summary of findings

- To monitor and evaluate the completed actions, the practice had completed an in-house patient satisfaction survey and enlisted the support of an external consultant to complete an independent review. Patient feedback regarding access had significantly improved. For example, 92% (an increase of 31%) of patients said they could get through easily to the practice by telephone (CCG average 84%, national average 73%).

# 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 the concerns related to the caring and responsive domains identified at our inspection on 27 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns related to the caring and responsive domains identified at our inspection on 27 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns related to the caring and responsive domains identified at our inspection on 27 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns related to the caring and responsive domains identified at our inspection on 27 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns related to the caring and responsive domains identified at our inspection on 27 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns related to the caring and responsive domains identified at our inspection on 27 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# West Bar Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was completed by a CQC Inspector.

## Background to West Bar Surgery

West Bar Surgery is a GP practice located slightly to the west of Banbury town centre on the second floor of a modern building in Banbury in north Oxfordshire. There is a branch surgery; known as Hardwick Surgery was is located approximately two miles away in the Ferriston area of Banbury. West Bar Surgery is one of the practices within Oxfordshire Clinical Commissioning Group (CCG) and provides general medical services to approximately 17,000 registered patients. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Services are provided from:

- West Bar Surgery, South Bar House, 6 Oxford Road, Banbury, Oxfordshire OX16 9AD
- Hardwick Surgery, Ferriston, Banbury, Oxfordshire OX16 1XE

During the February 2017 inspection, we only visited West Bar Surgery.

According to data from the Office for National Statistics, Oxfordshire has minimal economic deprivation. However, the practice provides GP services within the second highest area of deprivation within Oxfordshire, with the highest

number of patients outside of Oxford on opioid substitution therapy (a therapy which supplies illicit drug users with a replacement drug) and the highest number of children subject to Child Protection Plans in Banbury.

The age distribution of the registered patients is largely similar to the national averages. Although there is a slightly lower than average number of patients aged between 20 and 29 years of age.

The practice provides GP services to two local independent schools (approximately 413 patients). The practice population also has a proportion of patients in 12 local care homes (approximately 130 registered patients).

Ethnicity based on demographics collected in the 2011 census shows the population of Banbury and the surrounding area is predominantly White British with 5.7% of the population composed of people with an Asian background and 1.4% of the population composed of people with a Black background.

Over the previous two years the practice has seen a significant amount of change, including changes of key members of staff including GP Partners, the practice manager and departmental managers.

The practice comprises of six GP Partners (three female and three male), three salaried GPs (one female and two male) and a GP Registrar (male). West Bar Surgery is a training practice for GP Registrars. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine. In addition, there was also a full time pharmacist employed by the practice.

The all-female nursing team consists of two nurse practitioners, four practice nurses, five health care assistants one of which is also a phlebotomist.

# Detailed findings

The practice manager is supported by several departmental managers and a team of reception, administrative and secretarial staff who undertake the day to day management and running of West Bar Surgery.

West Bar Surgery is engaged with the apprentice programme and also has two apprentices who undertake administration and reception duties.

West Bar Surgery is open between 8am and 8pm every Monday and Thursday (appointments between 8am and 7.45pm) and between 8am and 7.30pm Tuesday, Wednesday and Friday with appointments available from 8am to 7.15pm. The branch surgery (Hardwick Surgery) is open every Monday, Wednesday and Friday. On Monday the branch surgery was open between 2pm and 6.30pm with appointments available between 2pm and 6.15pm. On Wednesday and Friday the branch surgery was open between 8.30am and 12.30pm with appointments available between 8.30am and 12.30pm.

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on both practices door and over the telephone when the surgery is closed.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 27 July 2016 and we published a report setting out our judgements. These judgements identified one breach of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a focussed follow up inspection on 24 February 2017 to follow up and assess whether the

necessary changes had been made, following our inspection in July 2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting all the requirements of the regulations that had previously been breached.

This report should be read in conjunction with the full inspection report.

## How we carried out this inspection

Before visiting West Bar Surgery on 24 February 2017, the practice confirmed they had taken the actions detailed in their action plan. During our visit we:

- Reviewed the previous Care Quality Commission (CQC) inspection report and the action plan submitted by the practice outlining how they would make the necessary improvements to comply with the regulations.
- Spoke with a range of staff; this included a GP Partner, the practice manager, training manager and several members of the administration and reception team.
- Also spoke to 12 patients who used the service and four members of the Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.
- As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which had been collected from both West Bar Surgery in Banbury and the branch surgery (Hardwick Surgery) in Ferriston.

All were relevant to demonstrate the practice had addressed the breach of the regulation identified at the inspection in July 2016.

# Are services caring?

## Our findings

When we inspected West Bar Surgery in July 2016, we identified concerns relating to patient feedback in terms of quality of care was below local and national averages.

Data from the national GP patient survey (published in July 2016) showed that patients did not rate the practice as highly for the vast majority of aspects of care as other practices in the area or nationally. Specifically, satisfaction scores regarding involvement in decisions, tests and treatments being explained and clinical staff listening to patients was lower when compared to the clinical commissioning group (CCG) average and national average.

We reviewed information obtained during the inspection in February 2017 and found the practice had made improvements to address the concerns previously identified.

### Kindness, dignity, respect and compassion

With a view to improve patient satisfaction, we saw the practice had reviewed the previous Care Quality Commission (CQC) inspection report, GP national survey results and other sources of patient feedback. Following this review, West Bar Surgery implemented an action plan with 26 specific, measurable and timely actions with a view to improve patient satisfaction and how they would make the necessary improvements to comply with the regulations.

One of the actions included:

- The training manager had arranged external customer service training for the reception and patient services teams, one of the completed training modules was titled 'delivering a positive experience for the patient'. Feedback from staff that completed this training advised it was constructive, helpful and learning these new skills equipped the reception team to support the practice in a caring, compassionate manner.

To review the effectiveness of this training, the practice completed an in-house survey and involved the PPG in completing covert telephone calls (similar to mystery customer programmes used in other services) to rate the helpfulness of the reception team. The in-house survey

completed between October 2016 and January 2017 saw a significant improvement as 97% (an increase of 14%) of patients said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

PPG feedback alongside written and verbal feedback patient collected at the February 2017 inspection highlighted improvements in how the reception team handled incoming telephone calls.

### Care planning and involvement in decisions about care and treatment

We saw members of the nursing team had completing higher level training for chronic disease management. This enhanced training enabled the nurses to be better placed to involve patients in complex decisions.

The nursing team had also opened communication channels with patients to improve care planning. We saw anonymised email patient consultations between nurses and patients which included detailed correspondence explaining different options available.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which gave a highly positive view on the standard of care. Many patients commented on receipt of an excellent service from the GPs, nurses and the pharmacist. One comment from a patient, who had limited time they could attend appointments due to work commitments, highlighted how useful email consultations with the nurses were in managing a long term condition.

During the inspection we reviewed information and patient feedback about the practice collated via the NHS Friends and Family Test. This national test was created to help service providers and commissioners understand whether their patients were happy with the service provided, or whether improvements were needed.

Results collated in the last six months show West Bar Surgery patient satisfaction had improved and more patients would recommend the practice to friends or family if they needed similar care or treatment.

- West Bar Surgery achieved a 100% satisfaction rate in the NHS Friends and Family Test in February 2017, 92% in January 2017, 95% in December 2016, 96% in November 2016, 92% in October 2016 and 86% in September 2016.

## Are services caring?

This was an improvement, as during the July 2016 inspection the practice achieved a 79% satisfaction rate in the same test.

These actions were now ensuring that requirements relating to good governance were being met.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

When we inspected West Bar Surgery in July 2016, we identified concerns relating to patient feedback in terms of access to the service.

Data from the latest national GP patient survey (published in July 2016) showed that patients did not rate the practice as highly for access as other practices in the area or nationally. Furthermore, patients who contributed their views to the inspection perceived difficulty in accessing GP appointments.

We reviewed information obtained during the inspection in February 2017 including multiple sources of patient feedback and found the practice had made improvements to address the concerns previously identified.

### Access to the service

With a view to improve patient access, we saw the practice had reviewed the previous Care Quality Commission (CQC) inspection report, GP national survey results and other sources of patient feedback. Following this review West Bar Surgery implemented an action plan with 26 specific, measurable and timely actions with a view to improve patient satisfaction and how they would make the necessary improvements to comply with the regulations.

Actions included:

- West Bar Surgery had increased the number of telephone lines from 12 to 21.
- Telephone lines opened at 8am rather than 8.30am. This was designed to help spread the calls over the busy early hours of the day.
- Following a comprehensive 'demand and capacity' audit, the practice highlighted delays when accessing blood tests, health checks and ECGs (electrocardiogram). An ECG is a simple test that can be used to check your heart's rhythm and electrical activity. As a result the practice had employed three additional health care assistants.
- Two health care assistants had applied to become Associate Nurse Practitioners (ANPs). If the applications were successful, training would be provided beyond that of the traditional health care assistant. The ANPs

would be able to deliver elements of health and social care and undertake clinical work in areas that have previously only been within the remit of registered professionals and would help patient access.

- Practice nurses had completed chronic disease management qualifications with a view to increase availability of the nurse practitioners to see more patients presenting with minor illness.
- The practice pharmacist had increased availability and was now working full time (previously this was two days per week) which enabled patients to receive comprehensive medicines advice. The pharmacist supported the practice to complete medicine management reviews, therefore increasing the availability of GPs to see patients.
- The practice had extended opening hours with a view to improve access for working age people including those recently retired and students. Every Thursday evening appointments were available until 8pm. West Bar Surgery was therefore now open between 8am and 8pm every Monday and every Thursday and between 8am and 7.30pm every Tuesday, Wednesday and Friday.
- The practice had recruited a sessional GP due to start in April 2017. This GP would be working one session each week, between 5pm and 8pm with a view to further increase evening appointments.

To monitor and evaluate the completed actions, the practice had completed an in-house patient satisfaction survey and enlisted the support of an external consultant to complete an independent review. The in-house survey used the same questions as the national GP patient survey and was completed between October 2016 and January 2017; this was supported in its delivery by the patient participation group (PPG). To increase responses the survey captured views from the two busy flu clinics in October 2016, several PPG led coffee mornings and views collected from patients in the waiting areas of the practice.

In total, 311 patient surveys had been collated, this amounted to approximately 1.9% of the patient population which was triple the response rate used in the national GP patient survey (published in July 2016).

- 87% (an increase of 14%) of patients who were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).

# Are services responsive to people's needs?

(for example, to feedback?)

- 91% (an increase of 13%) of patients who say the last appointment they got was convenient (CCG average 93%, national average 92%).
- 91% (an increase of 25%) of patients were satisfied with the practice's opening hours (CCG average 77%, national average 76%).
- 92% (an increase of 31%) of patients said they could get through easily to the practice by telephone (CCG average 84%, national average 73%).

This feedback related to improved access aligned to written feedback on the 26 CQC comment cards and verbal feedback collected at the February 2017 inspection.

These actions were now ensuring that requirements relating to good governance were now being met.