

Collingham Medical Practice

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?

Good



Key findings

Contents

Key findings of this inspection

Letter from the Chief Inspector of General Practice

Page

2

Detailed findings from this inspection

Our inspection team

4

Background to Collingham Medical Practice

4

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Collingham Medical Centre (previously known as Dr Lisa Terrill & Partners) on 15 November 2016. The overall rating for the practice was good, with a rating of requires improvement for the responsive section of the report. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Collingham Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 5 February 2018 to confirm that the practice had addressed the areas for improvement that we identified in our previous inspection on 15 November 2016. This report covers our findings in relation to those improvements made since our last inspection.

Our key findings were as follows:

At our previous inspection on 15 November 2016, we rated the practice as requires improvement for providing responsive services because patients sometimes experienced difficulties in accessing appointments. At this inspection we found that the arrangements in respect of access to appointments had significantly improved. Consequently, the practice is now rated as good for providing responsive services.

- National GP patient survey data showed patients' satisfaction with how they could access care and treatment had increased since our previous inspection and was comparable to local and national averages. This was supported by patients spoken with during this inspection.

- The practice had introduced new staff roles to enable them to make better use of clinical resources and direct patients to the most appropriate response.
- A programme of regular auditing was used to oversee appointment availability and to identify areas for improvement.

At our previous inspection we identified two other areas where we had asked the provider to make improvements:

- Review the processes in place for recalling patients for blood monitoring when high risk medicines are being prescribed.
- Work with patients to develop a new patient participation group (PPG).

At this inspection we found that improvements had been made in both these areas.

The recall arrangements for patients prescribed high risk medicines had been strengthened. There was a clear protocol in place, which included a register of patients requiring this type of monitoring, and we found this was being implemented reliably. If patients failed to attend for their blood tests the practice made repeated attempts to contact and encourage them to do so. Clinicians were kept informed about patients whose tests were overdue so they could consider risk and discuss with the patient if they attended the practice for other reasons. The practice had carried out an audit to help drive improvement in this area. A second audit had also been completed in January 2018 and showed that improvements had been achieved.

Summary of findings

The practice had established a new PPG in October 2017. There was a formal structure for this group, including terms of reference and regular, minuted meetings. During this inspection we reviewed documents relating to the PPG and met members of the group. The PPG had identified communication between patients and the practice as a key area for improvement and were supporting the production and sharing of written information for display and distribution. This included a newsletter, updating the practice website, reception area notice boards and circulating information throughout the

local area, to help make it more easily accessible to patients. During January 2018, the PPG had promoted the completion of Friends and Family feedback cards, resulting in 88 completed responses, which was a significant increase in comparison to previous months. These responses were to be reviewed at the next PPG meeting and an action plan prepared to take forward the findings from this.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Collingham Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a practice manager specialist advisor.

Background to Collingham Medical Practice

Collingham Medical Centre (previously known as Dr Lisa Terrill & Partners) provides primary medical services in the rural village of Collingham and 31 surrounding villages, covering an area of 132 square miles.

The practice is registered to provide regulated activities at Collingham Medical Centre, High Street, Collingham, Newark NG23 7LB and we visited this address as part of our inspection. Information about the practice can be found on the practice website at; www.collinghammedicalcentre.co.uk

The practice serves a population of 6985 patients. The number of patients aged over 65 years is higher than local and national averages.

Collingham Medical Centre is a dispensing practice and dispenses medicines to patients who live more than 1.6 km from a pharmacy. The dispensing of medicines is co-located within a community pharmacy next door to the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 16 November 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of access to appointments needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 5 February 2018. The practice is now rated as good for providing responsive services.

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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Feedback gathered during our inspection confirmed that the appointment system was easy to use and patients could access appointments when they needed to.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment had increased since our previous inspection in November 2016 and was comparable to local and national averages. 221 surveys were issued and 119 were returned. This represented about 1% of the practice population.

- 75% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%. This had increased from 73% at our previous inspection.
- 83% of patients who responded said they could get through easily to the practice by phone; CCG – 64%; national average – 71%. This had increased significantly from 48% at our last inspection.
- 88% 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; CCG – 85%; national average – 84%. This had increased from 77% at our last inspection.

- 88% of patients who responded said their last appointment was convenient; CCG – 80%; national average – 81%. This compared to 89% at our previous inspection when CCG and national averages were both 92%.
- 72% of patients who responded described their experience of making an appointment as good; CCG – 68%; national average – 73%. This had increased from 63% at our last inspection.

During our inspection we spoke with ten patients, including three members of the patient participation group (PPG). Overall feedback confirmed that patients could access appointments when they needed to, including being able to get appropriate support if they had an urgent issue.

Our review of appointment information showed that there was extensive use of same day appointments, which enabled patients to have quick access to a clinician, and also a range of appointments available to book in advance during the next two week period and beyond.

The practice had taken a number of steps to achieve improvements in patient access since our last inspection, including extending the range and availability of clinical skills at the practice. They had employed an advanced nurse practitioner (ANP) who was also a prescriber, with another ANP who was in the process of completing their prescribing qualification. The ANP's were able to carry out a broad range of patient consultations which reduced some of the demand on GP appointments. Because of the availability of ANP same day appointments this had also meant a reduction in demands on the duty GP.

The practice employed a part time clinical pharmacist who carried out patients medicines reviews.

The role of reception staff had developed to help maximise the use of staff resources and ensure patients were directed to the most appropriate response. Reception staff roles had been reviewed and renamed 'patient care advisors'. These staff had been provided with training as care navigators, which meant that they gathered relevant information from patients to enable them to direct them to the most appropriate healthcare professional.

Patient information had been provided to explain about the roles of the different healthcare professionals and to outline the role of the patient care advisors.

Are services responsive to people's needs?

(for example, to feedback?)

A significant proportion of patients had opted to use online booking to facilitate their access to appointments. 38% of patients used the online system (a slight increase from 37% at our previous inspection) and feedback on the day of inspection confirmed patients found this arrangement useful.

The practice had carried out regular reviews of the availability of GP appointments to help them identify areas

for improvement. An audit had been completed for the period July 2016 to November 2016 and had led to changes in the way some appointments were arranged. The practice had carried out a second audit, which covered the period December 2016 to January 2018, which had also identified some new areas for action and a plan was in place for this.