

The Grange Medical Centre

Quality Report

Highfield Road

Hemsworth

Pontefract

WF9 4DP

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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 responsive to people's needs?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Grange Medical Centre on 2 September 2015. The practice was rated as good overall; however it was rated as requires improvement in relation to providing effective services to all the population groups it serves. In addition whilst the practice was found to be good in relation to providing responsive services, there were some areas which we informed the practice should be improved.

Following on from this inspection the practice provided us with an action plan and supporting evidence which detailed the improvements they had made to their services to ensure that these were effective and met the needs of the population it serves. This evidence was examined via a desktop review and focused inspection of the practice carried out on 12 December 2016. This report reflects the findings of this review and inspection into the effective and responsive delivery of services within the practice.

The full comprehensive report which followed our inspection in September 2015 can be found by selecting the 'all reports' link for The Grange Medical Centre on our website at www.cqc.org.uk

Our key findings from the review we carried out were as follows:

- The practice had put in place a programme of clinical audits into subject areas which included minor surgery, anticoagulation and cancer – non two weeks waits. Some audits had been carried out over a number of cycles. This enabled the effectiveness of actions to be monitored and progress to be tracked. Audits followed a consistent format and fully recorded outcomes and recommendations for improvement.
- The practice had put in place a system for monitoring and controlling hypnotic medication prescribing (hypnotics are a class of medications whose primary function is to induce sleep and are used in the treatment of sleeplessness and insomnia). From January 2016 to October 2016 we saw evidence to show that prescribing for one form of these medications had been reduced by 13%.
- Nurse appointments were scheduled with the appropriate length of time for the activity in line with the Royal College of Nursing guidance. This was monitored via audit to assure compliance.
- Multidisciplinary team meetings had been formally and comprehensively minuted and recorded details of actions to be taken and responsibilities with regard to who was to lead in the delivery of these actions.

Summary of findings

- The practice had developed new processes and approaches to improve patient contact and access. This included the installation of a new telephone system to enable calls to be handled in a more efficient and effective manner.
- Staff kept patients informed if appointments were running late via the telephone tannoy system and a white board located in the waiting room.

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?

The practice is rated as good for providing effective services.

Good



- The practice had put in place a programme of clinical audits into subject areas which included minor surgery, anticoagulation and cancer – non two weeks waits. Some audits had been carried out over a number of cycles, this enabled the effectiveness of actions to be monitored and progress to be tracked. Audits followed a consistent format and fully recorded outcomes and recommendations for improvement.
- The practice had put in place a system for monitoring hypnotic prescribing (these concern a class of medications whose primary function is to induce sleep and are used in the treatment of sleeplessness and insomnia). From January 2016 to October 2016 we saw evidence to show that prescribing for one form of this medication had been reduced by 13%.
- Nurse appointments for travel vaccinations were scheduled with the appropriate length of time for the activity in line with the Royal College of Nursing guidance. This was monitored via audit to assure compliance.
- Multidisciplinary team meetings had been formally and comprehensively minuted and recorded details of actions to be taken and responsibilities with regard to who was to lead in the delivery of these actions.

Are services responsive to people's needs?

The practice is rated as good for being well-led.

Good



- The practice had reviewed how patients contacted them to access services and since the last inspection on 2 September 2015 it had instituted the following:
 - A new telephone system had been installed which became operational in January 2016.
 - Additional staff had been allocated to call handling duties at peak times.
 - The practice had promoted online access for services such as appointments and repeat prescription requests. The list of patients registered for online service had risen from 5% in October 2016 to just under 7% by 26 November 2016.
 - The Patient Reference Groups had plans to carry out further work in relation to patient contact and we were told this will be the focus for the 2016/2017 annual survey.
- The practice had developed a process to keep patients informed if appointments were not running to time.

The Grange Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The desktop review and inspection was carried out by a CQC Lead Inspector.

Background to The Grange Medical Centre

The Grange Medical Centre is located in a purpose built building in Highfield Road, Hemsworth, Pontefract, WF9 4DP. There are also two branch locations at Greenview Medical Centre, Waggon Lane, Upton, WF9 1JS and at Kinsley Medical Centre, Wakefield Road, Kinsley, WF9 5BP. Patients can access all three practices. They have around 14,800 registered patients at the practice locations. They have a higher than national average population of patients aged 40 to 69 year olds. The practice is a member of NHS Wakefield Clinical Commissioning Group.

The practice provides Primary Medical Services (PMS) under a contract with NHS England. They also offer a range of enhanced services such as alcohol cessation/ counselling, extended hours, learning disabilities, patient participation, minor surgery, avoiding unplanned admissions and childhood vaccination and immunisations.

The practice also provides a number of secondary care services including endoscopy, cataract surgery, vasectomy service, general and vascular surgery and non urgent ophthalmology.

The Grange Medical Centre has three male GP partners, one female GP partner, four salaried GPs (one female and three male), one female nurse practitioner, one male minor

illness nurse, nine female practice nurses, four female healthcare support workers, a practice manager and deputy practice manager and an extensive administrative team.

The Grange Medical Centre is open from 8.00am to 8.00pm on Monday, and 7.30am to 6.30pm Tuesday, Thursday and Friday. Wednesday 7.30am to 8.00pm. Appointment times are available Monday 8.00am to 8.00pm. Tuesday 7.30am to 6.30pm and Wednesday 7.30 am to 8.00pm. Thursday and Friday 7.30 to 6.00pm.

The Kinsley site is open 8:30am until 6:00pm Monday, Wednesday and Friday; 9:00am until 8:00pm Tuesday and 9:00am until 5:00pm Thursday.

Greenview Medical Centre is open 9:00am until 6:00pm Monday, Tuesday, Wednesday and Friday and 9:00am until 8:00pm Thursday.

Out of hours care is provided by Local Care Direct and is accessed via the practice telephone number or patients can contact NHS 111.

Why we carried out this inspection

We carried out an announced comprehensive inspection at The Grange Medical Centre on 2 September 2015. The practice was rated as Good overall; however it was rated as Requires Improvement in relation to providing effective services to all the population groups it serves. In addition whilst the practice was rated as Good for responsive services it was informed of some specific areas where improvements should be made.

Following on from this inspection the practice provided us with an action plan and supporting evidence which detailed the improvements they had made to these

Detailed findings

services to ensure that these were effective and responsive and met the needs of the population it serves. This report covers this desktop review and subsequent focused inspection of the practice carried out on 12 December 2016.

How we carried out this inspection

We undertook a desk based review on 1 December 2016 and visited the practice on 12 December 2016. This was to

review in detail the information and evidence the practice had sent to us and to confirm that the practice were now meeting required standards and guidelines. This report therefore only covers our findings in relation to these specific aspects.

The full comprehensive report which followed the inspection on 2 September 2015 can be found by selecting the 'all reports' link for The Grange Medical Centre at our website at www.cqc.org.uk

Are services effective?

(for example, treatment is effective)

Our findings

This focused inspection was conducted to review in part issues in relation to effectiveness which were identified at the comprehensive inspection carried out on 2 September 2015. At this inspection in December 2016 we found the practice had addressed all of the concerns identified previously.

We found:

Management, monitoring and improving outcomes for people

- The practice had reviewed their clinical audit process and had put in place a programme of audits which covered subjects including anticoagulation, cancer – non two week waits, and minor surgery. Some of these audits had been carried out through a number of cycles. This enabled the effectiveness of actions to be monitored and progress to be tracked. For example, a two cycle audit into anticoagulation identified areas for improvement which were implemented; the second audit confirmed continued performance in line with current guidance. The audits followed a consistent format and fully recorded outcomes and recommendations for improvement. Where appropriate audits referred to compliance with NICE guidelines (National Institute for Health and Care Excellence).
- The practice had put in place a system for monitoring and controlling hypnotic medication prescribing and we saw evidence that this had been implemented (hypnotics are a class of medications whose primary function is to induce sleep and are used in the treatment of sleeplessness and insomnia). The practice had developed an agreed approach with support from a Public Health Nurse which adhered to NICE advice and guidance. Actions included the identification and review

of targeted patient groups, the reduction or ending of prescribing hypnotics when appropriate and the referral to alternate therapies or self-help resources. From January 2016 to October 2016 we saw evidence to show that prescribing for one form of this medication had been reduced by 13%. At the time of inspection on 12 December 2016 work was continuing in this area of activity.

Coordinating patient care and information sharing

- Multidisciplinary team meetings had been formally and comprehensively minuted and recorded details of actions to be taken and responsibilities with regard to who was to lead in the delivery of these actions.

Supporting patients to live healthier lives

- Nurse appointments for travel vaccinations were scheduled with the appropriate length of time for the activity in line with the Royal College of Nursing guidance. This was monitored via audit to assure compliance. Previously travel vaccination appointments had only been allocated ten minutes of clinical contact time as opposed to guidance which advised twenty minutes. The practice had instituted a new process for travel vaccinations which involved :
 - Prior to an appointment completion by the patient of a questionnaire regarding travel plans
 - Review of the questionnaire by the nurse
 - Appointment booking for a minimum twenty minutes of contact time with the nurse

An audit carried out for travel vaccination appointments carried out between 1 May 2016 and 31 October 2016 showed that 100% of appointments were booked for twenty minutes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

This focused inspection was conducted in part to review issues in relation to responsiveness which were identified at the comprehensive inspection carried out on 2 September 2015.

At this inspection in December 2016 we found the practice had addressed all of the concerns identified previously.

We found:

Access to the service

- The practice had reviewed how patients contacted them to access services and since the last inspection on 2 September 2015 it had instituted the following:
 - A new telephone system had been installed in January 2016 which covered all practice sites. The system included functions which kept patients informed of their position in the queue and directed them to specific services such as appointments or administration. The system allowed for call monitoring and analysis and also allowed patients to cancel appointments by leaving a message rather than waiting to connect with a receptionist.
 - Additional staff had been allocated to call handling duties at peak times.
- To relieve pressures on the telephone system the practice had promoted online access for services such as appointments and repeat prescription requests. As a result of this the list of patients registered for online service had risen from 5% in October 2016 to just under 7% by 26 November 2016.
- The Patient Reference Group sought to support the practice and had plans to carry out further work in relation to patient contact and we were told this will form the focus for the 2016/2017 annual survey.
- The previous inspection had highlighted that patients were not being kept adequately informed when appointments were not running to time. In response to this the practice had implemented the following actions;
 - Reception staff had their awareness raised regarding the need to discuss with patients when delays were occurring.
 - Announcements were made to patients regarding delays via the telephone tannoy system.
 - Details of delays were displayed on a board which was displayed in the waiting room.