

Thornbury Medical Practice

Quality Report

Thornbury Medical Practice
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Date of inspection visit: Wednesday 8 February 2017
Date of publication: 03/03/2017

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

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 Thornbury Medical Practice on 10 November 2015. Overall the practice was rated as good. However of the practice was rated as requires improvement in the key question of Responsive. After the inspection the practice wrote to us to say what they would do to meet the requirements in relation to the responsiveness of the practice.

We undertook a focussed follow up inspection at Thornbury Medical Practice on 8 February 2017 to check that the practice had made the improvements required. This report only covers our findings in relation to those requirements. The practice is now rated as good for providing responsive services.

You can read the full comprehensive report which followed the inspection in November 2015 by selecting the 'all reports' link for Thornbury Medical Practice on our website at www.cqc.org.uk.

Our key findings across all the areas we inspected were as follows:

- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. For example via the PPG newsletter and via protective learning time for staff.
- The practice developed effective ways of deploying temporary staff e.g. Locums. The practice now only used two long term locums.
- The practice looked at ways of making sure patients had access to prompt medical care. The practice had an on call system everyday weekday from 8am to 6pm.
- The practice explored avenues of staffing and skill mix to ensure the practice was adequately staffed in the medium to long term. The practice now employed a full time health care assistant.

The provider should:

- The practice should continue to monitor and take steps to improve patient's satisfaction with access to the practice by telephone.

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?

The practice is rated as good for providing responsive services.

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 10 November 2015. At the previous inspection the key question of responsive was rated as requires improvement. At our inspection on 8 February 2017, we found that:

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and NHS Bradford District Clinical Commissioning Group to secure improvements to services where these were identified. Once a month the practice attended CCG events such as the 'Clinical Commissioning Forum'. Representatives from every practice in the CCG attended. A core group of staff attended this event every month at which they discussed topics such as patient pathways, commissioning intentions, budgets, prescribing and referrals.
- Feedback from patient surveys showed that access to a named GP and continuity of care was now available quickly and urgent appointments were available the same day.

Good



Summary of findings

What people who use the service say

We did not speak with patients during this focussed follow-up inspection and we did not review the population groups.

Thornbury Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Thornbury Medical Practice

Thornbury Medical Practice is registered with CQC to provide primary care services, which includes access to GPs. It provides GP services for patients living in the Thornbury area of Bradford.

The practice has three GPs (two male and one female), a management team, practice nurses, healthcare assistants and administrative staff.

The practice is located at Thornbury Medical Centre, Rushton Avenue, Bradford, BD3 7HZ.

The practice is open from 8am to 6pm on Monday to Friday. Patients can book appointments in person, via the phone and online. Appointments can be booked four weeks in advance for both the doctor and nurse clinics. Out of hours services are provided by Local Care Direct. Calls are diverted to this service when the practice is closed.

The practice has a General Medical Services (GMS) contract. This is the contract between general practices and NHS England for delivering services to the local community.

The practice is part of NHS Bradford District Clinical Commissioning Group (CCG). It is responsible for providing primary care services to 7,300 patients.

The practice is situated in BD3 postcode district. The practice has patients who are from a wide ethnic background and the area has a very high level of deprivation.

When we returned for this inspection, we checked and saw that the previously awarded ratings were displayed as required in the premises and on the practice's website.

Why we carried out this inspection

We carried out an announced focussed inspection of Thornbury Medical Practice under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check that improvements had been made following our comprehensive inspection on 10 November 2015. We inspected the practice against one of the five key questions we ask about services: is this service responsive?

How we carried out this inspection

Before visiting Thornbury Medical Centre we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 February 2017.

During our visit we:

- Spoke with the practice business manager, advanced clinical practitioner, reception office manager and patient services manager.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 10 November 2015, we rated the practice as requires improvement for providing responsive services.

Previously we found there were some problems with access to the service that the practice needed to address. We said they should:

- Explore effective ways of deploying temporary staff e.g. Locums.
- Effectively investigate performance data and patient feedback which might indicate potential risks to care.
- Look at ways of making sure patients had access to prompt medical care.
- Explore all avenues of staffing and skill mix to ensure the practice was adequately staffed in the medium to long term.

These arrangements had improved when we undertook a follow up inspection on 8 February 2017. The practice is now rated as good for providing responsive services.

Access to the service

Results from the national GP patient survey (7 July 2016) showed that patient's satisfaction with how they could access care and treatment had improved since the last inspection but was below local and national averages.

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 76%. Previously it was 48%.
- 21% patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%). Previously it was 14%. The practice was in the process of installing a new telephone system that would enable more calls to be managed at busy periods.
- 72% patients said they usually waited 15 minutes or less after their appointment time (CCG average 66%, national average 65%). Previously it was 55%.

While the survey sample was small (367 surveys sent out, 103 returned, 28% completion rate, this represented 1% of the practice population) and the responses were below other practices, there appeared to be improvement amongst patients about the ease or satisfaction in the process of getting appointments.

The practice manager told us that unfortunately they were not in a position to open the surgery on weekends due to the financial impact it would have on them and the cost would be unsustainable at the present time. The practice was hoping to look at this in the near future once they were able to recruit more GPs to be able to offer more appointments.

The practice sent us an action plan which included:-

- Set up of a phone prompt which allowed an alert to be sent to staff when phones were busy.
- Installation of a new phone system over the next few months.
- Extra staff at busy times of the day on the phones.
- The advanced clinical practitioner had co-ordinated and monitored all the morning and evening schedules for both GPs and receptionists to maintain the smooth operation of nine telephone lines

The practice had developed an Advanced Clinical Practitioner (ACNP) role triaging and ensuring patients received the right care, with the right medical professional at the right time. The practice had pioneered this system at Thornbury Medical Practice and practice staff told us it has worked well.

The new system involved the reception staff taking messages in the morning for all patients who were then triaged by the ACP according to the patients needs. The ACP remained on-call through the day to deal with any emergencies that arose and ensure these were dealt with appropriately. Any patients that were spoken with on the phone who needed to be seen would book either with the ACP or another clinician. The practice share the paperwork, discharge summaries, clinic letters and pathology reports between the clinical staff ensuring the workload was sustainable for all the clinicians. The system was transparent so the practice manager could review and audit on a daily basis the number of messages being received and therefore effectively monitor and adjust the number of appointments made available.

Initially the demand increased and on average the practice were receiving 300 plus on call and emergency requests on a weekly basis. At present the practice were receiving approximately 200 to 220 on call and emergency requests on a weekly basis.

Access had increased; patients were receiving appropriate care in the appropriate time. The system had eased the

Are services responsive to people's needs?

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workload on the GP's and the practice felt they were more in control of the appointments. The new system allowed the practice to ensure that patients were being dealt with more effectively. In the future the ACP is looking at how they can incorporate technology into the system (e.g. video calls).

The practice management team said that they would continue to explore ways of making sure patients had access to prompt medical care.