

Dr Sumedha Tillu

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

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



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 Dr Sumedha Tillu on 30 November 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Dr Sumedha Tillu on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 08 November 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the improvements we had identified in our previous inspection on 30 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice continues to be rated as requires improvement.

- During our previous inspection on 30 November 2016 we found that staff assessed patients' needs and delivered care in line with current evidence based guidance. Information received with regards to the

delivery of effective care prompted us to re look at this key question. Random sampling of patient records demonstrated that patients care needs were being effectively managed.

- The practice had developed a comprehensive action plan in place to improve all areas of the GP patient survey published in July 2016. The practice was able to demonstrate improvements in most areas of the survey published in July 2017. However, the results were still significantly below both CCG and national averages.
- During our previous inspection in November 2016 responses to the national patient survey results (July 2016) regarding access were generally lower than both the local and national averages. The practice was now taking part in hub working arrangements to offer seven day access to appointments. The latest survey results showed that the practice had made improvements in almost all aspects. However, the practice achievement still remained below local CCG and national averages.

The areas where the provider should make improvements are:

- Continue to explore ways to improve patient satisfaction and health screening.

Summary of findings

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 responsive services.

At our previous inspection on 30 November 2016 we rated the practice as good for providing effective services. The practice continued to demonstrate an effective service and it continues to be rated as good.

- Random sampling of patient records showed that patients were being effectively managed with appropriate diagnosis.
- Records we looked at demonstrated that patients were being prescribed medicines appropriately for their conditions.
- Cancer screening data showed that the practice achievement was below local CCG and national averages. However, evidence we looked at demonstrated that the practice was proactive and were working to improve this.

Good



Are services caring?

The practice is rated as requires improvement for providing caring services.

At our previous inspection on 30 November 2016, we rated the practice as requires improvement for providing caring services. The national GP patient survey showed that patient's satisfaction scores for consultations with GPs were lower than that of the local CCG and national averages. The practice was able to demonstrate improvements but the results remained significantly below both CCG and national averages. The practice explained that this was still work in progress and they were continuing to work on making further improvements.

- We saw that the practice had a comprehensive action plan in place to improve all areas of the GP patient survey. For example, to ensure that patients were given enough time during consultation, GPs were advised to reduce administration time by using the eReferral system rather than paper based system. To use electronic tasks to administration /reception staff rather than using paper slips.
- The practice had increased the use of electronic prescription system (EPS) more to save time during consultations as GPs were previously printing prescriptions and signing them.
- Administration staff were sent on e-referral training in September 2017 to ensure they were aware of the process.
- We saw examples where the practice had added catch-up and administration slots for some GPs to ensure they were not rushing patients if they fell behind.

Requires improvement



Summary of findings

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

At our previous inspection on 30 November 2016, we rated the practice as requires improvement for providing responsive services. The responses to the national patient survey results (July 2016) regarding access were generally lower than both the local and national averages. The July 2017 survey results demonstrated improvements but still remained below local CCG and national averages.

- The practice developed a plan to improve the responsiveness of the service. For example, the practice now offered access to appointments from 8am to 8pm Mondays to Fridays through hub working arrangements. Saturday and Sunday opening was also available.

Requires improvement



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 was rated as requires improvement for caring and responsive services. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for caring and responsive services. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for caring and responsive services. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for caring and responsive services. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for caring and responsive services. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for caring and responsive services. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to explore ways to improve patient satisfaction and health screening

Dr Sumedha Tillu

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Dr Sumedha Tillu

Dr Sumedha Tillu (also known as The Hawthorns Medical Centre) is located on Lewisham Road, Smethwick, Sandwell, Birmingham. It is a purpose built health centre with consulting rooms on the ground floor and upper floor which can be accessed by a lift. There is also office accommodation and a meeting room on the upper floor. There is easy access to the building and disabled facilities are provided. There is car parking on site for patients and staff. The practice holds a General Medical Services (GMS) contract with NHS England and forms part of NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG).

There are two GPs working at the practice who are supported by a regular locum GP and a physician associate. Two of the GPs are male and the provider GP is female. There is a female part time advanced nurse practitioner and prescriber, one female part time nurse and one female part time health care assistant. There is a full time practice manager, an assistant practice manager and a team of administrative staff.

The practice offers seven day access to appointments through hub working arrangements. The practice is open from 8am to 6.30pm Monday to Friday (except Wednesday

afternoons). However appointments are available at another nearby surgery from 6.30pm to 8pm Monday to Friday. Saturday appointments are available from 9.30am to 12.30pm and Sunday from 9am to 11.30am.

Patients requiring a GP outside of normal working hours are advised to call an alternative telephone number who will contact the out of hours provider, call an ambulance or suggest they attend Accident and Emergency Department of the local Primary Care Centre. There are 3,545 patients on the practice list. The majority of patients are of Asian or eastern European descent with a minority of white British patients. There are 70% of patients who do not speak English as a first language. On the Index of Multiple Deprivation the practice is in the first most deprived decile.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Sumedha Tillu on 30 November 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. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Dr Sumedha Tillu on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Sumedha Tillu on 08 November 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

We carried out a desk-based focused inspection of Dr Sumedha Tillu on 8 November 2017.

During our visit we:

- Spoke with a range of staff (including the GP provider, the practice manager and administration staff).

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 16 November 2016 we rated the practice as good for providing effective services.

We looked at a selection of random patient records and saw that effective care was being delivered at the practice and the practice continues to be rated as good for providing effective care.

Management, monitoring and improving outcomes for people

We looked at 12 randomly selected patient records representing all clinical staff and patient demographics. Records we looked at showed that patients were being effectively managed with appropriate diagnosis. Records we looked at demonstrated that patients were being prescribed medicines appropriately for their conditions.

Coordinating patient care and information sharing

Records we looked at showed that there was a system in place to ensure referrals were made appropriately and to ensure that the right patient was being referred. Examples of referrals made by the practice confirmed that patients were being referred quickly and appropriately.

Supporting patients to live healthier lives

During our previous inspection we saw that the practice achievement for bowel and breast cancer screening was below local and national averages. For example,

- 23% of persons were screened for bowel cancer in the last 30 months; this was lower than the CCG average of 42% and the national average of 56%.
- 54% of females aged 50-70 years were screened for breast cancer in the last six months which was lower than the CCG average of 66% and the national average of 72%.

To improve the practice had carried out a search of the patient record system to identify patients that had not attended their appointment for screening. The practice

then called these patients to encourage them to attend their appointment. If the practice was unable to contact these patients, they were sent a letter (developed with the help of the CCGs screening team). The practice had also designated two staff members to engage with patients and to encourage them to attend either for bowel or breast cancer screening. We saw confirmation that invitation to all patients requiring screening had been sent out.

We practice had recently started a text messaging service to remind patients to attend their appointment for screening. There was a notice board with posters in different languages to inform patients of the importance of screening in the reception waiting area. The practice website provided links to videos in different languages. There was an information screen that played videos in different languages in the reception to encourage patients to attend their appointment for screening.

The latest published data (2016/17) showed that the practice had improved achievement for bowel cancer but could not demonstrate the same for breast cancer screening which had seen a slight fall. For example,

- 34% of persons were screened for bowel cancer in the last 30 months; this was below the CCG average of 45% and the national average of 58%.
- 50% of females aged 50-70 years were screened for breast cancer in the last six months. This was lower than the CCG average of 67% and the national average of 74%.

We saw evidence where the practice continued to encourage and remind patients to attend their appointments for screening and the practice expected improvements to the latest published data. Furthermore, the practice was taking part in the CCGs Primary Care Commissioning Framework (PCCF) to improve primary care service. The PCCF is composed of nine standards, linked to five themes within Primary Care. One of the standards required the practice to engage with patients to improve cancer screening. We saw evidence that the practice was working with the CCG screening team to improve.

Are services caring?

Our findings

At our previous inspection on 30 November 2016, we rated the practice as requires improvement for providing caring services as data from the national GP patient survey (published in July 2016) showed patients rated the practice lower than others for several aspects of care.

We found that a comprehensive action plan had been drawn up to respond to this and the July 2017 GP patient survey showed that the practice had made improvements in almost all aspects of care. However, the practice achievement still remained significantly below local CCG and national averages. Therefore the practice is still rated as requires improvement for providing caring services.

Kindness, dignity, respect and compassion

During our previous inspection in November 2016 results from the national GP patient survey (July 2016) showed the practice was lower than average for its satisfaction scores on consultations with GPs and nurses. For example:

- 45% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 38% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 80.5% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 59% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 59% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

The practice had drawn up an action plan in response and results from the July 2017 GP patient survey showed that the practice had made improvements in almost all areas. For example,

- 61% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 54% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.

- 66% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 71% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 62% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

There were two questions in the GP patient survey where the practice achievement was below that of the July 2016 data. This included a question on the level of confidence and trust patients had in the last GP they saw. Patient survey data showed that there was a decrease from 81% (July 2016) to 66% (July 2017). Records we looked at demonstrated that the practice had discussed this and was unsure of the reason. The practice manager explained that one of the GPs and a nurse had started working at the practice in March 2016 and January 2016 respectively which may have had an impact on survey results. We saw that there was a plan in place to achieve improvement such as ensuring that patients were examined appropriately following NICE guidelines as well as CCG guidelines. GPs were asked to keep up to date with their training and to seek a second opinion where appropriate from consultants at the hospital following decision to refer them to secondary care. This was to ensure greater trust from patients. The clinical staff attended an approved skills based communication training session in March 2017 to improve patient experience when receiving telephone consultations.

To monitor patient satisfaction the practice had completed a patient consultation feedback review for the GP and advanced nurse practitioner during June 2017. The results of the review showed 97% of patients had had an explanation of their condition and treatment and 95% were involved in making decisions about their treatment.

Following the results of the survey for receptionists, the reception staff had completed in-house and eLearning training session. Customer care training was also incorporated in staff appraisals and development plans.

Care planning and involvement in decisions about care and treatment

Are services caring?

Results from the July 2016 national GP patient survey showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were much lower than local and national averages. For example:

- 47% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 82%.
- 41% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85%.

During this inspection we looked at the latest GP patient survey data (July 2017) and saw that improvements had been achieved although scores were still significantly below CCG and national averages. For example,

- 60% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 57% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

We saw that the practice had a comprehensive action plan in place to improve in every area of the GP patient survey. For example, to ensure that patients were given enough

time during consultation, GPs were advised to reduce administration time by using the eReferral system rather than paper based system. To use electronic tasks to administration /reception staff rather than using paper slips. The practice had increased the use of electronic prescription system (EPS) more to save time during consultations so that GPs did not have to print and sign prescriptions.

Administration staff were sent on e-referral training in September 2017 to ensure they were aware of the process. We saw examples where the practice had added catch-up and administration slots for some GPs to ensure they were not rushing patients if they fell behind.

The practice had reviewed its scores on the GP patient survey. It had compared its achievement in the July 2016 scores to the latest survey (July 2017) and was able to demonstrate improvement in most areas. Although the practice was able to demonstrate improvement, they were still significantly below local and national averages and the practice manager explained that this was still work in progress and expected further improvement to be made.

The results of the Friends and Family Test (FFT) between June to September 2017 showed 89% to 100% of patients would recommend the practice to others.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 30 November 2016, we rated the practice as requires improvement for providing responsive services as data from the national GP patient survey (published in July 2016) showed patients rated the practice lower than others for several aspects of care.

We found that the practice was taking part in hub working arrangements to offer seven day access to appointment. There was also a comprehensive action plan that had been drawn up to respond to the low scores on the national GP patient survey. The latest GP patient survey showed that the practice had made improvements.

Access to the service

During our previous inspection in November 2016 responses to the national patient survey results (July 2016) regarding access were generally lower than both the local and national averages. For example;

47% of patients were satisfied with the practice's opening hours compared to the national average of 79%.

64% of patients stated the last time they wanted to see or speak to a GP or nurse from their surgery they were able to get an appointment compared to the national average of 73%.

During this inspection we looked at the latest GP patient survey data (July 2017) and saw that improvements had been achieved although scores were still below the local CCG and national averages. For example,

53% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.

68% of patients stated the last time they wanted to see or speak to a GP or nurse from their surgery they were able to get an appointment compared to the CCG average of 76% and the national average 84%.

Since October 2017 the practice offered seven day access to appointments through hub working arrangements. The practice was open from 8am to 6.30pm Monday to Friday (except Wednesday afternoons). Through hub working arrangements the practice was able to offer access to appointments from 6.30pm to 8pm Monday to Friday at a nearby surgery. Saturday appointments were available from 9.30am to 12.30pm and Sunday from 9am to 11.30am. The practice was closed on a Wednesday afternoon but patients had access appointments at another surgery.

The practice in response to patients' needs had also opened for some public holidays and had plans to open during the Christmas and New Year period.

The practice had reviewed patient survey results and had completed an audit on telephone access. The aim of the audit was to analyse the time of response in answering calls and to improve patients' experience when ringing the practice. From the results the practice had implemented an action plan and a re-audit of the plan was planned for six months' time.

The practice had implemented a system to monitor patient waiting times when attending appointments. The results showed improvements in waiting times in the past three months. For example: Average waiting time when attending an appointment in August was 16.5 minutes and in October 10.9 minutes.